Plan for your best health

2027 Aetna Pharmacy Drug Guide

Advanced Control Plan - Aetna:
Allina Health | Aetna

Visit **www.aetna.com/formulary** for the most up-to-date information. For a summary of your coverage or benefits plan log in to your secure member site. Or call the toll-free number on your member ID card.

The formulary is updated the first week of each month. The formulary is subject to change. Previous versions are no longer in effect.

Aetna.com

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Definitions

Allowed amount is the maximum amount on which the health insurance issuer bases its payment for a covered health care service. This may be called “eligible expense”, “payment allowance”, or “negotiated rate”. If your health care provider charges more than the allowed amount and is not part of the provider network, you may have to pay the difference.

Brand name drug means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

Coinsurance means a percentage of the cost of a covered health care service, which you are responsible to pay. The cost of the covered health care service is generally deemed to be the allowed amount, which may differ from the retail price that you would pay for the same service without using insurance. Typically, a coinsurance does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Copayment means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Covered individual is an individual enrolled in, subscribed to, or insured under a health product, whether directly or as a dependent or beneficiary.

Deductible means the amount you pay for covered health care benefits before your health insurer begins to pay for all or part of the cost of the health care benefits under the terms of coverage. If your health product has a deductible, it may have either one deductible or separate deductibles for medical benefits and drug benefits. For some health care services, such as preventive services, your health insurance company might waive or lower the deductible to pay for costs of the health care service from the first dollar of coverage, but this tends not to happen for most other covered services.

Drug Tier means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

Enrollee is a person enrolled in a health plan who is entitled to receive services from the plan.

Exception request means a request for coverage of i) a nonformulary drug, ii) a drug being removed from the formulary, iii) a quantity of a drug above a quantity limit, or iv) a drug that is subject to a step therapy requirement. If you, your designee, or your attending or prescribing provider submits an exception request for coverage of a drug, the health insurance issuer must cover the drug when the drug is determined to be medically necessary to treat your condition.

Exigent circumstances means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

Formulary or **prescription drug list** means the complete list of drugs preferred for use and eligible for coverage under a health product, and includes all drugs covered under the outpatient or pharmacy drug benefit of the health product. Formulary is also known as a drug list or prescription drug list.

Generic drug means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

Medically Necessary means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

Non-formulary drug means a prescription drug that is not listed on this formulary, but may become eligible for coverage under an “exception request.

Oral Anti-Cancer drugs are prescribed, orally administered medications used to kill or slow the growth of cancerous cells. They are no more restrictive than those applied to intravenously injected or administered cancer medications covered by the health product. There are no separate cost-sharing requirements or treatment limitations for prescribed, orally-administered cancer medications.

Out-of-pocket costs means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

Prescribing provider means a health care provider authorized to write a prescription to treat your health condition.

Prescription means an oral, written, or electronic order from a prescribing provider for you that contains the name of the drug, the quantity of the drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by you, the health condition or purpose for which the drug is being prescribed.

Prescription drug means a drug that is prescribed by your prescribing provider and requires a prescription under applicable law.

Prior Authorization means a health product's requirement that you or your prescribing provider obtain the health insurance issuer's authorization for a drug before the health product will cover the drug. The health insurance issuer must grant a prior authorization when it is medically necessary for you to obtain the drug.

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

Subscriber means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

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 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 may require special handling, storage, or administration. Specialty prescription drugs may also require monitoring from healthcare providers.

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. Drug coverage may vary by plan. Check your plan documents for coverage information.

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 to treat conditions such as infertility, erectile dysfunction and weight loss.

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."
- Visit your secure member website and sign in to your account to view your plan information.

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 (TTY: 711)**.
- **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 (TTY: 711)**

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 (TTY: 711)**. If you need the help of a telephone device for the hard of hearing, call **1-877-833-2779 (TTY: 711)**.
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/prior authorization (PA)?*

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

The length of approval for a prior authorization may be different depending on the type of drug, the way your provider prescribed your drug, or the time of year you get your coverage.

- Most prior authorization approvals will be valid for 6 months, the length of treatment as determined by your prescribing provider, or the renewal of your plan, whichever of these is the shortest amount of time
- For maintenance medications to treat a chronic condition or long-term condition, your prior authorization will be valid for either 12 months or the length of time determined by your prescribing provider
- Different prior authorization requirements might apply to benzodiazepines and Schedule II narcotic drugs. Please refer to the formulary or contact us with questions about these drugs.

What is step therapy (ST)?*

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 (QL)?

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

* Listed prior authorization (PA) and step therapy (ST) programs may not apply to some plans. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

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 **www.covermymeds.health**.
- Call the Aetna Pharmacy Precertification Unit: NonSpecialty **1-800-294-5979 (TTY: 711)** or Specialty **1-866-814-5506 (TTY: 711)**.
- Fax the completed request form to: Non-Specialty **1-888-836-0730** or Specialty **1-866-249-6155**.
- Mail the completed request form to: Medical Exception to Pharmacy Prior Authorization Unit 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 brandname 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.
- Change in drug or dosage form.
- Changes in tier placement of a drug that results in an increase in cost sharing.
- Any changes of utilization review restrictions, including any additions of these restrictions.

Does Aetna provide notice of these changes?

Yes, Aetna provides member and provider notifications 60 days in advance.

What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?

A medical benefit drug is a drug that is generally not self-administered and requires administration by health care provider. The Outpatient Prescription Drug Benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

Refer to your Summary of Benefits for differences and information about the prescription drugs covered under your Outpatient prescription drugs and medical benefit in your plan.

For a more detailed summary of your coverage or benefits plan you can log in to your secure member site on **www.aetna.com** or call the toll-free number on your member ID card.

Discrimination is Against the Law

Aetna complies with applicable California and Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ethnic group, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, medical condition, genetic information, or sex (consistent with 45 CFR § 92.101(a)(2) and California 2 CCR § 14025). Aetna does not exclude people or treat them less favorably because of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability.

Aetna:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
    - Qualified sign language interpreters
    - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 1-800-872-3862 (TTY: 711) or the number on the back of your ID card.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability, by action or inaction, you can file a grievance with:

Civil Rights Coordinator
Attn: 1557 Coordinator
CVS Pharmacy, Inc.
1 CVS Drive, MC 2332, (HMO customers: P.O. Box 14032 Lexington, KY 40512-4032)
Woonsocket, RI 02895
Phone: 1-800-648-7817, TTY: 711
Email: CRCoordinator@aetna.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.
Please visit https://www.aetna.com/individuals-families/member-rights-resources/complaints-grievances-appeals.html#california for information about how to file a complaint or grievance with the California Department of Insurance or California Department of Managed Health Care (for HMO enrollees).

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

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

Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.
This notice is available at Aetna's website: https://www.aetna.com/.

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of companies offering and administering health and dental plans and other products such as life, disability, and long-term care insurance. In California, this includes Aetna's wholly-owned subsidiaries Aetna Life Insurance Company, Aetna Health of California Inc., Aetna Better Health of California Inc., Aetna Dental of California Inc., and Health and Human Resource Center Inc., and its other affiliates licensed in California. Aetna's ultimate parent is CVS Health Corporation ("CVS Health").

Language accessibility statement

Interpreter services are available for free.
TTY: 711

To access language services at no cost to you, call **1-800-385-4104**.

Para acceder a los servicios de idiomas sin costo, llame al **1-800-385-4104**. (Spanish)

如欲使用免費語言服務，請致電 **1-800-385-4104**. (Chinese)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số **1-800-385-4104**. (Vietnamese)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa **1-800-385-4104**. (Tagalog)

무료 언어 서비스를 이용하려면 1-800-385-4104 번으로 전화해 주십시오. (Korean)

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք **1-800-385-4104** հեռախոսահամարով: (Armenian)

برای دسترسی به خدمات زبان به طور رایگان، با شماره **1-800-385-4104** تماس بگیرید. (Persian-Farsi)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону **1-800-385-4104**. (Russian)

言語サービスを無料でご利用いただくには、 **1-800-385-4104** までお電話ください。 (Japanese)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم **1-800-385-4104**. (Arabic)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, **1-800-385-4104** 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

ដើម្បីទទួលនសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទលេខ 1-800-385-4104 ។ (Mon-Khmer, Cambodian)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu **1-800-385-4104**. (Hmong)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, **1-800-385-4104** पर कॉल करें। (Hindi)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-800-385-4104. (Thai)

Notice of Language Assistance

HMO and DMO-based plans:
IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-877-287-0117. Planes basados en DMO y HMO –

IMPORTANTE: ¿Puede leer esta carta? En caso de no poder leerla, le brindamos nuestra ayuda. También puede obtener esta carta escrita en su idioma. Para obtener ayuda gratuita, por favor llame de inmediato al 1-877-287-0117.

Traditional Plans:
No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-877-287-0117. For more help call the CA Dept. of Insurance at 1-800-927-4357 English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-877-287-0117. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

Non-discrimination notice

Aetna® complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation or gender identity. We:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language assistance services to people whose primary language is not English, which may include:
    - Qualified interpreters
    - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call us at 1-888-982-3862 (TTY: 711).

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity you can file a grievance with:

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

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with:

- The U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf], or by mail or phone at:
  U.S. Department of Health and Human Services
  [200 Independence Avenue, SW Room 509F, HHH Building
  Washington, D.C. 20201]
  [1-800-368-1019, 800-537-7697 (TDD)]
  Complaint forms are available at [http://www.hhs.gov/ocr/office/file/index.html]
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at [https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status], or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at [https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx]

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TTY:711

To access language services at no cost to you, call 1-888-982-3862 .
Para acceder a los servicios de idiomas sin costo, llame al 1-888-982-3862 . (Spanish)
如欲使用免費語言服務，請致電 1-888-982-3862 . (Chinese)
Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862 . (French)
Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-982-3862 . (Tagalog)
T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ą́h ílínígóó kojį' hólne' 1-888-982-3862 . (Navajo)
Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an. (German)
Për shërbime përkthimi falas për ju, telefononi 1-888-982-3862 . (Albanian)
የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በ 1-888-982-3862 ይደውሉ። (Amharic)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-888-982-3862 (Arabic).
Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1-888-982-3862 հեռախոսահամարով: (Armenian)
Kugira uronke serivisi z'indimi atakiguzi, hamagara 1-888-982-3862 . (Bantu)
আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে এই নম্বরে টেলিফোন করুন: 1-888-982-3862 । (Bengali)
Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa 1-888-982-3862 . (Bisayan-Visayan)
သင့်အတွက် အခကြေးငွေ မရှိဘဲ ဘာသာစကားဝန်ဆောင်မှုများကို ဝင်ရောက်အသုံးပြုရန် 1-888-982-3862 ကိုခေါ်ဆိုပါ။ (Burmese)
ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-888-982-3862 (Carolinian (Kapasal Falawasch)
Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al 1-888-982-3862 . (Catalan)
Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang 1-888-982-3862 . (Chamorro)
ᏣᎩᏍᏗ ᏕᏫᏂᏍᏍᏗ ᎤᏥᏌᏂᏁᏗ Ꮣ ᏁᏄᏍᏗ ᏗᏕᏋᏣᏔᏗ ᏅᎩ, ᏌᏊᏍᏂᏔᏁᏂ 1-888-982-3862 . (Cherokee)
Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya 1-888-982-3862 . (Choctaw)
Tajaajiiloota afaanii garuu bilisaa ati argaachuuf,bilbili 1-888-982-3862 . (Cushite-Oromo)
Voor gratis toegang tot taaldiensten, bell 1-888-982-3862 . (Dutch)
Pou jwenn sèvis lang gratis, rele 1-888-982-3862 . (French Creole-Haitian)
Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-982-3862 . (Greek)
તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, કોલ કરો 1-888-982-3862 . (Gujarati)
No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i kēia helu kelepona 1-888-982-3862 . Kāki 'ole 'ia kēia kōkua nei. (Hawaiian)
आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, 1-888-982-3862 पर कॉल करें। (Hindi)
Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-982-3862 . (Hmong)
Iji nwetaòhèrè na rụ gasị asụsụ n'efu, kpọọ 1-888-982-3862 . (Ibo)
Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti 1-888-982-3862 . (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi 1-888-982-3862 . (Indonesian)
Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-982-3862 . (Italian)
言語サービスを無料でご利用いただくには、1-888-982-3862 までお電話ください。 (Japanese)
လၢကမၤနၢ့် ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၢ်လၢ်ဘူၢ်လၢ်စ့ၤ လၢနဂီၢ်အဂီၢ်, ကိး 1-888-982-3862 . (Karen)
무료 언어 서비스를 이용하려면 1-888-982-3862 **번으로 전화해 주십시오.** (Korean)
M̀ dyi wuɖu-dù kà kò ɖò ɓě dyi mɔ́uń nì Pídyi ní, nìí, ɖá nɔ̀ɓà nìà kɛ: 1-888-982-3862 . (Kru-Bassa)
بۆ دەسپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی 1-888-982-3862 (Kurdish)
ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ, ໃຫ້ໂທຫາເບີ 1-888-982-3862 . (Laotian)
कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, 1-888-982-3862 वर फोन करा. (Marathi)
Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirlok 1-888-982-3862 . (Marshallese)
Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih 1-888-982-3862 . (Micronesian-Pohnpeian)
ដើម្បីទទួលនសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទលេខ 1-888-982-3862 ។ (Mon-Khmer, Cambodian)
निःशुल्क भाषा सेवा प्राप्त गर्न 1-888-982-3862 मा टेलिफोन गर्नुहोस् । (Nepali)
Të kɔɔr yïn wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke cɔl kɔc ye kɔc kuɔny ne nɔmba 1-888-982-3862 . (Nilotic-Dinka)
For tilgang til kostnadsfri språktjenester, ring 1-888-982-3862 . (Norwegian)
Um Schprooch Services zu griege mitaus Koscht, ruff 1-888-982-3862 . (Pennsylvania Dutch)
برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-888-982-3862 تماس بگیرید. (Persian-Farsi)
Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-888-982-3862 . (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-982-3862 . (Portuguese)
ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1-888-982-3862 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)
Pentru a accesa gratuit serviciile de limbă, apelați 1-888-982-3862 . (Romanian)
Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-982-3862 . (Russian)
Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le 1-888-982-3862 . (Samoan)
Za besplatne prevodilačke usluge pozovite 1-888-982-3862 . (Serbo-Croatian)
Heeba a nasta jangirde djey wolde wola chede bo apelou lamba 1-888-982-3862 . (Sudanic-Fulfulde)
Kupata huduma za lugha bila malipo kwako, piga 1-888-982-3862 . (Swahili)
1-888-982-3862 :ܟܬܒ ܠܗܘܢ ܕܠܐ ܡܫܠܡ ܒܥܘ ܕܬܬܠܘ ܠܝ ܒܠܫܢܐ ܕܝܠܟ ܒܚܢܡ ܠܐ ܡܫܠܡ ܐܢ ܒܥܝܬ ܠܟ ܫܘܡܫܢܐ ܕ

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.

Coverage Requirements such as Prior Authorization or Step Therapy may vary by state.

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Your plan may not cover certain drugs to treat conditions such as infertility, erectile dysfunction and weight loss. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on your member ID card.

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

In accordance with state law or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Arizona, Iowa, Louisiana, New York, Texas, and in most circumstances Connecticut and Vermont, and in some circumstances Washington and Tennessee, 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. For fully insured plans (including HMOs) in Maryland, changes in prior authorization requirements for previously authorized immune globulin (human) and drugs used in the treatment of a mental disorder may not apply on reauthorization under certain conditions.

In accordance with state law, commercial fully insured (including HMO) members in Connecticut, Louisiana, New Mexico and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added or removed from the Pharmacy Drug Guide and Specialty Drug List will continue to have those drugs covered at the same benefit level until their plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.

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.

In certain states, including Maine, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of metastatic cancer and conditions associated with 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 Drugs
PB = Preferred Brand
PG = Preferred Generic
PSP = Preferred Specialty Drugs

Coverage Requirements and Limits
AL = Age Limit
IBC = Indication Based Coverage
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	NP	
celecoxib oral capsule 50 mg	NP	N8 (Listing does not include certain NDCs)
ELYXYB ORAL SOLUTION 120 MG/4.8ML (*celecoxib (migraine)*)	NF	
VYSCOXA ORAL SUSPENSION 10 MG/ML (*celecoxib*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOUT		
allopurinol oral tablet 100 mg, 300 mg	PG	N8 (Listing does not include certain NDCs)
allopurinol oral tablet 200 mg	NF	
colchicine oral capsule 0.6 mg	PG	QL (60 CAPSULES per 25 days)
colchicine oral tablet 0.6 mg	PG	QL (120 TABLETS per 25 DAYs)
colchicine-probenecid oral tablet 0.5-500 mg	PG	
febuxostat oral tablet 40 mg, 80 mg	PG	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (*colchicine*)	NF	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50ML, 8 MG/ML (*pegloticase*)	NPSP	PA
MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*)	NF	
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-acetaminophen oral capsule 50-300 mg	NF	
butalbital-acetaminophen oral tablet 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; N8 (Listing does not include certain NDCs); QL (48 TABLETS per 25 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	PG	STX; N8 (Listing does not include certain NDCs); QL (48 CAPSULES per 25 days)
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	NF	
JOURNAVX ORAL TABLET 50 MG (*suzetrigine*)	NP	QL (29 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAIDS		
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	NF	
COXANTO ORAL CAPSULE 300 MG (*oxaprozin*)	NF	
diclofenac epolamine external patch 1.3 %	PG	STX; QL (30 PATCHES per 25 days)
diclofenac potassium oral capsule 25 mg	NF	
diclofenac potassium oral tablet 25 mg	NF	
diclofenac potassium oral tablet 50 mg	PG	N8 (Listing does not include certain NDCs)
diclofenac potassium(migraine) oral packet 50 mg	NF	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	PG	
diclofenac sodium external solution 1.5 %	PG	PA; QL (300 ML per 21 days)
diclofenac sodium external solution 2 %	NF	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg	PG	
diclofenac sodium oral tablet delayed release 75 mg	PG	N8 (Listing does not include certain NDCs)
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	N8 (Listing does not include certain NDCs)
fenoprofen calcium oral capsule 200 mg, 400 mg	NF	
fenoprofen calcium (Fenopron Oral Capsule 300 Mg)	NF	
FLECTOR EXTERNAL PATCH 1.3 % (*diclofenac epolamine*)	NF	
flurbiprofen oral tablet 100 mg, 50 mg	PG	
ibuprofen oral tablet 300 mg	NF	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	PG	N8 (Listing does not include certain NDCs)
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	NF	STX
indomethacin oral capsule 25 mg, 50 mg	PG	STX
indomethacin oral suspension 25 mg/5ml	NF	STX
indomethacin rectal suppository 50 mg	NF	STX
ketoprofen er oral capsule extended release 24 hour 200 mg	NF	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ketorolac tromethamine oral tablet 10 mg	PG	N8 (Listing does not include certain NDCs); QL (20 TABLETS per 25 DAYs)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (*diclofenac epolamine*)	NF	
LODINE ORAL TABLET 400 MG (*etodolac*)	NF	
diclofenac potassium (Lofena Oral Tablet 25 Mg)	NF	
LURBIRO ORAL TABLET 100 MG (*flurbiprofen*)	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	N8 (Listing does not include certain NDCs)
nabumetone oral tablet 500 mg, 750 mg	PG	N8 (Listing does not include certain NDCs)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG (*naproxen sodium*)	NF	
naproxen oral suspension 125 mg/5ml	NF	
naproxen oral tablet 250 mg, 375 mg	PG	
naproxen oral tablet 500 mg	PG	N8 (Listing does not include certain NDCs)
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	
orudis oral capsule 75 mg	NF	
oxaprozin oral capsule 300 mg	NF	
oxaprozin oral tablet 600 mg	PG	
piroxicam oral capsule 10 mg, 20 mg	PG	
RELAFEN DS ORAL TABLET 1000 MG (*nabumetone*)	NF	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	NF	
sulindac oral tablet 150 mg, 200 mg	PG	
TOLECTIN 600 ORAL TABLET 600 MG (*tolmetin sodium*)	NF	
TOLECTIN DS ORAL CAPSULE 400 MG (*tolmetin sodium*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tolmetin sodium oral capsule 400 mg	NF	
tolmetin sodium oral tablet 200 mg, 600 mg	NF	
ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*)	NF	
ZYBIC ORAL SUSPENSION 7.5 MG/5ML (*meloxicam*)	NF	
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (*diclofenac-misoprostol*)	NF	
COMBOGESIC ORAL TABLET 325-97.5 MG (*ibuprofen-acetaminophen*)	NF	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	PG	
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	
OPIOID ANALGESICS		
acetaminophen-codeine oral solution 300-30 mg/12.5ml	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)
acetaminophen-codeine oral tablet 300-30 mg	PG	N8 (Subject to initial limit); QL (360 TABLETS per 25 Days)
acetaminophen-codeine oral tablet 300-60 mg	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	NP	N8 (Subject to initial limit); QL (300 CAPSULES 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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; N8 (High Strength Requires Prior Auth)
DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*)	NP	N8 (Subject to initial limit); QL (480 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 (120 TABLETS per 25 days)
DILAUDID ORAL TABLET 8 MG (*hydromorphone hcl*)	NP	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
DISKETS ORAL TABLET SOLUBLE 40 MG (*methadone hcl*)	NP	QL (9 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; N8 (High Strength Requires Prior Auth)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr	PG	ST; QL (10 PATCHES 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 10-300 mg/15ml	PG	N8 (Subject to initial limit); QL (2025 ML per 25 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	PG	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	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg	PG	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	PG	N8 (Listing does not include certain NDCs. Subject to initial limit); QL (240 TABLETS per 25 days)
hydrocodone-acetaminophen oral tablet 7.5-325 mg	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs)
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; N8 (High Strength Requires Prior Auth)
hydromorphone hcl oral liquid 5 mg/5ml	PG	N8 (Subject to initial limit); QL (480 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 (120 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, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*hydrocodone bitartrate*)	NF	
levorphanol tartrate oral tablet 2 mg, 3 mg	NF	
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 (45 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 (225 ML per 25 days)
methadone hcl oral solution 5 mg/5ml	PG	ST; QL (450 ML per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methadone hcl oral tablet 10 mg	PG	ST; QL (30 TABLETS per 25 days)
methadone hcl oral tablet 5 mg	PG	ST; QL (90 TABLETS per 25 days)
METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NP	QL (30 ML per 25 DAYs)
methadone hcl (Methadose Oral Tablet Soluble 40 Mg)	PG	QL (9 TABLETS 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 10 mg/0.5ml	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; N8 (High Strength Requires Prior Auth)
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 tablet extended release 100 mg, 200 mg, 60 mg	PG	ST; N8 (High Strength Requires Prior Auth)
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 15 MG, 30 MG (*morphine sulfate*)	NP	ST; QL (90 TABLETS per 25 DAYs)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG (*morphine sulfate*)	NP	ST; N8 (High Strength Requires Prior Auth)
nalocet oral tablet 2.5-300 mg	NF	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (*tapentadol hcl*)	NF	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (*tapentadol hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxymorphone hcl oral tablet 5 mg	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
PERCOCET ORAL TABLET 10-325 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	
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 10 MG, 15 MG, 30 MG, 5 MG (*oxycodone hcl*)	NF	
tapentadol hcl er oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	NF	
tapentadol hcl oral solution 20 mg/ml	NF	
tapentadol hcl oral tablet 100 mg	PG	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
tapentadol hcl oral tablet 50 mg	PG	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
tapentadol hcl oral tablet 75 mg	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	NF	
tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg	PG	ST; N8 (High Strength Requires Prior Auth)
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; N8 (High Strength Requires Prior Auth)
tramadol hcl oral solution 5 mg/ml	NF	
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (*oxycodone*)	NF	
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; N8 (High Strength Requires Prior Auth)
buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	PG	ST; QL (4 PATCHES per 25 days)
buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr	PG	ST; N8 (High Strength Requires Prior Auth)
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 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	N8 (Listing does not include certain NDCs)
DOLOBID ORAL TABLET 250 MG, 375 MG (*diflunisal*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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-link hyal acid (visc)*)	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	
HYMOVIS ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 32 MG/4ML (*hyaluronan*)	NF	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (*hyaluronan*)	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (*hyaluronan*)	PSP	PA
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NF	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (*hylan g-f 20*)	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (*hylan g-f 20*)	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	PB	QL (12 TABLETS per 365 days)
ivermectin oral tablet 3 mg	PG	PA; QL (9 TABLETS per 75 days)
ivermectin oral tablet 6 mg	PG	PA; QL (9 TABLETS per 75 DAYs)
praziquantel oral tablet 600 mg	PG	QL (24 TABLETS per 365 DAYs)
STROMECTOL ORAL TABLET 3 MG (*ivermectin*)	NP	PA; QL (9 TABLETS per 75 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	N8 (Listing does not include certain NDCs)
sulfadiazine oral tablet 500 mg	NF	
tinidazole oral tablet 250 mg, 500 mg	NP	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 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	
griseofulvin ultramicrosize oral tablet 165 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
itraconazole oral capsule 100 mg	PG	
itraconazole oral solution 10 mg/ml	NP	PA
ketoconazole oral tablet 200 mg	PG	PA; STX
NOXAFIL ORAL PACKET 300 MG (*posaconazole*)	NF	
nystatin oral tablet 500000 unit	PG	N8 (Listing does not include certain NDCs)
posaconazole oral suspension 40 mg/ml	NF	
posaconazole oral tablet delayed release 100 mg	NF	
SPORANOX ORAL CAPSULE 100 MG (*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	
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	PG	
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	
SOVUNA ORAL TABLET 300 MG (*hydroxychloroquine sulfate*)	NF	
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)
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (*cabotegravir*)	PB	N8 (Exception process available for $0 copay when medically necessary for pre-exposure prophylaxis); QL (2 VIALS per 90 DAYs)
APTIVUS ORAL CAPSULE 250 MG (*tipranavir*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
darunavir oral tablet 600 mg	PG	QL (60 TABLETS per 30 days)
darunavir oral tablet 800 mg	PG	QL (30 TABLETS per 30 DAYs)
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	NF	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG (*rilpivirine hcl*)	NF	
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*)	NP	QL (30 CAPSULES per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	NP	QL (680 ML per 28 days)
EPIVIR ORAL SOLUTION 10 MG/ML (*lamivudine*)	NP	QL (900 ML 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)
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)
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (*etravirine*)	NF	
ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*)	PB	QL (60 TABLETS per 30 DAYs)
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	PB	QL (60 PACKETS per 30 days)
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	PB	QL (180 TABLETS per 30 DAYs)
lamivudine oral solution 10 mg/ml	PG	QL (900 ML per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamivudine oral tablet 150 mg	PG	QL (60 TABLETS per 30 days)
lamivudine oral tablet 300 mg	PG	QL (30 TABLETS per 30 days)
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 400 mg	PG	QL (30 TABLETS per 30 DAYs)
nevirapine oral suspension 50 mg/5ml	PG	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	PG	QL (60 TABLETS per 30 DAYs)
NORVIR ORAL PACKET 100 MG (*ritonavir*)	NF	
NORVIR ORAL TABLET 100 MG (*ritonavir*)	NF	
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir*)	NF	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (*darunavir*)	NF	
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, 300 MG (*atazanavir sulfate*)	NF	
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	NF	
rilpivirine hcl oral tablet 25 mg	PG	QL (60 TABLETS 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 TABLET 150 MG, 300 MG (*maraviroc*)	NF	
SUNLENCA ORAL TABLET 300 MG (*lenacapavir sodium*)	NF	
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (*lenacapavir sodium*)	NF	
tenofovir disoproxil fumarate oral tablet 300 mg	PG	QL (30 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIVICAY ORAL TABLET 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)
VIRACEPT ORAL TABLET 250 MG, 625 MG (*nelfinavir mesylate*)	NF	
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	NP	QL (240 GRAMS per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (*tenofovir disoproxil fumarate*)	NP	QL (30 TABLETS per 30 days)
YEZTUGO ORAL TABLET 300 MG (*lenacapavir sodium*)	PB	N8 (Exception process available for $0 copay when medically necessary for pre-exposure prophylaxis); QL (8 TABLETS per 4 days)
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (*lenacapavir sodium*)	PB	N8 (Exception process available for $0 copay when medically necessary for pre-exposure prophylaxis); QL (4 VIALS per 168 days)
ZIAGEN ORAL SOLUTION 20 MG/ML (*abacavir sulfate*)	NP	QL (900 ML 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)
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)
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	NF	
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DESCOVY ORAL TABLET 120-15 MG (*emtricitabine-tenofovir af*)	NP	QL (30 TABLETS per 30 days)
DESCOVY ORAL TABLET 200-25 MG (*emtricitabine-tenofovir af*)	NP	N8 (Exception process available for $0 copay when medically necessary for pre-exposure prophylaxis); QL (30 TABLETS per 30 days)
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	PB	QL (30 TABLETS per 30 days)
efavirenz-emtricitab-tenofo df 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)
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	PG	QL (30 TABLETS per 30 DAYs)
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	NP	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)
IDVYNSO ORAL TABLET 100-0.25 MG (*doravirine-islatravir*)	NF	
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, 200-50 MG (*lopinavir-ritonavir*)	NF	
lamivudine-zidovudine oral tablet 150-300 mg	PG	QL (60 TABLETS per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	PG	QL (300 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREZCOBIX ORAL TABLET 675-150 MG (*darunavir-cobicistat*)	NP	QL (30 TABLETS per 30 DAYs)
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	NP	QL (30 TABLETS per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	NF	
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	PB	QL (180 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	N8 (Listing does not include certain NDCs)
pyrazinamide oral tablet 500 mg	PG	
rifabutin oral capsule 150 mg	PG	
rifampin oral capsule 150 mg, 300 mg	PG	N8 (Listing does not include certain NDCs)
rifapentine oral tablet 150 mg	PG	
SIRTURO ORAL TABLET 100 MG, 20 MG (*bedaquiline fumarate*)	NPSP	
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	
cidofovir intravenous solution 75 mg/ml	PG	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	PG	
ganciclovir sodium intravenous solution 500 mg/10ml	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPCLUDEX SUBCUTANEOUS SOLUTION RECONSTITUTED 8.5 MG (*bulevirtide acetate-gmod*)	NF	
LIVTENCITY ORAL TABLET 200 MG (*maribavir*)	NPSP	PA; QL (120 TABLETS per 30 days)
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)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	PB	QL (40 TABLETS per 30 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (*nirmatrelvir-ritonavir*)	PB	QL (22 TABLETS per 30 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	PB	QL (60 TABLETS per 30 days)
PREVYMIS ORAL PACKET 120 MG, 20 MG (*letermovir*)	NP	QL (4 PACKETS per 1 DAY)
PREVYMIS ORAL TABLET 240 MG (*letermovir*)	NP	QL (2 TABLETS per 1 day)
PREVYMIS ORAL TABLET 480 MG (*letermovir*)	NP	QL (1 TABLET per 1 DAY)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (*zanamivir*)	PB	QL (2 inhalers per 90 days)
rimantadine hcl oral tablet 100 mg	PG	
TAMIFLU ORAL CAPSULE 75 MG (*oseltamivir phosphate*)	NP	QL (20 CAPSULES per 90 DAYs)
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	
valganciclovir hcl oral solution reconstituted 50 mg/ml	PG	PA; QL (1144 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	
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	NF	
XOCOVA ORAL TABLET 125 MG (*ensitrelvir fumarate*)	NF	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (*baloxavir marboxil*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (*baloxavir marboxil*)	NF	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor oral capsule 250 mg, 500 mg	PG	
cefaclor oral suspension reconstituted 250 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	
cefixime oral tablet 400 mg	PG	
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	
cefprozil oral tablet 250 mg, 500 mg	PG	
cefuroxime axetil oral tablet 250 mg, 500 mg	PG	
cephalexin oral capsule 250 mg, 500 mg	PG	N8 (Listing does not include certain NDCs)
cephalexin oral capsule 750 mg	PG	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	PG	
cephalexin oral tablet 250 mg, 500 mg	PG	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	PG	N8 (Listing does not include certain NDCs)
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	
E.E.S. 400 ORAL TABLET 400 MG (*erythromycin ethylsuccinate*)	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (*erythromycin ethylsuccinate*)	NF	
erythromycin base oral capsule delayed release particles 250 mg	PG	
erythromycin base oral tablet 250 mg, 500 mg	PG	
erythromycin base oral tablet delayed release 333 mg	PG	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	PG	
erythromycin oral tablet delayed release 250 mg, 500 mg	PG	
fidaxomicin oral tablet 200 mg	PG	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
ciprofloxacin hcl oral tablet 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 B		
adefovir dipivoxil oral tablet 10 mg	PG	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*)	NPSP	PA; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (*entecavir*)	NF	
entecavir oral tablet 0.5 mg, 1 mg	PG	QL (30 TABLETS per 30 days)
lamivudine oral tablet 100 mg	PG	
VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*)	NF	
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (*sofosbuvir-velpatasvir*)	NF	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (*sofosbuvir-velpatasvir*)	NF	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (*ledipasvir-sofosbuvir*)	NF	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (*ledipasvir-sofosbuvir*)	NF	
ledipasvir-sofosbuvir oral tablet 90-400 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	PSP	PA; QL (140 PACKETS per 28 days)
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	PSP	PA; QL (84 TABLETS per 28 days)
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	
ribavirin oral tablet 200 mg	PG	
sofosbuvir-velpatasvir oral tablet 400-100 mg	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG (*sofosbuvir*)	NF	
SOVALDI ORAL TABLET 200 MG, 400 MG (*sofosbuvir*)	NF	
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	NF	
MISCELLANEOUS		
atovaquone oral suspension 750 mg/5ml	PG	
clindamycin hcl oral capsule 150 mg, 75 mg	PG	N8 (Listing does not include certain NDCs)
clindamycin hcl oral capsule 300 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	N8 (Listing does not include certain NDCs)
DARAPRIM ORAL TABLET 25 MG (*pyrimethamine*)	NF	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*)	NF	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	NF	
linezolid oral suspension reconstituted 100 mg/5ml	PG	PA
linezolid oral tablet 600 mg	PG	PA; N8 (Listing does not include certain NDCs)
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 125 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metronidazole oral tablet 250 mg, 500 mg	PG	N8 (Listing does not include certain NDCs)
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	
nitrofurantoin oral suspension 25 mg/5ml	NP	N8 (Listing does not include certain NDCs)
nitrofurantoin oral suspension 50 mg/5ml	NF	
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	
sulfamethoxazole-trimethoprim oral suspension 800-160 mg/20ml	PG	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	PG	N8 (Listing does not include certain NDCs)
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 25 mg/ml, 50 mg/ml	NF	
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	NF	
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	PB	PA
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin oral capsule 250 mg, 500 mg	PG	N8 (Listing does not include certain NDCs)
amoxicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	PG	N8 (Listing does not include certain NDCs)
amoxicillin oral suspension reconstituted 200 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	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amoxicillin-pot clavulanate oral tablet 875-125 mg	PG	N8 (Listing does not include certain NDCs)
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	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
demeclocycline hcl oral tablet 150 mg, 300 mg	NP	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (*doxycycline hyclate*)	NF	
doxycycline hyclate oral capsule 100 mg, 50 mg	PG	
doxycycline hyclate oral capsule 75 mg	NF	
doxycycline hyclate oral tablet 100 mg	PG	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet 20 mg	PG	N8 (Listing does not include certain NDCs)
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 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	N8 (Listing does not include certain NDCs)
doxycycline monohydrate oral tablet 100 mg, 150 mg, 75 mg	NP	
doxycycline monohydrate oral tablet 50 mg	NP	N8 (Listing does not include certain NDCs)
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	
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	
doxycycline hyclate (Targadox Oral Tablet 50 Mg)	NF	
tetracycline hcl oral capsule 250 mg, 500 mg	PG	
tetracycline hcl oral tablet 250 mg, 500 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
cyclophosphamide oral capsule 25 mg, 50 mg	CE	N7 (PG)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (*lomustine*)	CE	N7 (NPSP)
lomustine oral capsule 10 mg, 100 mg, 40 mg	CE	N7 (PSP)
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	CE	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, 500 mg	CE	PA; N7 (PG)
INQOVI ORAL TABLET 35-100 MG (*decitabine-cedazuridine*)	CE	PA; N7 (NPSP); QL (5 TABLETS per 28 days)
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	CE	N7 (NP)
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 suspension 2000 mg/100ml	CE	PA; N7 (PSP)
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)
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	CE	N7 (NPSP)
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 per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIOLOGIC RESPONSE MODIFIERS		
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML (*ropeginterferon alfa-2b-njft*)	PSP	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	PSP	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, 2.5 mg, 5 mg	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 DAYs)
lenalidomide oral capsule 20 mg, 25 mg	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 DAYs)
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	CE	N7 (NF)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (*lenalidomide*)	CE	N7 (NF)
THALOMID ORAL CAPSULE 100 MG (*thalidomide*)	PSP	PA; QL (112 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 50 MG (*thalidomide*)	PSP	PA; QL (28 CAPSULES per 28 days)
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate micronized oral tablet 125 mg	CE	PA; N7 (PSP); QL (120 TABLETS per 30 Days)
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)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (*niraparib-abiraterone acetate*)	CE	N7 (NF)
anastrozole oral tablet 1 mg	CE	N7 (PG); AL (Min 35 Years)
bicalutamide oral tablet 50 mg	CE	N7 (PG)
CLIGAVYX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (*fulvestrant*)	NF	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 240 MG (*apalutamide*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
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*)	NF	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	NF	
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	PSP	PA
INLURIYO ORAL TABLET 200 MG (*imlunestrant tosylate*)	CE	N7 (NF)
letrozole oral tablet 2.5 mg	CE	N7 (PG)
leuprolide acetate injection kit 1 mg/0.2ml	PSP	PA
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG (*relacorilant*)	NF	
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG (*relacorilant*)	NF	
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
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG (*leuprolide acetate (3 month)*)	NF	
LYSODREN ORAL TABLET 500 MG (*mitotane*)	CE	N7 (NPSP)
megestrol acetate oral tablet 20 mg, 40 mg	CE	N7 (PG)
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	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
ORSERDU ORAL TABLET 345 MG, 86 MG (*elacestrant hydrochloride*)	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	
VABRINTY SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	NF	
VABRINTY SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	NF	
VABRINTY SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	NF	
VABRINTY SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*)	NF	
VEPPANU ORAL TABLET 100 MG, 200 MG (*vepdegestrant*)	CE	N7 (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 micronized*)	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 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
AUGTYRO ORAL CAPSULE 160 MG (*repotrectinib*)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
AUGTYRO ORAL CAPSULE 40 MG (*repotrectinib*)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG (*avutometinib-defactinib*)	CE	N7 (NF)
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 CAPSULE 100 MG, 50 MG (*bosutinib*)	CE	N7 (NF)
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (*bosutinib*)	CE	N7 (NF)
bosutinib oral tablet 100 mg	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
bosutinib oral tablet 400 mg, 500 mg	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)
BRUKINSA ORAL TABLET 160 MG (*zanubrutinib*)	CE	PA; N7 (PSP); QL (60 TABLETS 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
CAVHANZA ORAL TABLET DISPERSIBLE 60 MG, 80 MG (*nilotinib*)	CE	N7 (NF)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (*cabozantinib s-malate*)	CE	PA; N7 (NPSP); QL (56 CAPSULES per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (*cabozantinib s-malate*)	CE	PA; N7 (NPSP); QL (112 CAPSULES per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (*cabozantinib s-malate*)	CE	PA; N7 (NPSP); QL (1 KIT per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*)	CE	N7 (NF)
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	CE	N7 (NF)
DANZITEN ORAL TABLET 71 MG, 95 MG (*nilotinib tartrate*)	CE	N7 (NF)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
dasatinib oral tablet 20 mg	CE	PA; N7 (PSP); QL (90 TABLETS per 30 DAYs)
ENSACOVE ORAL CAPSULE 100 MG, 25 MG (*ensartinib hcl*)	CE	N7 (NF)
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	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
everolimus oral tablet 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)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (*tivozanib hcl*)	CE	N7 (NF)
FRUZAQLA ORAL CAPSULE 1 MG (*fruquintinib*)	CE	PA; N7 (NPSP); QL (84 CAPSULES per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG (*fruquintinib*)	CE	PA; N7 (NPSP); QL (21 CAPSULES per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAVRETO ORAL CAPSULE 100 MG (*pralsetinib*)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
gefitinib oral tablet 250 mg	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
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)
GOMEKLI ORAL CAPSULE 1 MG (*mirdametinib*)	CE	PA; N7 (PSP); QL (42 CAPSULES per 28 DAYs)
GOMEKLI ORAL CAPSULE 2 MG (*mirdametinib*)	CE	PA; N7 (PSP); QL (84 CAPSULES per 28 DAYs)
GOMEKLI ORAL TABLET SOLUBLE 1 MG (*mirdametinib*)	CE	PA; N7 (PSP); QL (168 TABLETS per 28 DAYs)
HERNEXEOS ORAL TABLET 60 MG (*zongertinib*)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
HYRNUO ORAL TABLET 10 MG (*sevabertinib*)	CE	N7 (NF)
IBRANCE ORAL CAPSULE 125 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)
IBTROZI ORAL CAPSULE 200 MG (*taletrectinib adipate*)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 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, 70 MG (*ibrutinib*)	CE	N7 (NF)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (*ibrutinib*)	CE	N7 (NF)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (*ibrutinib*)	CE	N7 (NF)
imkeldi oral solution 80 mg/ml	CE	N7 (NF)
INLYTA ORAL TABLET 1 MG (*axitinib*)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
INLYTA ORAL TABLET 5 MG (*axitinib*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IRESSA ORAL TABLET 250 MG (*gefitinib*)	CE	N7 (NF)
ITOVEBI ORAL TABLET 3 MG (*inavolisib*)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
ITOVEBI ORAL TABLET 9 MG (*inavolisib*)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	CE	PA; IBC (Preferred for Polycythemia Vera, Graft-versus-host disease (GVDH) and Oncology); N7 (PSP); QL (60 TABLETS per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG (*ruxolitinib phosphate*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG (*pirtobrutinib*)	CE	N7 (NF)
JIDEYTRO ORAL TABLET 100 MG, 25 MG (*zidesamtinib*)	CE	N7 (NF)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	PA; N7 (PSP); QL (21 TABLETS per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	PA; N7 (PSP); QL (42 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)
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)
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG (*selumetinib sulfate*)	CE	PA; N7 (PSP); QL (600 CAPSULES per 30 days)
KOSELUGO ORAL CAPSULE SPRINKLE 7.5 MG (*selumetinib sulfate*)	CE	PA; N7 (PSP); QL (360 CAPSULES per 30 days)
lapatinib ditosylate oral tablet 250 mg	CE	PA; N7 (PSP); QL (180 TABLETS per 30 DAYs)
LAZCLUZE ORAL TABLET 240 MG, 80 MG (*lazertinib mesylate*)	CE	N7 (NF)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (*lenvatinib mesylate*)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (PSP); 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 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (*lenvatinib mesylate*)	CE	PA; N7 (PSP); 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 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (PSP); 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)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	CE	N7 (NF)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	CE	N7 (NF)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	CE	N7 (NF)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (*trametinib dimethyl sulfoxide*)	CE	PA; N7 (PSP); QL (1080 ML per 28 days)
MEKINIST ORAL TABLET 0.5 MG (*trametinib dimethyl sulfoxide*)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
MEKINIST ORAL TABLET 2 MG (*trametinib dimethyl sulfoxide*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
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	N7 (NF)
nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg	CE	N7 (NF)
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	CE	PA; N7 (PSP); N8 (Generic of Tasigna); QL (120 CAPSULES per 30 DAYs)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (*tovorafenib*)	CE	N7 (NF)
OJEMDA ORAL TABLET 100 MG (*tovorafenib*)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (*momelotinib dihydrochloride*)	NPSP	PA; QL (30 TABLETS per 30 DAYs)
pazopanib hcl oral tablet 200 mg	CE	PA; N7 (PSP); QL (120 TABLETS per 30 Days)
pazopanib hcl oral tablet 400 mg	CE	PA; N7 (PSP); N8 (Listing does not include certain NDCs); QL (60 TABLETS per 30 Days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*)	CE	N7 (NF)
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (*dasatinib*)	CE	N7 (NF)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (*alpelisib*)	CE	PA; N7 (PSP); QL (28 TABLETS per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (*alpelisib*)	CE	PA; N7 (PSP); QL (56 TABLETS per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (*alpelisib*)	CE	PA; N7 (PSP); QL (56 TABLETS per 28 days)
QINLOCK ORAL TABLET 50 MG (*ripretinib*)	CE	N7 (NF)
RETEVMO ORAL TABLET 120 MG, 160 MG (*selpercatinib*)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
RETEVMO ORAL TABLET 40 MG (*selpercatinib*)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
RETEVMO ORAL TABLET 80 MG (*selpercatinib*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (*vimseltinib*)	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)
ROZLYTREK ORAL PACKET 50 MG (*entrectinib*)	CE	PA; N7 (PSP); QL (8 CARTONS per 28 days)
RYDAPT ORAL CAPSULE 25 MG (*midostaurin*)	CE	PA; N7 (PSP); QL (224 CAPSULES per 28 days)
SCEMBLIX ORAL TABLET 100 MG (*asciminib hcl*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
SCEMBLIX ORAL TABLET 20 MG (*asciminib hcl*)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SCEMBLIX ORAL TABLET 40 MG (*asciminib hcl*)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
sorafenib tosylate oral tablet 200 mg	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYs)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (*dasatinib*)	CE	N7 (NF)
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	N7 (NF)
TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*)	CE	N7 (NF)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG (*dabrafenib mesylate*)	CE	PA; N7 (PSP); QL (840 TABLETS per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	CE	PA; N7 (PSP); QL (30 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)
everolimus (Torpenz Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
TRUQAP ORAL TABLET 200 MG (*capivasertib*)	CE	PA; N7 (PSP); QL (64 TABLETS per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (*capivasertib*)	CE	PA; N7 (PSP); QL (64 TABLETS per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG (*tucatinib*)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
TURALIO ORAL CAPSULE 125 MG (*pexidartinib hcl*)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
TYKERB ORAL TABLET 250 MG (*lapatinib ditosylate*)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (*quizartinib dihydrochloride*)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
VONJO ORAL CAPSULE 100 MG (*pacritinib citrate*)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
VOTRIENT ORAL TABLET 200 MG (*pazopanib hcl*)	CE	N7 (NF)
XALKORI ORAL CAPSULE 200 MG, 250 MG (*crizotinib*)	CE	N7 (NF)
XALKORI ORAL CAPSULE SPRINKLE 150 MG (*crizotinib*)	CE	PA; N7 (NPSP); QL (180 CAPSULES per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG (*crizotinib*)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
everolimus (Yulithira Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	CE	N7 (NF)
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)
IWILFIN ORAL TABLET 192 MG (*eflornithine hcl*)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
KOMZIFTI ORAL CAPSULE 200 MG (*ziftomenib*)	CE	N7 (NF)
KRAZATI ORAL TABLET 200 MG (*adagrasib*)	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 120 MG (*sotorasib*)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 240 MG (*sotorasib*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 320 MG (*sotorasib*)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
MODEYSO ORAL CAPSULE 125 MG (*dordaviprone hcl*)	CE	PA; N7 (NPSP); QL (20 CAPSULES per 28 days)
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG (*nirogacestat hydrobromide*)	CE	N7 (NF)
REVUFORJ ORAL TABLET 110 MG (*revumenib citrate*)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
REVUFORJ ORAL TABLET 160 MG (*revumenib citrate*)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
REVUFORJ ORAL TABLET 25 MG (*revumenib citrate*)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG (*olutasidenib*)	CE	N7 (NF)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (*rucaparib camsylate*)	CE	N7 (NF)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (*talazoparib tosylate*)	CE	N7 (NF)
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	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)
VORANIGO ORAL TABLET 10 MG (*vorasidenib*)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 DAYs)
VORANIGO ORAL TABLET 40 MG (*vorasidenib*)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 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 10 MG (*selinexor*)	CE	PA; N7 (NPSP); QL (16 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG (*selinexor*)	CE	PA; N7 (NPSP); QL (4 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 TABLET 100 MG, 200 MG, 300 MG (*niraparib tosylate*)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	CE	PA; N7 (NPSP); 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		
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (*leucovorin calcium*)	CE	N7 (PG)
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg	CE	N7 (PG)
TOPOISOMERASE INHIBITOR		
HYCAMTIN ORAL CAPSULE 0.25 MG (*topotecan hcl*)	CE	PA; N7 (NPSP)
TOPOISOMERASE INHIBITORS		
etoposide oral capsule 50 mg	CE	N7 (PG)
HYCAMTIN ORAL CAPSULE 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	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	PG	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	NF	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	PG	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	PG	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	PG	
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	NF	
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	N8 (Listing does not include certain NDCs)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	PG	
enalapril maleate oral solution 1 mg/ml	PG	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	NF	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	PG	N8 (Listing does not include certain NDCs)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
moexipril hcl oral tablet 15 mg, 7.5 mg	PG	N8 (Listing does not include certain NDCs)
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	NP	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	PG	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	NF	
eplerenone oral tablet 25 mg, 50 mg	NP	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (*finerenone*)	PB	
spironolactone oral suspension 25 mg/5ml	NF	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	PG	
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	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	NP	
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	
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	
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	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	PG	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	PG	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	NP	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	PG	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	PG	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ARBLI ORAL SUSPENSION 10 MG/ML (*losartan potassium*)	NF	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (*candesartan cilexetil*)	NF	
azilsartan medoxomil oral tablet 40 mg, 80 mg	PG	
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	
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	N8 (Listing does not include certain NDCs)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	PG	
MICARDIS ORAL TABLET 40 MG (*telmisartan*)	NF	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	PG	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	PG	
valsartan oral solution 4 mg/ml	NF	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	PG	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	PSP	
flecainide acetate oral tablet 100 mg, 150 mg	PG	
flecainide acetate oral tablet 50 mg	PG	N8 (Listing does not include certain NDCs)
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, 160 mg, 80 mg	PG	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	PG	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (*dofetilide*)	NPSP	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	N8 (Listing does not include certain NDCs)
colesevelam hcl oral packet 3.75 gm	PG	
colesevelam hcl oral tablet 625 mg	PG	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
fenofibrate micronized oral capsule 130 mg	NF	
fenofibrate micronized oral capsule 134 mg, 67 mg	PG	N8 (Listing does not include certain NDCs)
fenofibrate micronized oral capsule 43 mg	NP	
fenofibrate oral capsule 150 mg	NP	
fenofibrate oral capsule 200 mg	PG	N8 (Listing does not include certain NDCs)
fenofibrate oral capsule 50 mg	NF	
fenofibrate oral tablet 120 mg, 40 mg	NF	
fenofibrate oral tablet 145 mg, 48 mg	PG	
fenofibrate oral tablet 160 mg, 54 mg	PG	N8 (Listing does not include certain NDCs)
fenofibric acid oral capsule delayed release 135 mg, 45 mg	PG	
fenofibric acid oral tablet 105 mg, 35 mg	NP	
gemfibrozil oral tablet 600 mg	PG	N8 (Listing does not include certain NDCs)
TRICOR ORAL TABLET 145 MG (*fenofibrate*)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (*atorvastatin calcium*)	NF	
atorvastatin calcium oral tablet 10 mg, 20 mg	CE	N7 (PG); N8 (Listing does not include certain NDCs); AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg	PG	N8 (Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease, Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
atorvastatin calcium oral tablet 80 mg	PG	N8 (Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NF	
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	NF	
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	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	NF	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	PG	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 mg	PG	
rosuvastatin calcium oral tablet 40 mg	PG	N8 (Listing does not include certain NDCs)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CE	N7 (PG); AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg	PG	N8 (Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (*pitavastatin magnesium*)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 2 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	PG	
LOVAZA ORAL CAPSULE 1 GM (*omega-3-acid ethyl esters*)	NF	
omega-3-acid ethyl esters oral capsule 1 gm	PG	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (*icosapent ethyl*)	NF	
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
LEROCHOL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/1.2ML (*lerodalcibep-liga*)	NF	
LIPFENDRA ORAL TABLET 20 MG (*enlicitide decanoate*)	PB	PA
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (*alirocumab*)	NF	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*evolocumab*)	PB	PA; QL (3 PENS per 28 days)
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	
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	
betaxolol hcl oral tablet 10 mg, 20 mg	PG	
bisoprolol fumarate oral tablet 10 mg, 5 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bisoprolol fumarate oral tablet 2.5 mg	NF	
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	
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	
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	N8 (Listing does not include certain NDCs)
labetalol hcl oral tablet 400 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, 12.5 mg, 25 mg, 37.5 mg, 50 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	PG	N8 (Listing does not include certain NDCs)
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, 60 mg, 80 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	PG	
CARDAMYST NASAL SOLUTION 2 X 70 MG/DOSE (*etripamil*)	NF	
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*)	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 er oral tablet extended release 24 hour 120 mg	NF	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	PG	N8 (Listing does not include certain NDCs)
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	PG	
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
isradipine oral capsule 2.5 mg, 5 mg	PG	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	NF	
levamlodipine maleate oral tablet 2.5 mg, 5 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl (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	
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	N8 (Listing does not include certain NDCs)
nifedipine oral capsule 10 mg, 20 mg	PG	N8 (Listing does not include certain NDCs)
nimodipine oral capsule 30 mg	PG	
nimodipine oral solution 60 mg/20ml	PG	
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	PG	
NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*)	NF	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	NF	
SDAMLO ORAL SOLUTION RECONSTITUTED 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	NF	
verapamil hcl er capsule extended release 24 hour 100 mg oral	NF	
verapamil hcl er capsule extended release 24 hour 100 mg oral	PG	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg	PG	N8 (Listing does not include certain NDCs)
verapamil hcl er oral capsule extended release 24 hour 200 mg, 240 mg, 300 mg, 360 mg	PG	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	PG	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	PG	N8 (Listing does not include certain NDCs)
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide er oral capsule extended release 12 hour 500 mg	NP	
acetazolamide oral tablet 125 mg	PG	N8 (Listing does not include certain NDCs)
acetazolamide oral tablet 250 mg	PG	
amiloride hcl oral tablet 5 mg	PG	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	PG	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	PG	
chlorthalidone oral tablet 25 mg, 50 mg	PG	
dichlorphenamide oral tablet 50 mg	PSP	PA; QL (120 TABLETS per 30 DAYs)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (*triamterene*)	NF	
ENBUMYST NASAL SOLUTION 0.5 MG/0.1ML (*bumetanide*)	NF	
ethacrynic acid oral tablet 25 mg	NP	
furosemide oral tablet 20 mg, 40 mg	PG	N8 (Listing does not include certain NDCs)
furosemide oral tablet 80 mg	PG	
HEMICLOR ORAL TABLET 12.5 MG (*chlorthalidone*)	NF	
hydrochlorothiazide oral capsule 12.5 mg	PG	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
indapamide oral tablet 1.25 mg, 2.5 mg	PG	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*hydrochlorothiazide*)	NF	
KEVEYIS ORAL TABLET 50 MG (*dichlorphenamide*)	NPSP	PA; QL (120 TABLETS per 30 days)
methazolamide oral tablet 25 mg, 50 mg	PG	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	PG	
SOAANZ ORAL TABLET 40 MG (*torsemide*)	NF	
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	N8 (Listing does not include certain NDCs)
triamterene oral capsule 100 mg, 50 mg	PG	
triamterene-hctz oral capsule 37.5-25 mg	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	PG	
HEART FAILURE		
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	NF	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	NF	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (*sacubitril-valsartan*)	NF	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	NF	
INPEFA ORAL TABLET 200 MG, 400 MG (*sotagliflozin*)	NF	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	PG	
ivabradine hcl oral tablet 5 mg, 7.5 mg	PG	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	PG	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*)	NF	
MISCELLANEOUS		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG (*acoramidis hcl*)	NF	
BAXFENDY ORAL TABLET 1 MG, 2 MG (*baxdrostat*)	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*mavacamten*)	PSP	PA; QL (30 CAPSULES per 30 DAYs)
clonidine er oral tablet extended release 24 hour 0.17 mg	NF	
clonidine hcl oral tablet 0.05 mg, 0.1 mg, 0.2 mg, 0.3 mg	PG	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	NP	N8 (Listing does not include certain NDCs)
droxidopa oral capsule 100 mg, 200 mg, 300 mg	PSP	PA; QL (180 CAPSULES per 30 days)
guanfacine hcl oral tablet 1 mg, 2 mg	PG	N8 (Listing does not include certain NDCs)
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
JAVADIN ORAL SOLUTION 0.02 MG/ML (*clonidine hcl*)	NF	
LODOCO ORAL TABLET 0.5 MG (*colchicine*)	NF	
methyldopa oral tablet 250 mg, 500 mg	PG	
metyrosine oral capsule 250 mg	PSP	PA; QL (480 CAPSULES per 30 days)
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	PG	
minoxidil oral tablet 10 mg, 2.5 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*aficamten*)	NF	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (*clonidine*)	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	
REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (*plozasiran sodium*)	NF	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.8ML, 80 MG/0.8ML (*olezarsen sodium*)	NF	
TRYVIO ORAL TABLET 12.5 MG (*aprocitentan*)	NF	
VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*)	NP	
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	PSP	PA; QL (30 CAPSULES per 30 days)
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
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 ointment 2 %	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	
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bosentan oral tablet 125 mg, 62.5 mg	PSP	PA; QL (60 TABLETS per 30 days)
bosentan oral tablet soluble 32 mg	PSP	PA; QL (112 TABLETS per 28 DAYs)
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	PSP	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	NF	
macitentan oral tablet 10 mg	PSP	PA; QL (30 TABLETS per 30 days)
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	NF	
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (*macitentan-tadalafil*)	PSP	PA; QL (30 TABLETS per 30 DAYs)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	PSP	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	PSP	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (*treprostinil diolamine*)	PSP	PA
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, 8 MG/20ML (*treprostinil*)	NF	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	NF	
sildenafil citrate oral suspension reconstituted 10 mg/ml	PSP	PA; QL (784 ML per 30 days)
sildenafil citrate oral tablet 20 mg	PG	PA; QL (360 TABLETS per 30 days)
tadalafil (pah) oral tablet 20 mg	PSP	PA; QL (60 TABLETS per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	PSP	PA; QL (300 ML per 30 days)
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG (*treprostinil*)	PSP	PA; QL (224 CARTRIDGES per 28 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 48MCG & 112 X80MCG (*treprostinil*)	PSP	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	PSP	PA; QL (112 CARTRIDGES per 28 DAYs)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 80 MCG (*treprostinil*)	PSP	PA; QL (112 CARTRIDGES per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (*treprostinil*)	PSP	PA; QL (252 CARTRIDGES per 28 DAYs)
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	PSP	PA; QL (28 AMPULES per 28 DAYs)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	PSP	PA; QL (28 AMPULES per 28 DAYs)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	PSP	PA; QL (28 AMPULES per 28 DAYs)
UPTRAVI ORAL TABLET 100 MCG, 150 MCG (*selexipag*)	PSP	PA
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 TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	PSP	PA; QL (1 TABLET per 28 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	NPSP	PA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG (*sotatercept-csrk*)	NPSP	PA; QL (2 VIALS per 21 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG (*sotatercept-csrk*)	NPSP	PA; QL (1 VIAL per 21 days)
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (*treprostinil sodium*)	PSP	PA; QL (140 CAPSULES per 28 days)
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	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMYOTROPHIC LATERAL SCLEROSIS (ALS) - DRUGS TO TREAT ALS		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*)	PSP	PA; QL (50 ML per 28 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (*edaravone*)	PSP	PA; QL (70 ML per 28 days)
riluzole oral tablet 50 mg	PG	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	NF	
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, 75 MG (*clomipramine hcl*)	NP	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*)	NF	
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 5 MG, 7.5 MG (*buspirone hcl*)	NF	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	PG	
buspirone hcl oral tablet 12.5 mg, 2.5 mg	NF	
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, 75 mg	PG	
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	N8 (Listing does not include certain NDCs)
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	PG	N8 (Listing does not include certain NDCs); QL (150 ML per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lorazepam oral tablet 0.5 mg, 1 mg	PG	N8 (Listing does not include certain NDCs); QL (150 TABLETS per 25 days)
lorazepam oral tablet 2 mg	PG	N8 (Listing does not include certain NDCs); QL (150 TABLETS per 25 DAYs)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG (*lorazepam*)	NP	QL (150 CAPSULES per 25 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 3 MG (*lorazepam*)	NP	QL (90 CAPSULES per 25 days)
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	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
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	
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	
LEQEMBI IQLIK (500 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2 X 250 MG/1.25ML (*lecanemab-irmb*)	NF	
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML (*lecanemab-irmb*)	NF	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	PG	
memantine hcl oral solution 2 mg/ml	PG	
memantine hcl oral tablet 10 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	PG	
memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg	PG	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	NP	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	NP	
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG (*benzgalantamine gluconate*)	NF	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PG	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (*bupropion hbr*)	NF	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (*dextromethorphan-bupropion*)	PB	
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG (*dextromethorphan-bupropion*)	PB	
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	N8 (Listing does not include certain NDCs)
citalopram hydrobromide capsule 30 mg oral	NF	
citalopram hydrobromide capsule 30 mg oral	PG	
citalopram hydrobromide oral solution 20 mg/10ml	PG	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	PG	
desipramine hcl oral tablet 10 mg, 25 mg	PG	N8 (Listing does not include certain NDCs)
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg	PG	
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	
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	PG	N8 (Listing does not include certain NDCs)
doxepin hcl oral capsule 150 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxepin hcl oral concentrate 10 mg/ml	PG	
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 120 mg, 80 mg, 90 mg	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 capsule 15 mg	NF	
escitalopram oxalate oral solution 5 mg/5ml	PG	N8 (Listing does not include certain NDCs)
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	PG	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG (*gepirone hcl*)	NF	
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG (*gepirone hcl*)	NF	
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	
fluoxetine hcl oral capsule delayed release 90 mg	PG	
fluoxetine hcl oral solution 20 mg/5ml	PG	N8 (Listing does not include certain NDCs)
fluoxetine hcl oral tablet 10 mg, 20 mg	PG	
fluoxetine hcl oral tablet 60 mg	NF	
imipramine hcl oral tablet 10 mg, 50 mg	PG	
imipramine hcl oral tablet 25 mg	PG	N8 (Listing does not include certain NDCs)
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	NP	
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORPRAMIN ORAL TABLET 10 MG, 25 MG (*desipramine hcl*)	NP	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	PG	
nortriptyline hcl oral solution 10 mg/5ml	PG	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (*nortriptyline hcl*)	NP	
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	N8 (Listing does not include certain NDCs)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (*paroxetine hcl*)	NF	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine hcl*)	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, 5 mg	PG	
RALDESY ORAL SOLUTION 10 MG/ML (*trazodone hcl*)	NF	
sertraline hcl capsule 150 mg oral	NF	
sertraline hcl capsule 150 mg oral	PG	
sertraline hcl capsule 200 mg oral	NF	
sertraline hcl capsule 200 mg oral	PG	
sertraline hcl oral concentrate 20 mg/ml	PG	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	PG	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	PSP	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	PSP	PA
tranylcypromine sulfate oral tablet 10 mg	PG	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	PG	
trazodone hcl oral tablet 300 mg	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	NP	N8 (Listing does not include certain NDCs)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*)	PB	
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	N8 (Listing does not include certain NDCs)
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	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	PG	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (*bupropion hcl*)	NF	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (*sertraline hcl*)	NF	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (*sertraline hcl*)	NF	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (*zuranolone*)	PSP	PA; QL (28 CAPSULES per 14 DAYs)
ZURZUVAE ORAL CAPSULE 30 MG (*zuranolone*)	PSP	PA; QL (14 CAPSULES per 14 DAYs)
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl oral capsule 100 mg	PG	N8 (Listing does not include certain NDCs)
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	PSP	PA; QL (20 CARTRIDGES per 30 days)
benztropine mesylate oral tablet 0.5 mg	PG	N8 (Listing does not include certain NDCs)
benztropine mesylate oral tablet 1 mg, 2 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 capsule extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 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 oral tablet dispersible 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	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG (*carbidopa-levodopa*)	PB	
DHIVY ORAL TABLET 25-100 MG (*carbidopa-levodopa*)	NP	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*)	NPSP	PA; QL (28 CASSETTES per 28 days)
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)
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	
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML (*apomorphine hcl*)	NF	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (*opicapone*)	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	PB	
selegiline hcl oral capsule 5 mg	PG	
selegiline hcl oral tablet 5 mg	PG	N8 (Listing does not include certain NDCs)
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	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML (*foscarbidopa-foslevodopa*)	NF	
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 ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (*aripiprazole*)	PB	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*milsaperidone*)	NF	
BYSANTI TITRATION PACK A ORAL TABLET THERAPY PACK 1 & 2 & 4 & 6 MG (*milsaperidone*)	NF	
BYSANTI TITRATION PACK B ORAL TABLET THERAPY PACK 1 & 2 & 6 & 8 MG (*milsaperidone*)	NF	
BYSANTI TITRATION PACK C ORAL TABLET THERAPY PACK 1 & 2 & 6 MG (*milsaperidone*)	NF	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (*lumateperone tosylate*)	NP	
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	
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML (*paliperidone palmitate*)	NF	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*iloperidone*)	NF	
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*)	NF	
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG (*iloperidone*)	NF	
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (*paliperidone palmitate*)	PB	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG (*paliperidone*)	NP	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (*paliperidone palmitate*)	PB	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (*paliperidone palmitate*)	PB	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (*lurasidone hcl*)	NF	
loxapine succinate oral capsule 10 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
loxapine succinate oral capsule 25 mg, 50 mg	PG	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 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	PG	
olanzapine oral tablet 5 mg, 7.5 mg	PG	N8 (Listing does not include certain NDCs)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	PG	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (*aripiprazole*)	NF	
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	
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	
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG (*risperidone*)	NF	
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	N8 (Listing does not include certain NDCs)
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	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML (*risperidone*)	NF	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (*cariprazine hcl*)	PB	
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		
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	NF	
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	NF	
brivaracetam oral solution 10 mg/ml	PG	
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	PG	
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	N8 (Listing does not include certain NDCs)
carbamazepine oral suspension 100 mg/5ml	PG	N8 (Listing does not include certain NDCs)
carbamazepine oral tablet 200 mg	PG	
carbamazepine oral tablet chewable 100 mg, 200 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobazam oral suspension 2.5 mg/ml	PG	
clobazam oral tablet 10 mg, 20 mg	PG	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	PG	N8 (Listing does not include certain NDCs); 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)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	NF	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	NF	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	NF	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (*stiripentol*)	NF	
DIACOMIT ORAL PACKET 250 MG, 500 MG (*stiripentol*)	NF	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	PG	QL (240 ML per 25 days)
diazepam oral solution 5 mg/5ml	PG	N8 (Listing does not include certain NDCs); QL (1200 ML per 25 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	PG	N8 (Listing does not include certain NDCs); 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-125 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	N8 (Listing does not include certain NDCs)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPRONTIA ORAL SOLUTION 25 MG/ML (*topiramate*)	NF	
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	PG	
ethosuximide oral capsule 250 mg	PG	
ethosuximide oral solution 250 mg/5ml	PG	N8 (Listing does not include certain NDCs)
felbamate oral suspension 600 mg/5ml	PG	
felbamate oral tablet 400 mg, 600 mg	PG	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*)	NF	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	PG	QL (6 CAPSULES per 1 day)
gabapentin oral capsule 200 mg	NF	
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)
GABARONE ORAL TABLET 100 MG, 400 MG (*gabapentin*)	NF	
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	N8 (Listing does not include certain NDCs)
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	PG	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PG	
lamotrigine oral tablet chewable 25 mg, 5 mg	PG	
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 500 mg/5ml	PG	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	PG	
levetiracetam oral tablet disintegrating soluble 250 mg, 500 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	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*lacosamide*)	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 er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg	PG	
oxcarbazepine oral suspension 300 mg/5ml	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
perampanel oral suspension 0.5 mg/ml	PG	
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	PG	
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	PG	N8 (Listing does not include certain NDCs)
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 100 mg/4ml	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, 150 mg, 25 mg, 50 mg, 75 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 125 mg	NF	
primidone oral tablet 250 mg	PG	
primidone oral tablet 50 mg	PG	N8 (Listing does not include certain NDCs)
gabapentin (Relgaabi Oral Capsule 200 Mg, 300 Mg, 400 Mg)	NF	
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 250 MG, 500 MG (*levetiracetam*)	NF	
SUBVENITE ORAL SUSPENSION 10 MG/ML (*lamotrigine*)	NF	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (*clobazam*)	NF	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (*carbamazepine*)	NF	
TEGRETOL ORAL TABLET 200 MG (*carbamazepine*)	NF	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (*carbamazepine*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	PG	
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	PG	
topiramate oral solution 25 mg/ml	PG	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PG	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (*oxcarbazepine*)	NF	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	NF	
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 SPRAYS per 25 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML (*diazepam*)	PB	QL (10 SPRAYS per 25 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML (*diazepam*)	PB	QL (10 SPRAYS per 25 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (*diazepam*)	PB	QL (10 SPRAYS per 25 days)
vigabatrin oral packet 500 mg	PSP	PA; QL (180 PACKETS 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)
VIGAFYDE ORAL SOLUTION 100 MG/ML (*vigabatrin*)	NF	
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	NF	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	NF	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 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, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (*amphetamine-dextroamphetamine*)	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 er oral tablet extended release dispersible 12.5 mg, 15.7 mg, 18.8 mg	PG	QL (30 TABLETS per 25 DAYs)
amphetamine er oral tablet extended release dispersible 3.1 mg, 6.3 mg, 9.4 mg	PG	QL (60 TABLETS per 25 DAYs)
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, 5 mg	PG	QL (90 CAPSULES per 25 days)
amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg	PG	QL (30 CAPSULES per 25 days)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg	NF	
ARYNTA ORAL SOLUTION 10 MG/ML (*lisdexamfetamine dimesylate*)	NF	
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	PG	
atomoxetine hcl oral solution 4 mg/ml	NF	
ATONCY ORAL SOLUTION 4 MG/ML (*atomoxetine hcl*)	NF	
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, 54 MG (*methylphenidate hcl*)	NF	
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	
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (*amphetamine*)	NF	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (*amphetamine*)	NF	
EVEKEO ORAL TABLET 10 MG, 5 MG (*amphetamine sulfate*)	NF	
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, 20 MG, 40 MG, 60 MG, 80 MG (*methylphenidate hcl*)	NF	
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg	PG	QL (60 CAPSULES per 25 DAYs)
lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg	PG	QL (30 CAPSULES per 25 DAYs)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg	PG	QL (60 TABLETS per 25 DAYs)
lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg	PG	QL (30 TABLETS per 25 DAYs)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*methylphenidate 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 er oral tablet extended release dispersible 17.3 mg, 25.9 mg, 8.6 mg	NF	
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	PG	QL (60 CAPSULES per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 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	PG	QL (60 TABLETS per 25 days)
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg	NF	
methylphenidate hcl er (osm) oral tablet extended release 54 mg, 72 mg	PG	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)
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	PG	QL (60 TABLETS per 25 days)
methylphenidate hcl er oral tablet extended release 24 hour 54 mg	PG	QL (30 TABLETS per 25 days)
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, 37.5 MG, 50 MG (*amphetamine-dextroamphetamine*)	NF	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (*clonidine hcl*)	NF	
dextroamphetamine sulfate (Procentra Oral Solution 5 Mg/5Ml)	PG	QL (1200 ML per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*)	PB	
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 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG (*methylphenidate hcl*)	NF	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 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)
RITALIN ORAL TABLET 20 MG (*methylphenidate hcl*)	NP	QL (90 TABLETS per 25 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	NF	
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	NF	
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (*dextroamphetamine*)	NF	
dextroamphetamine sulfate (Zenzedi Oral Tablet 15 Mg, 20 Mg)	PG	QL (60 TABLETS per 25 days)
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	PG	QL (120 TABLETS per 25 days)
dextroamphetamine sulfate (Zenzedi Oral Tablet 30 Mg)	PG	QL (30 TABLETS per 25 days)
BOTULINUM TOXINS		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	NF	
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*daxibotulinumtoxina-lanm*)	PSP	PA; N8 (Not covered for cosmetic use)
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*)	PSP	PA; N8 (Not covered for cosmetic use)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (*incobotulinumtoxina*)	PSP	PA; N8 (Not covered for cosmetic use)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIBROMYALGIA		
milnacipran hcl oral 12.5 & 25 & 50 mg	PG	ST
milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	PG	ST
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
TONMYA SUBLINGUAL TABLET SUBLINGUAL 2.8 MG (*cyclobenzaprine hcl (fibromy)*)	NF	
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*)	PB	
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	NF	
doxepin hcl oral tablet 3 mg, 6 mg	PG	
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	NF	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	NPSP	PA; QL (158 ML per 30 days)
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tasimelteon oral capsule 20 mg	PSP	PA; QL (30 CAPSULES per 30 DAYs)
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)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	NP	QL (15 TABLETS per 25 days)
zolpidem tartrate oral capsule 7.5 mg	NF	
zolpidem tartrate oral tablet 10 mg, 5 mg	PG	N8 (Listing does not include certain NDCs); QL (15 TABLETS per 25 days)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	NF	
MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES		
BREKIYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/ML (*dihydroergotamine mesylate*)	NF	
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	
ergotamine-caffeine oral tablet 1-100 mg	NF	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	NF	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (*dihydroergotamine mesylate hfa*)	NF	
MIGRAINE - MISCELLANEOUS - DRUGS TO TREAT SEVERE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*)	PB	ST; QL (16 TABLETS per 25 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (*atogepant*)	PB	ST; QL (30 TABLETS per 25 days)
UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*)	PB	ST; QL (16 TABLETS per 25 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (*zavegepant hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIGRAINE - MONOCLONAL ANTIBODIES - 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 SYRINGES per 75 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	ST; QL (3 SYRINGES per 75 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*)	PB	ST; QL (3 SYRINGES per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*)	PB	ST; N8 (Quantity limit will be 2 syringes for the initial month); QL (1 SYRINGE per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*)	PB	ST; N8 (Quantity limit will be 2 syringes for the initial month); QL (1 SYRINGE per 25 days)
MIGRAINE - TRIPTANS AND COMBINATIONS - DRUGS TO TREAT SEVERE HEADACHES		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	NP	QL (12 TABLETS per 25 days)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	NP	QL (12 TABLETS per 25 days)
frovatriptan succinate oral tablet 2.5 mg	NP	QL (18 TABLETS 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 CARTRIDGE 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 INJECTORS per 25 days)
MAXALT ORAL TABLET 10 MG (*rizatriptan benzoate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (*rizatriptan benzoate*)	NF	
naratriptan hcl oral tablet 1 mg, 2.5 mg	PG	QL (12 TABLETS per 25 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (*sumatriptan succinate*)	NF	
RELPAX ORAL TABLET 20 MG, 40 MG (*eletriptan hydrobromide*)	NP	ST; QL (12 TABLETS per 25 days)
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 subcutaneous solution 6 mg/0.5ml	PG	QL (12 VIALS per 25 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	PG	QL (12 INJECTOR per 25 days)
sumatriptan-naproxen sodium oral tablet 85-500 mg	NF	
SYMBRAVO ORAL TABLET 20-10 MG (*meloxicam-rizatriptan*)	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT (*sumatriptan*)	PB	QL (18 UNITS per 25 days)
TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*)	NF	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (*sumatriptan succinate*)	NP	ST; QL (24 INJECTORS per 25 days)
zolmitriptan nasal solution 5 mg	PG	QL (12 SPRAYS per 25 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	PG	N8 (Listing does not include certain NDCs); QL (12 TABLETS per 25 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	PG	N8 (Listing does not include certain NDCs); QL (12 TABLETS per 25 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (*zolmitriptan*)	NP	ST; QL (12 SPRAYS per 25 days)
MISCELLANEOUS		
DAYBUE ORAL SOLUTION 200 MG/ML (*trofinetide*)	NPSP	PA; QL (3600 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAYBUE STIX ORAL PACKET 5000 MG, 6000 MG (*trofinetide*)	NPSP	PA; QL (120 PACKETS per 30 days)
DAYBUE STIX ORAL PACKET 8000 MG (*trofinetide*)	NPSP	PA; QL (60 PACKETS per 30 days)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	PSP	PA; QL (1 SYRINGE per 28 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*)	NPSP	PA; QL (2 BOTTLES per 24 days)
EVRYSDI ORAL TABLET 5 MG (*risdiplam*)	NPSP	PA; QL (30 TABLETS per 30 DAYs)
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	NPSP	PA; QL (300 TABLETS per 30 days)
SKYCLARYS ORAL CAPSULE 50 MG (*omaveloxolone*)	NPSP	PA; QL (90 CAPSULES per 30 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (*zilucoplan sodium*)	NF	
MOOD STABILIZERS - DRUGS TO TREAT MOOD DISORDERS		
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	
lithium oral solution 8 meq/5ml	PG	
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)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (*deutetrabenazine*)	NF	
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (*deutetrabenazine*)	NF	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*)	PSP	PA; QL (30 CAPSULES per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 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 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*)	NF	
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*)	PSP	PA; QL (120 CAPSULES per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	PSP	PA; QL (14 INJECTIONS per 28 days)
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (*ublituximab-xiiy*)	PSP	PA; QL (3 VIALS per 168 DAYs)
cladribine (10 tabs) oral tablet therapy pack 10 mg	PSP	PA; QL (20 TABLETS per 270 days)
cladribine (4 tabs) oral tablet therapy pack 10 mg	PSP	PA; QL (20 TABLETS per 270 days)
cladribine (5 tabs) oral tablet therapy pack 10 mg	PSP	PA; QL (20 TABLETS per 270 days)
cladribine (6 tabs) oral tablet therapy pack 10 mg	PSP	PA; QL (20 TABLETS per 270 days)
cladribine (7 tabs) oral tablet therapy pack 10 mg	PSP	PA; QL (20 TABLETS per 270 days)
cladribine (8 tabs) oral tablet therapy pack 10 mg	PSP	PA; QL (20 TABLETS per 270 days)
cladribine (9 tabs) oral tablet therapy pack 10 mg	PSP	PA; QL (20 TABLETS per 270 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (*glatiramer acetate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (*glatiramer acetate*)	NPSP	PA; QL (12 SYRINGES 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; N8 (Listing does not include certain NDCs); 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 capsule delayed release therapy pack 120 & 240 mg	PSP	PA; QL (1 KIT per 30 DAYs)
fingolimod hcl oral capsule 0.5 mg	PSP	PA; QL (30 CAPSULES per 30 days)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (*fingolimod hcl*)	NF	
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)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 12 X 0.25 MG (*siponimod fumarate*)	PSP	PA; QL (12 TABLETS per 5 Days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (*siponimod fumarate*)	PSP	PA; QL (7 TABLETS per 4 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (*ocrelizumab*)	PSP	PA; QL (2 VIALS per 168 DAYs)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML (*ocrelizumab-hyaluronidase-ocsq*)	PSP	PA; QL (1 VIAL per 168 DAYs)
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 AUTO-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 AUTO-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*)	NF	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (*ponesimod*)	NF	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PSP	PA; QL (12 PENS 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (*fingolimod lauryl sulfate*)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (*dimethyl fumarate*)	NF	
teriflunomide oral tablet 14 mg, 7 mg	PSP	PA; QL (30 TABLETS per 30 DAYs)
TYRUKO INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab-sztn*)	PSP	PA; QL (1 VIAL per 28 days)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab*)	NF	
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)
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(21) (*ozanimod hcl*)	PSP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (1 KIT per 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (*cyclobenzaprine hcl*)	NF	
ATMEKSI ORAL SUSPENSION 750 MG/5ML (*methocarbamol*)	NF	
baclofen oral solution 10 mg/5ml, 5 mg/5ml	NF	
baclofen oral suspension 25 mg/5ml	PG	N8 (Listing does not include certain NDCs)
baclofen oral tablet 10 mg, 15 mg, 20 mg	PG	N8 (Listing does not include certain NDCs)
baclofen oral tablet 5 mg	PG	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	N8 (Listing does not include certain NDCs)
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	PG	
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (*givinostat hcl*)	NF	
cyclobenzaprine hcl (Fexmid Oral Tablet 7.5 Mg)	NF	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (*baclofen*)	NF	
metaxalone oral tablet 400 mg, 640 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)
norgesic forte oral tablet 50-770-60 mg	NF	
NORGESIC ORAL TABLET 25-385-30 MG (*orphenadrine-aspirin-caffeine*)	NF	
ONTRALFY ORAL SOLUTION 2 MG/5ML (*tizanidine hcl*)	NF	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	NF	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (*orphenadrine-aspirin-caffeine*)	NF	
OZOBAX DS ORAL SOLUTION 10 MG/5ML (*baclofen*)	NF	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (*palovarotene*)	NF	
SOMA ORAL TABLET 250 MG, 350 MG (*carisoprodol*)	NP	QL (84 TABLETS per 28 DAYs)
methocarbamol (Tanlor Oral Tablet 1000 Mg)	NF	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	NP	
tizanidine hcl oral capsule 8 mg	PG	
tizanidine hcl oral tablet 2 mg, 4 mg	PG	N8 (Listing does not include certain NDCs)
MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS		
MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML (*efgartigimod alfa-hyalur-qvfc*)	PSP	PA; QL (4 SYRINGES per 28 days)
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)
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (*sodium oxybate*)	PSP	PA; QL (30 PACKETS per 30 days)
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (*sodium oxybate*)	PSP	PA; QL (28 PACKETS per 28 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	
sodium oxybate oral solution 500 mg/ml	PSP	PA; N8 (Listing does not include certain NDCs); QL (540 ML per 30 DAYs)
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*)	NF	
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, 2-0.5 mg, 4-1 mg, 8-2 mg	PG	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	CE	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	PB	
OPIOID ANTAGONIST		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*)	NP	
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 0.4 mg/ml, 2 mg/2ml	PG	
naloxone hcl nasal liquid 4 mg/0.1ml	PG	
naltrexone hcl oral tablet 50 mg	CE	N8 (Listing does not include certain NDCs)
NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*)	PG	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (*nalmefene hcl*)	NF	
REXTOVY NASAL LIQUID 4 MG/0.25ML (*naloxone hcl*)	NF	
REZENOPY NASAL LIQUID 10 MG/0.11ML (*naloxone hcl*)	NF	
RIVIVE NASAL LIQUID 3 MG/0.1ML (*naloxone hcl*)	NP	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	NPSP	QL (380 MG per 28 days)
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML (*nalmefene hcl*)	NF	
OPIOID PARTIAL AGONISTS		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	CE	
POSTHERPETIC NEURALGIA (PHN)		
gabapentin (once-daily) oral tablet 300 mg	PG	ST; QL (150 TABLETS per 25 DAYs)
gabapentin (once-daily) oral tablet 450 mg, 600 mg	PG	ST; QL (90 TABLETS per 25 DAYs)
gabapentin (once-daily) oral tablet 750 mg, 900 mg	PG	ST; QL (60 TABLETS per 25 DAYs)
GRALISE ORAL TABLET 300 MG (*gabapentin (once-daily)*)	PB	ST; QL (150 TABLETS per 25 days)
GRALISE ORAL TABLET 450 MG (*gabapentin (once-daily)*)	PB	ST; QL (90 TABLETS per 25 DAYs)
GRALISE ORAL TABLET 600 MG (*gabapentin (once-daily)*)	PB	ST; QL (90 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRALISE ORAL TABLET 750 MG, 900 MG (*gabapentin (once-daily)*)	PB	ST; QL (60 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	
PSYCHOTHERAPEUTIC-MISC		
ADDYI ORAL TABLET 100 MG (*flibanserin*)	NP	SPC
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	NP	
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	NF	
lofexidine hcl oral tablet 0.18 mg	PG	
LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*)	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, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	PG	
pimozide oral tablet 1 mg, 2 mg	NP	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (*bremelanotide acetate*)	NF	
SMOKING DETERRENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	CE	N7 (PG); N8 ($0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
cvs nicotine mouth/throat gum 4 mg	CE	N7 (PG); N8 ($0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs nicotine polacrilex mouth/throat gum 2 mg	CE	N7 (PG); N8 ($0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
cvs nicotine polacrilex mouth/throat gum 4 mg	CE	N7 (PG); N8 ($0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)
cvs nicotine polacrilex mouth/throat lozenge 2 mg	CE	N7 (PG); N8 ($0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
cvs nicotine polacrilex mouth/throat lozenge 4 mg	CE	N7 (PG); N8 ($0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)
cvs nicotine transdermal patch 24 hour 14 mg/24hr	CE	N7 (PG); N8 ($0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)
cvs nicotine transdermal patch 24 hour 21 mg/24hr	CE	N7 (PG); N8 ($0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 1 YEAR)
cvs nicotine transdermal patch 24 hour 7 mg/24hr	CE	N7 (PG); N8 ($0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	CE	N7 (NP); N8 ($0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	CE	N7 (PG); N8 ($0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 Days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (*octreotide acetate*)	NF	
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 intramuscular kit 10 mg	PSP	PA; QL (1 INJECTION per 28 DAYs)
octreotide acetate intramuscular kit 20 mg	PSP	PA; QL (2 INJECTIONS per 28 days)
octreotide acetate intramuscular kit 30 mg	PSP	PA; QL (1 INJECTION per 28 days)
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	PG	PA; QL (90 ML per 30 days)
PALSONIFY ORAL TABLET 20 MG, 30 MG (*paltusotine hcl*)	NF	
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 - DRUGS TO REGULATE MALE HORMONES		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (*testosterone*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (*testosterone undecanoate*)	NPSP	PA
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML (*testosterone cypionate*)	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (*testosterone undecanoate*)	NF	
KYZATREX ORAL CAPSULE 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
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 12.5 mg/act (1%), 50 mg/5gm (1%)	PG	PA; N8 (Listing does not include certain NDCs)
testosterone transdermal gel 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 solution 30 mg/act	NP	PA
TLANDO ORAL CAPSULE 112.5 MG (*testosterone undecanoate*)	NF	
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	N8 (Listing does not include certain NDCs)
miglitol oral tablet 100 mg, 25 mg, 50 mg	PG	
ANTIDIABETICS, BIGUANIDE		
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 750 mg	PG	
metformin hcl oral solution 500 mg/5ml	NP	
metformin hcl oral tablet 1000 mg, 500 mg	PG	
metformin hcl oral tablet 625 mg, 750 mg	NF	
metformin hcl oral tablet 850 mg	CE	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	N8 (Listing does not include certain NDCs)
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (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, 25-15 mg, 25-30 mg, 25-45 mg	NF	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin phos-metformin hcl*)	NF	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin phos-metformin hcl*)	NF	
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	
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	NF	
sitaglipt base-metform hcl er oral tablet extended release 24 hour 100-1000 mg, 50-1000 mg, 50-500 mg	NF	
sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg	NF	
sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg	PG	ST
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
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin base-metformin hcl*)	PB	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin base-metformin hcl*)	PB	ST
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	NF	
BRYNOVIN ORAL SOLUTION 25 MG/ML (*sitagliptin hydrochloride*)	NF	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*)	NF	
saxagliptin hcl oral tablet 2.5 mg, 5 mg	NF	
sitagliptin oral tablet 100 mg, 25 mg, 50 mg	NF	
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	PG	ST
TRADJENTA ORAL TABLET 5 MG (*linagliptin*)	NF	
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin*)	PB	ST
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (*bromocriptine mesylate*)	NF	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
liraglutide subcutaneous solution pen-injector 18 mg/3ml	PG	PA; QL (3 PENS per 25 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-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*)	PB	PA; QL (4 PENS per 21 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (*semaglutide*)	PB	PA; QL (1 PEN 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 28 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG (*semaglutide*)	PB	PA; QL (30 TABLETS per 25 DAYs)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (*semaglutide*)	PB	PA; QL (30 TABLETS per 25 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-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*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
AWIQLI FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 700 UNIT/ML (*insulin icodec-abae*)	PB	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	NF	
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	N8 (Listing does not include certain NDCs)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	NF	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	NF	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	
insulin aspart injection solution 100 unit/ml	NF	
insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml	NF	
insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml	NF	
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	NF	
insulin glargine-yfgn subcutaneous solution 100 unit/ml	PB	
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	PB	N8 (Listing does not include certain NDCs)
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	NF	
insulin lispro injection solution 100 unit/ml	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
KIRSTY INJECTION SOLUTION 100 UNIT/ML (*insulin aspart-xjhz*)	NF	
KIRSTY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart-xjhz*)	NF	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	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	
MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart-szjj*)	NF	
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin aspart-szjj*)	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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart*)	PB	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-aglr*)	NF	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	PG	
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	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	NP	N8 (Listing does not include certain NDCs)
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
dapagliflozin base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-1000 mg, 5-500 mg	PG	ST
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, 5-1000 MG, 5-500 MG (*dapagliflozin base-metformin*)	NP	ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (*dapagliflozin base-metformin*)	PB	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
dapagliflozin-saxagliptin oral tablet 10-5 mg	PG	ST
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	PB	ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (*ertugliflozin-sitagliptin*)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
bexagliflozin oral tablet 20 mg	NF	
BRENZAVVY ORAL TABLET 20 MG (*bexagliflozin*)	NF	
dapagliflozin oral tablet 10 mg, 5 mg	PG	ST; IBC (Preferred for both diabetes and heart failure)
FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin*)	NP	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	
glimepiride oral tablet 3 mg	NF	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	PG	
glipizide oral tablet 10 mg, 15 mg, 5 mg	PG	
glipizide oral tablet 2.5 mg	NF	
ANTIOBESITY		
benzphetamine hcl oral tablet 50 mg	PG	PA; SPC; N8 (Listing does not include certain NDCs); QL (90 TABLETS per 25 days)
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; N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diethylpropion hcl oral tablet 25 mg	PG	PA; SPC; QL (90 TABLETS per 25 days)
FOUNDAYO ORAL TABLET 0.8 MG, 14.5 MG, 17.2 MG, 2.5 MG, 5.5 MG, 9 MG (*orforglipron-weight management*)	PB	PA; SPC; QL (30 TABLETS per 25 days)
liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml	PG	PA; SPC; QL (5 PENS per 25 days)
phentermine hcl (Lomaira Oral Tablet 8 Mg)	PG	PA; SPC; N8 (Listing does not include certain NDCs); QL (90 TABLETS per 25 days)
orlistat oral capsule 120 mg	PG	PA; SPC; QL (90 CAPSULES per 25 days)
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	NF	
phendimetrazine tartrate oral tablet 35 mg	PG	PA; SPC; QL (180 TABLETS per 25 days)
phentermine hcl oral capsule 15 mg	PG	PA; SPC; QL (60 CAPSULES per 25 days)
phentermine hcl oral capsule 30 mg, 37.5 mg	PG	PA; SPC; QL (30 CAPSULES per 25 days)
phentermine hcl oral tablet 37.5 mg	PG	PA; SPC; QL (30 TABLETS per 25 days)
phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	PG	PA; SPC; QL (30 CAPSULES per 25 DAYs)
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	PA; SPC; QL (30 CAPSULES per 25 days)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide -weight management*)	NP	PA; SPC; QL (5 PENS per 25 days)
WEGOVY HD SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.2 MG/0.75ML (*semaglutide-weight management*)	PB	PA; SPC; QL (4 PENS per 21 DAYs)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG (*semaglutide-weight management*)	PB	PA; SPC; QL (30 TABLETS per 25 DAYs)
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; QL (4 PENS per 21 days)
XENICAL ORAL CAPSULE 120 MG (*orlistat*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-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-weight management*)	PB	PA; SPC; QL (4 PENS per 21 days)
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)
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)
CALCIUM REGULATORS, 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, 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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
CALCIUM REGULATORS, MISCELLANEOUS		
AUKELSO SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-kyqq*)	NF	
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-nxxp*)	NF	
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-nxxp*)	PSP	PA; QL (1 VIAL per 28 days)
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-bnht*)	NF	
BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/1.7ML (*denosumab-bnht*)	NF	
BOSAYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-kyqq*)	NF	
calcitonin (salmon) nasal solution 200 unit/act	PG	
CONEXXENCE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-bnht*)	NF	
ENOBY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-qbde*)	NF	
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-bbdz*)	NF	
JUBEREQ SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-desu*)	NF	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-bmwo*)	PSP	PA; QL (1 VIAL per 28 days)
OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-dssb*)	PSP	PA; QL (1 SYRINGE per 180 days)
OSVYRTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-desu*)	NF	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab*)	NF	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-bmwo*)	PSP	PA; QL (1 SYRINGE per 180 days)
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-bbdz*)	NF	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-qbde*)	NF	
CALCIUM REGULATORS, PARATHYROID HORMONES		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (*teriparatide*)	PSP	PA; QL (1 PEN per 28 days)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (*teriparatide*)	NF	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	NF	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	PSP	PA; QL (1 PEN per 28 Days)
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	PSP	PA; QL (1 PEN per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	PSP	PA; QL (1 PEN per 30 days)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML (*palopegteriparatide*)	NPSP	PA; QL (2 PENS per 28 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	
CENTRAL PRECOCIOUS PUBERTY - DRUGS TO SUPPRESS PITUITARY HORMONES		
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, 30 MG (*leuprolide acetate (3 month)*)	PSP	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	PSP	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*)	PSP	PA
CHELATING AGENTS		
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	NF	
CUVRIOR ORAL TABLET 300 MG (*trientine tetrahydrochloride*)	NF	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	PSP	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	PSP	PA
deferiprone oral tablet 1000 mg, 500 mg	PSP	PA
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	NPSP	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (*deferoxamine mesylate*)	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (*deferasirox*)	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*)	NF	
FERRIPROX ORAL TABLET 1000 MG (*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	
penicillamine oral capsule 250 mg	PSP	
penicillamine oral tablet 250 mg	PG	
SYPRINE ORAL CAPSULE 250 MG (*trientine hcl*)	NF	
trientine hcl oral capsule 250 mg, 500 mg	PSP	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
AFTERA ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (Not Covered)
AFTERPILL 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)
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 (NF)
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (*norethin-eth estrad triphasic*)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (PG)
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 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*)	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)
briellyn oral tablet 0.4-35 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
condoms	CE	N7 (Not Covered); QL (12 CONDOMS per 25 DAYs)
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
norethindrone-eth estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (PG)
norethindrone (Deblitane Oral Tablet 0.35 Mg)	CE	N7 (PG)
levonorgestrel-ethinyl estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	CE	N7 (NF)
levonorgestrel-ethinyl estrad (Dolishale Oral Tablet 90-20 Mcg)	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)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (Not Covered)
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
ELLA ORAL TABLET 30 MG (*ulipristal acetate*)	CE	N7 (NP)
norethindrone (Emzahh Oral Tablet 0.35 Mg)	CE	N7 (PG)
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
norethindrone (Errin Oral Tablet 0.35 Mg)	CE	N7 (PG)
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	CE	N7 (PG); QL (13 RING per 300 days)
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FC2 FEMALE CONDOM (*condoms - female*)	CE	N7 (NP); QL (12 CONDOMS per 25 days)
norethin ace-eth estrad-fe (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
norethin ace-eth estrad-fe (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (*cervical caps*)	CE	N7 (NP); QL (1 DEVICE per 300 days)
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (*norethindrone acet-ethinyl est*)	CE	N7 (NF)
norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)
norethin-eth estradiol-fe (Galbriela Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (PG)
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
norethindrone (Heather Oral Tablet 0.35 Mg)	CE	N7 (PG)
HER STYLE ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (Not Covered)
levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
norethindrone (Incassia Oral Tablet 0.35 Mg)	CE	N7 (PG)
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
levonorgest-eth estrad 91-day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (PG)
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
norethindrone (Jencycla Oral Tablet 0.35 Mg)	CE	N7 (PG)
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
levonorgest-eth estrad-fe bisg (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	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 1/20 Oral Tablet 1-20 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)
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/125-30 Mcg)	CE	N7 (PG)

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 oral tablet 1.5 mg	CE	N7 (Not Covered)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	CE	N7 (PG)
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 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)
norethindrone acet-ethinyl est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
norethindrone acet-ethinyl est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
norethin ace-eth estrad-fe (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
norethin ace-eth estrad-fe (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (PG)
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
norethindrone acet-ethinyl est (Luizza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
norethindrone acet-ethinyl est (Luizza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
norethindrone (Lyleq Oral Tablet 0.35 Mg)	CE	N7 (PG)
norethindrone (Lyza Oral Tablet 0.35 Mg)	CE	N7 (PG)
marlissa oral tablet 0.15-30 mg-mcg	CE	N7 (PG)
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)
norethindrone (Meleya Oral Tablet 0.35 Mg)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
levonorgest-eth estradiol-iron (Minzoya Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (PG)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY (*levonorgestrel*)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
MY CHOICE ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (Not Covered)
MY WAY ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (Not Covered)
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)
NEW DAY ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (Not Covered)
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 (NP)
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
norethindrone (Nora-Be Oral Tablet 0.35 Mg)	CE	N7 (PG)
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	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)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone (Norlyroc Oral Tablet 0.35 Mg)	CE	N7 (PG)
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
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*)	NF	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (*diaphragms*)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (Not Covered)
OPILL ORAL TABLET 0.075 MG (*norgestrel*)	CE	N7 (Not Covered)
OPTION 2 ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (Not Covered)
norethindrone (Orquidea Oral Tablet 0.35 Mg)	CE	N7 (PG)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	CE	N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 days)
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
PLAN B ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (Not Covered)
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
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)
levonorgest-eth estrad 91-day (Rosyrah Oral Tablet 42-21-21-7 Days)	CE	N7 (PG)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
norethindrone (Sharobel Oral Tablet 0.35 Mg)	CE	N7 (PG)
SHEWISE ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (Not Covered)
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (PG)
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)
norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	CE	N7 (PG)
TAKE ACTION ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (Not Covered)
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
norethin ace-eth estrad-fe (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (PG)
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)
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 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-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
norgestrel-ethinyl estradiol (Turqoz Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	CE	N7 (NF)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	CE	N7 (Not Covered)
drospiren-eth estrad-levomefol (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N7 (PG)
ethynodiol diac-eth estradiol (Valtya 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG (*ethynodiol diac-eth estradiol*)	CE	N7 (PG)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (*desogestrel-ethinyl estradiol*)	CE	N7 (PG)
drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	CE	N7 (PG)
desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N7 (PG)
norethindron-ethinyl estrad-fe (Xarah Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
norethin-eth estradiol-fe (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N7 (PG)
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	
norelgestromin-eth estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (PG)
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N7 (PG)
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA ORAL TABLET 1 MG, 5 MG (*osilodrostat phosphate*)	NF	
RECORLEV ORAL TABLET 150 MG (*levoketoconazole*)	NF	
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*)	PB	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK FASTCLIX LANCET KIT (*lancets misc.*)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK FASTCLIX LANCETS (*lancets*)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
ACCU-CHEK GUIDE TEST IN VITRO STRIP (*glucose blood*)	PB	QL (150 TEST STRIPS per 25 DAYs)
ACCU-CHEK SAFE-T PRO LANCETS (*lancets*)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (*glucose blood*)	PB	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT (*lancets misc.*)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
ACCU-CHEK SOFTCLIX LANCETS (*lancets*)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
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 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 PLATINUM IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PRO TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM (*insulin pen needle*)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM (*insulin pen needle*)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (*insulin pen needle*)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM (*insulin pen needle*)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM (*insulin pen needle*)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM (*insulin pen needle*)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML (*insulin syringe-needle u-100*)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
blood glucose test in vitro strip	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
CARESENS S 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	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE NO CODING IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (*glucose blood*)	NF	
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 glucose receiver*)	NF	
DEXCOM G6 SENSOR (*continuous glucose sensor*)	NF	
DEXCOM G6 TRANSMITTER (*continuous glucose transmitter*)	NF	
DEXCOM G7 15 DAY SENSOR (*continuous glucose sensor*)	NF	
DEXCOM G7 RECEIVER DEVICE (*continuous glucose receiver*)	NF	
DEXCOM G7 SENSOR (*continuous glucose sensor*)	NF	
DIASTIX REAGENT IN VITRO STRIP (*glucose urine test-glucose ox*)	NF	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
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 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBECTA AUTOSHIELD DUO 30G X 5 MM (*insulin pen needle*)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA PEN NEEDLE NANO 32G X 4 MM (*insulin pen needle*)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (*insulin pen needle*)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
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	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
ENLITE GLUCOSE SENSOR (*continuous glucose sensor*)	NF	
eq blood glucose test in vitro strip	NF	
EVERSENSE 365 SENSOR/HOLDER (*continuous glucose sensor*)	NF	
EVERSENSE 365 SMART TRANSMIT (*continuous glucose transmitter*)	NF	
EVERSENSE SENSOR/HOLDER (*continuous glucose sensor*)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (*glucose blood*)	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (*glucose blood*)	NF	
fondcircle blood glucose test in vitro strip	NF	
FORA 6 CONNECT IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA 6 CONNECT/GTEL 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 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 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	
FREESTYLE INSULINX TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE LIBRE 14 DAY READER DEVICE (*continuous glucose receiver*)	PB	
FREESTYLE LIBRE 14 DAY SENSOR (*continuous glucose sensor*)	PB	QL (2 SENSORS per 21 days)
FREESTYLE LIBRE 2 PLUS SENSOR (*continuous glucose sensor*)	PB	QL (2 SENSORS per 25 days)
FREESTYLE LIBRE 2 READER DEVICE (*continuous glucose receiver*)	PB	
FREESTYLE LIBRE 2 SENSOR (*continuous glucose sensor*)	PB	QL (2 SENSORS per 21 days)
FREESTYLE LIBRE 3 PLUS SENSOR (*continuous glucose sensor*)	PB	QL (2 SENSORS per 25 days)
FREESTYLE LIBRE 3 READER DEVICE (*continuous glucose receiver*)	PB	
FREESTYLE LIBRE 3 SENSOR (*continuous glucose sensor*)	PB	QL (2 SENSORS per 21 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE READER DEVICE (*continuous glucose receiver*)	PB	
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	
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 meter test in vitro strip	NF	
gnp easy touch glucose test in vitro strip	NF	
GNP TRUETRACK TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (*glucose blood*)	NF	
GUARDIAN 4 GLUCOSE SENSOR (*continuous glucose sensor*)	NF	
GUARDIAN 4 TRANSMITTER (*continuous glucose transmitter*)	NF	
GUARDIAN SENSOR (3) (*continuous glucose 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	
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
KETO-DIASTIX IN VITRO STRIP (*urine glucose-ketones test*)	NF	
KETOSTIX IN VITRO STRIP (*acetone (urine) test*)	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	
MINIMED INSTINCT GLUC SENSOR (*continuous glucose sensor*)	NF	
MYGLUCOHEALTH TEST IN VITRO STRIP (*glucose blood*)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (*glucose blood*)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (*insulin disposable pump*)	PB	
OMNIPOD 5 DEXG7G6 PODS GEN 5 (*insulin disposable pump*)	PB	
OMNIPOD 5 LIBRE INTRO KIT (*insulin disposable pump*)	PB	
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	
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
one drop test in vitro strip	NF	
ONETOUCH DELICA PLUS LANCET30G (*lancets*)	NF	
ONETOUCH DELICA PLUS LANCET33G (*lancets*)	NF	
ONETOUCH DELICA PLUS LANCING (*lancet devices*)	NF	
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (*glucose blood*)	NF	
ONETOUCH ULTRA TEST IN VITRO STRIP (*glucose blood*)	NF	
ONETOUCH ULTRASOFT 2 LANCETS (*lancets*)	NF	
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	NF	
OPTIUMEZ TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	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 CONFIRM/MICRO TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (*glucose blood*)	PB	N8 (Listing does not include certain NDCs); QL (150 TEST STRIPS per 25 DAYs)
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	
SIMPLERA SENSOR (*continuous glucose sensor*)	NF	
SIMPLERA SYNC SENSOR (*continuous glucose sensor*)	NF	
SIMPLERA SYSTEM (*continuous glucose sensor*)	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
SOLUS V2 TEST IN VITRO STRIP (*glucose blood*)	NF	
SUPREME TEST IN VITRO STRIP (*glucose blood*)	NF	
true focus blood glucose strip in vitro strip	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	PB	N8 (Listing does not include certain NDCs); QL (150 TEST STRIPS per 25 days)
TRUENESS BLOOD GLUCOSE STRIPS IN VITRO STRIP (*glucose blood*)	NF	
TRUEPLUS LANCETS 28G (*lancets*)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
TRUEPLUS LANCETS 30G (*lancets*)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
TRUEPLUS LANCETS 33G (*lancets*)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NF	
TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NF	
TWIIST REFILL KIT KIT (*insulin disposable pump*)	PB	
TWIIST REFILL KIT/INFUSION SET KIT (*insulin disposable pump*)	PB	
TWIIST STARTER KIT KIT (*insulin disposable pump*)	PB	
UNISTRIP CONTROL IN VITRO SOLUTION LOW (*blood glucose calibration*)	NP	N8 (Listing does not include certain NDCs)
UNISTRIP1 GENERIC IN VITRO STRIP (*glucose blood*)	NF	
verasens blood glucose test in vitro strip	NF	
V-GO 20 KIT 20 UNIT/24HR (*insulin disposable pump*)	NF	
V-GO 30 KIT 30 UNIT/24HR (*insulin disposable pump*)	NF	
V-GO 40 KIT 40 UNIT/24HR (*insulin disposable pump*)	NF	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
ENDOMETRIOSIS		
danazol oral capsule 100 mg, 200 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*)	PB	PA
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	NP	PA
FERTILITY REGULATORS		
cetrorelix acetate subcutaneous kit 0.25 mg	PSP	PA; SPC
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (*cetrorelix acetate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	NF	
clomiphene citrate (Clomid Oral Tablet 50 Mg)	NP	SPC
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (*follitropin beta*)	PSP	PA; SPC
ganirelix acetate (Fyremadel Subcutaneous Solution Prefilled Syringe 250 Mcg/0.5Ml)	NF	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	NF	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	PSP	PA; SPC
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT (*follitropin alfa*)	NF	
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML (*follitropin alfa*)	NF	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*menotropins*)	PSP	PA; SPC
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (*chorionic gonadotropin*)	NF	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (*choriogonadotropin alfa*)	NF	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (*chorionic gonadotropin*)	PSP	PA; SPC
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
AGAMREE ORAL SUSPENSION 40 MG/ML (*vamorolone*)	NF	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (*hydrocortisone*)	NF	
cortisone acetate oral tablet 25 mg	NF	
deflazacort oral suspension 22.75 mg/ml	PSP	PA; QL (52 ML per 30 days)
deflazacort oral tablet 18 mg, 30 mg, 36 mg	PSP	PA; QL (30 TABLETS per 30 days)
deflazacort oral tablet 6 mg	PSP	PA; QL (60 TABLETS per 30 days)
dexamethasone oral elixir 0.5 mg/5ml	PG	N8 (Listing does not include certain NDCs)
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, 2 mg, 4 mg, 6 mg	PG	
dexamethasone oral tablet 1.5 mg	PG	N8 (Listing does not include certain NDCs)
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	PG	
DEXLYT ORAL TABLET 0.25 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, 5 mg	PG	N8 (Listing does not include certain NDCs)
hydrocortisone oral tablet 20 mg	PG	
jaythari oral suspension 22.75 mg/ml	PSP	PA; QL (52 ML per 30 DAYs)
jaythari oral tablet 18 mg, 30 mg, 36 mg	PSP	PA; QL (30 TABLETS per 30 DAYs)
jaythari oral tablet 6 mg	PSP	PA; QL (60 TABLETS per 30 DAYs)
KHINDIVI ORAL SOLUTION 1 MG/ML (*hydrocortisone*)	NF	
deflazacort (Kymbee Oral Suspension 22.75 Mg/Ml)	PSP	PA; QL (52 ML per 30 DAYs)
deflazacort (Kymbee Oral Tablet 18 Mg, 30 Mg, 36 Mg)	PSP	PA; QL (30 TABLETS per 30 days)
deflazacort (Kymbee Oral Tablet 6 Mg)	PSP	PA; QL (60 TABLETS per 30 days)
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	PG	
methylprednisolone oral tablet therapy pack 4 mg	PG	
prednisolone oral solution 15 mg/5ml	PG	
prednisolone oral tablet 5 mg	NF	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	NF	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 20 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
prednisone oral tablet 10 mg, 2.5 mg, 50 mg	PG	
prednisone oral tablet delayed release 1 mg, 2 mg	PG	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	PG	
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	
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	
glucagon emergency injection solution reconstituted 1 mg	PG	
glucagon emergency injection solution reconstituted 1 mg/ml	NF	
glucose oral tablet chewable 4 gm	PG	
gnp glucose gummies oral tablet chewable 2 gm	PG	
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 1 MG/0.2ML (*glucagon*)	PB	
lanreotide acetate solution 120 mg/0.5ml subcutaneous	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lanreotide acetate solution 120 mg/0.5ml subcutaneous	PSP	PA; QL (1 INJECTION per 28 days)
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)
YUVIWEL SUBCUTANEOUS SOLUTION RECONSTITUTED 1.3 MG, 2.8 MG (*navepegritide*)	PSP	PA; QL (4 VIALS per 28 days)
YUVIWEL SUBCUTANEOUS SOLUTION RECONSTITUTED 5.5 MG (*navepegritide*)	PSP	PA; QL (8 VIALS per 28 days)
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	PSP	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*)	NF	
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*)	NPSP	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (*somatrogon-ghla*)	NF	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	PSP	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	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 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (*lonapegsomatropin-tcgd*)	NF	
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somapacitan-beco*)	PSP	PA; QL (4 PENS per 28 days)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*)	NF	
LYSOSOMAL STORAGE DISORDERS - DRUGS TO TREAT LYSOSOMAL STORAGE DISORDERS		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (*laronidase*)	NPSP	PA
AQNEURSA ORAL PACKET 1 GM (*levacetylleucine*)	NF	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (*idursulfase*)	NPSP	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (*sebelipase alfa*)	NPSP	PA
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (*arimoclomol citrate*)	NF	
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (*galsulfase*)	NPSP	PA
OPFOLDA ORAL CAPSULE 65 MG (*miglustat (gaa deficiency)*)	NF	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (*elosulfase alfa*)	NPSP	PA
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE - DRUGS TO TREAT FABRY DISEASE		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML (*pegunigalsidase alfa-iwxj*)	PSP	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (*agalsidase beta*)	PSP	PA
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	PSP	PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE		
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	PSP	PA; QL (56 CAPSULES per 28 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*imiglucerase*)	PSP	PA; QL (15 VIALS per 14 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (*taliglucerase alfa*)	NF	
miglustat oral capsule 100 mg	PSP	PA; QL (90 CAPSULES per 30 days)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*velaglucerase alfa*)	NF	
ZAVESCA ORAL CAPSULE 100 MG (*miglustat*)	NPSP	PA; QL (90 CAPSULES per 30 days)
MENOPAUSAL SYMPTOM AGENTS - DRUGS TO TREAT MENOPAUSE		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	NF	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (*estradiol-progesterone*)	PB	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	NF	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	PB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	NF	
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 gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	PG	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	NF	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol vaginal cream 0.01 %	PG	
estradiol vaginal tablet 10 mcg	PG	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	PG	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	PG	
ESTRING VAGINAL RING 7.5 MCG/24HR (*estradiol*)	NF	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*)	NF	
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	PG	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	NF	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	NF	
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	
LYNKUET ORAL CAPSULE 60 MG (*elinzanetant*)	NP	PA; QL (60 CAPSULES per 25 days)
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	
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*)	NF	

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)	PG	
MISCELLANEOUS		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (*corticotropin*)	NPSP	PA; QL (28 PENS per 28 days)
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	NPSP	PA; QL (35 ML per 21 days)
betaine oral powder	PSP	PA
cabergoline oral tablet 0.5 mg	PG	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (*corticotropin*)	NPSP	PA; QL (28 SYRINGES per 28 days)
CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*)	NPSP	PA; QL (35 ML per 21 days)
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (*crinecerfont*)	NPSP	PA; QL (60 CAPSULES per 30 days)
CRENESSITY ORAL SOLUTION 50 MG/ML (*crinecerfont*)	NPSP	PA; QL (120 ML per 30 days)
CYSTADANE ORAL POWDER (*betaine*)	NF	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	PSP	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	NF	
FORZINITY SUBCUTANEOUS SOLUTION 280 MG/3.5ML (*elamipretide hcl*)	NF	
HARLIKU ORAL TABLET 2 MG (*nitisinone (aku)*)	NF	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	NF	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	NPSP	PA
INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*)	NF	
JYNARQUE ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	NF	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (*tolvaptan*)	NF	
KORLYM ORAL TABLET 300 MG (*mifepristone*)	NF	
KUVAN ORAL PACKET 100 MG, 500 MG (*sapropterin dihydrochloride*)	NF	
KUVAN ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	NF	
KYGEVVI ORAL PACKET 2-2 GM (*doxecitine-doxribtimine*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	PG	
methylergonovine maleate oral tablet 0.2 mg	PG	
mifepristone oral tablet 300 mg	PSP	PA; QL (120 TABLETS per 30 days)
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (*metreleptin*)	NPSP	PA; QL (30 VIALS per 30 days)
OSPHENA ORAL TABLET 60 MG (*ospemifene*)	NF	N10 (NP, PA applies)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (*pegvaliase-pqpz*)	NF	
raloxifene hcl oral tablet 60 mg	CE	N7 (PG); AL (Min 35 Years)
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (*resmetirom*)	NP	PA
SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan (hyponatremia)*)	NPSP	PA
sapropterin dihydrochloride oral packet 100 mg, 500 mg	PSP	PA
sapropterin dihydrochloride oral tablet 100 mg	PSP	PA
SEPHIENCE ORAL PACKET 1000 MG, 250 MG (*sepiapterin*)	NF	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (*pasireotide pamoate*)	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (*pasireotide diaspartate*)	NPSP	PA; QL (60 ML per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (*asfotase alfa*)	NPSP	PA
tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg	PSP	PA; N8 (Generic of Samsca)
tolvaptan oral tablet 15 mg	PSP	PA; N8 (Generic of Jynarque); QL (60 TABLETS per 30 Days)
tolvaptan oral tablet 30 mg	PSP	PA; N8 (Generic of Jynarque); QL (30 TABLETS per 30 Days)
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	PSP	PA; N8 (Generic of Jynarque); QL (56 TABLETS per 28 DAYs)
VEOZAH ORAL TABLET 45 MG (*fezolinetant*)	NP	PA; QL (30 TABLETS per 25 DAYs)
VIJOICE ORAL PACKET 50 MG (*alpelisib*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (*alpelisib*)	NF	
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG (*diazoxide choline*)	NF	
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	NPSP	QL (4 PACKETS per 1 day)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (*lonafarnib*)	NPSP	PA; QL (120 CAPSULES per 30 days)
ZYCUBO SUBCUTANEOUS SOLUTION RECONSTITUTED 2.9 MG (*copper histidinate*)	NF	
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	
ferric citrate oral tablet 1 gm 210 mg(fe)	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	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (*sevelamer carbonate*)	NF	
RENVELA ORAL TABLET 800 MG (*sevelamer carbonate*)	NF	
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*)	NF	
XPHOZAH ORAL TABLET 20 MG, 30 MG (*tenapanor hcl (ckd)*)	NF	
POLYNEUROPATHY		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (*eplontersen sodium*)	NF	
WAINUA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.8ML (*eplontersen sodium*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM LEVELS		
sodium polystyrene sulfonate (Kionex Combination Suspension 15 Gm/60Ml)	PG	
LOKELMA ORAL PACKET 10 GM, 5 GM (*sodium zirconium cyclosilicate*)	NF	
sodium polystyrene sulfonate oral powder	PG	
sodium polystyrene sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60Ml)	PG	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM (*patiromer sorbitex calcium*)	PB	
PROGESTINS - DRUGS TO REGULATE PROGESTIN		
CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*)	PB	
ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*)	NF	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	PG	
megestrol acetate oral suspension 40 mg/ml	CE	N7 (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	
progesterone vaginal insert 100 mg	PG	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (*progesterone*)	NF	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
AMERITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (*thyroid*)	NF	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (*thyroid*)	NF	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (*liothyronine sodium*)	NF	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG (*thyroid*)	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	PG	
methimazole oral tablet 10 mg, 5 mg	PG	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	NF	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*thyroid*)	NF	
propylthiouracil oral tablet 50 mg	PG	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*thyroid*)	NF	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (*levothyroxine sodium*)	NF	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	NF	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 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	
UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER		
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*)	NF	
carglumic acid oral tablet soluble 200 mg	PSP	PA
glycerol phenylbutyrate oral liquid 1.1 gm/ml	PSP	PA
LOARGYS INJECTION SOLUTION 2 MG/0.4ML (*pegzilarginase-nbln*)	NF	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM (*sodium phenylbutyrate*)	NF	
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (*sodium phenylbutyrate*)	NF	
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (*sodium phenylbutyrate*)	NF	
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (*sodium phenylbutyrate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (*sodium phenylbutyrate*)	NF	
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (*sodium phenylbutyrate*)	NF	
PHEBURANE ORAL PELLET 483 MG/GM (*sodium phenylbutyrate*)	PSP	PA; QL (672 GRAMS per 30 days)
RAVICTI ORAL LIQUID 1.1 GM/ML (*glycerol phenylbutyrate*)	NF	
sodium phenylbutyrate oral powder 3 gm/tsp	PSP	PA; QL (798 GRAMS per 30 days)
sodium phenylbutyrate oral tablet 500 mg	PSP	PA; QL (1200 TABLETS per 30 days)
UTERINE FIBROIDS - DRUGS TO TREAT UTERINE FIBROIDS		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	PB	PA
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	PB	PA
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (*desmopressin acetate*)	NP	
DESMODA ORAL SOLUTION 0.05 MG/ML (*desmopressin acetate*)	NF	
desmopressin ace spray refrig nasal solution 0.01 %	PG	
desmopressin acetate nasal solution 1.5 mg/ml	NPSP	PA
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	PG	
desmopressin acetate spray nasal solution 0.01 %	PG	
VITAMIN D ANALOGS		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	PG	N8 (Listing does not include certain NDCs)
calcitriol oral solution 1 mcg/ml	PG	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	PG	N8 (Listing does not include certain NDCs)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	PG	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (*calcifediol*)	NP	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	NP	
dicyclomine hcl oral capsule 10 mg	PG	N8 (Listing does not include certain NDCs)
dicyclomine hcl oral tablet 20 mg	PG	N8 (Listing does not include certain NDCs)
dicyclomine hcl oral tablet 40 mg	NF	
GLYCATE ORAL TABLET 1.5 MG (*glycopyrrolate*)	NF	
glycopyrrolate oral solution 1 mg/5ml	PG	
glycopyrrolate oral tablet 1 mg, 2 mg	NP	N8 (Listing does not include certain NDCs)
glycopyrrolate oral tablet 1.5 mg	NF	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	NP	
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	
aprepitant oral capsule 125 mg	PG	N8 (Listing does not include certain NDCs); QL (2 CAPSULES per 21 days)
aprepitant oral capsule 40 mg	PG	N8 (Listing does not include certain NDCs); QL (3 CAPSULES per 180 DAYs)
aprepitant oral capsule 80 mg	PG	N8 (Listing does not include certain NDCs); QL (4 CAPSULES per 21 days)
aprepitant oral capsule therapy pack 80 & 125 mg	PG	N8 (Listing does not include certain NDCs); QL (2 PACKS per 21 days)
prochlorperazine (Compro Rectal Suppository 25 Mg)	PG	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	NP	PA; QL (120 CAPSULES per 25 days)
dronabinol oral solution 5 mg/ml	NF	
EMEND BIPACK ORAL CAPSULE 80 MG (*aprepitant*)	NF	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (*aprepitant*)	NF	
EMEND TRIPACK ORAL CAPSULE THERAPY PACK 80 & 125 MG (*aprepitant*)	NF	
granisetron hcl oral tablet 1 mg	NP	
GRANISOL ORAL SOLUTION 2 MG/10ML (*granisetron hcl*)	NF	
meclizine hcl oral tablet 50 mg	PG	N8 (Listing does not include certain NDCs)
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	PG	N8 (Listing does not include certain NDCs)
metoclopramide hcl oral tablet 10 mg, 5 mg	PG	
NEREUS ORAL CAPSULE 85 MG (*tradipitant*)	NF	
ondansetron hcl oral solution 4 mg/5ml	PG	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	PG	
ondansetron oral tablet dispersible 16 mg	NF	
ondansetron oral tablet dispersible 4 mg, 8 mg	PG	
prochlorperazine maleate oral tablet 10 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
promethazine hcl oral solution 6.25 mg/5ml	PG	N8 (Listing does not include certain NDCs)
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	
scopolamine transdermal patch 72 hour 1 mg/3days	PG	
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	NF	
TRANSDERM SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (*scopolamine base*)	NF	
trimethobenzamide hcl oral capsule 300 mg	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	N8 (Listing does not include certain NDCs)
nizatidine oral capsule 150 mg, 300 mg	PG	
ranitidine hcl oral tablet 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	
balsalazide disodium oral capsule 750 mg	PG	
budesonide er oral tablet extended release 24 hour 9 mg	PG	
budesonide oral capsule delayed release particles 3 mg	PG	
budesonide rectal foam 2 mg	PG	
CANASA RECTAL SUPPOSITORY 1000 MG (*mesalamine*)	NF	
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	PB	
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 250 mg, 500 mg	PG	
mesalamine oral capsule delayed release 400 mg	PG	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	PG	
mesalamine rectal enema 4 gm	PG	
mesalamine rectal suppository 1000 mg	PG	N8 (Listing does not include certain NDCs)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (*mesalamine*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROWASA RECTAL KIT 4 GM (*mesalamine-cleanser*)	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*)	NF	
UCERIS RECTAL FOAM 2 MG/ACT (*budesonide*)	NF	
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	N8 (Listing does not include certain NDCs)
TRULANCE ORAL TABLET 3 MG (*plecanatide*)	NF	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl oral tablet 0.5 mg, 1 mg	PG	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	PB	PA
LAXATIVES		
lactulose oral solution 20 gm/30ml	PG	N8 (Listing does not include certain NDCs)
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (*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)
enulose oral solution 10 gm/15ml	PG	N8 (Listing does not include certain NDCs)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	PG	
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	
lactulose (Kristalose Oral Packet 10 Gm)	NP	
lactulose (Kristalose Oral Packet 20 Gm)	PG	
lactulose oral packet 10 gm	NP	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lactulose oral packet 20 gm	PG	N8 (Listing does not include certain NDCs)
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)
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)
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (*peg 3350-kcl-nacl-nasulf-mgsul*)	CE	N7 (NF); N8 ($0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
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 TABLET 1 GM (*sucralfate*)	NF	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*)	NPSP	PA
CTEXLI ORAL TABLET 250 MG (*chenodiol (basds)*)	NF	
EOHILIA ORAL SUSPENSION 2 MG/10ML (*budesonide*)	NF	
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	NPSP	PA; QL (1 KIT per 30 days)
GIMOTI NASAL SOLUTION 15 MG/ACT (*metoclopramide hcl*)	NF	
IQIRVO ORAL TABLET 80 MG (*elafibranor*)	PSP	PA; QL (30 TABLETS per 30 days)
LIVDELZI ORAL CAPSULE 10 MG (*seladelpar lysine*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIVMARLI ORAL SOLUTION 19 MG/ML (*maralixibat chloride*)	NPSP	PA; QL (60 ML per 30 DAYs)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (*maralixibat chloride*)	NPSP	PA; QL (90 ML per 30 days)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (*maralixibat chloride*)	NF	
LYNAVOY ORAL TABLET 40 MG (*linerixibat*)	NF	
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	
prucalopride succinate oral tablet 1 mg, 2 mg	NF	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	NF	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (*methylnaltrexone bromide*)	NF	
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 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	N8 (Listing does not include certain NDCs)
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	
URSOLIGN ORAL CAPSULE 150 MG (*ursodiol*)	NF	
VOQUEZNA ORAL TABLET 10 MG, 20 MG (*vonoprazan fumarate*)	NP	PA; QL (30 TABLETS per 25 days)
VOWST ORAL CAPSULE (*fecal microb spores, live-brpk*)	NPSP	PA; QL (12 CAPSULES per 30 DAYs)
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	NPSP	PA; QL (84 TABLETS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*)	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, 60000-189600 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	PG	Select OTC
esomeprazole magnesium oral capsule delayed release 40 mg	PG	
esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg	PG	
lansoprazole oral capsule delayed release 15 mg	PG	Select OTC
lansoprazole oral capsule delayed release 30 mg	PG	N8 (Listing does not include certain NDCs)
lansoprazole oral tablet delayed release dispersible 30 mg	NF	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (*esomeprazole magnesium*)	PG	Select OTC
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	PG	Select OTC
omeprazole magnesium oral tablet delayed release 20 mg	PG	Select OTC
omeprazole oral capsule delayed release 10 mg, 40 mg	PG	
omeprazole oral capsule delayed release 20 mg	PG	Select OTC
omeprazole oral tablet delayed release 20 mg	PG	Select OTC
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	PG	Select OTC
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	N8 (Listing does not include certain NDCs)
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
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (*pantoprazole sodium*)	NF	
rabeprazole sodium oral capsule sprinkle 10 mg	NP	
rabeprazole sodium oral tablet delayed release 20 mg	PG	
ZEGERID OTC ORAL CAPSULE 20-1100 MG (*omeprazole-sodium bicarbonate*)	PG	Select OTC
RECTAL, CORTICOSTEROIDS		
hydrocortisone (perianal) external cream 2.5 %	PG	
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 therapy pack 500 & 500 & 30 mg	PG	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	PG	N8 (Listing does not include certain NDCs)
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	
silodosin oral capsule 4 mg, 8 mg	PG	
tamsulosin hcl oral capsule 0.4 mg	PG	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
TEZRULY ORAL SOLUTION 1 MG/ML (*terazosin hcl*)	NF	
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)
PHEXX VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*)	CE	N7 (NP)
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 GEL 4 % (*nonoxynol-9*)	CE	N7 (Not Covered)
ERECTILE DYSFUNCTION		
avanafil oral tablet 100 mg, 200 mg, 50 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 20 MG, 5 MG (*tadalafil*)	NF	
EDEX (2 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG (*alprostadil (vasodilator)*)	NP	SPC; QL (6 VIALS per 25 Days)
EDEX (6 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (*alprostadil (vasodilator)*)	NP	SPC; QL (6 VIALS 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	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 20 mg	PG	SPC; N8 (Listing does not include certain NDCs); QL (6 TABLETS per 25 days)
tadalafil oral tablet 5 mg	PG	SPC; N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 days)
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	SPC; QL (6 TABLETS per 25 days)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (*sildenafil citrate*)	NF	
VYBRIQUE ORAL FILM 100 MG, 25 MG, 50 MG, 75 MG (*sildenafil citrate*)	NF	
MISCELLANEOUS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	NF	
FILSPARI ORAL TABLET 200 MG (*sparsentan*)	PSP	PA; QL (60 TABLETS per 30 days)
FILSPARI ORAL TABLET 400 MG (*sparsentan*)	PSP	PA; QL (30 TABLETS per 30 days)
LITHOSTAT ORAL TABLET 250 MG (*acetohydroxamic acid*)	NF	
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	PG	N8 (Listing does not include certain NDCs)
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	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (*nedosiran sodium*)	NF	
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML (*nedosiran sodium*)	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
tiopronin oral tablet delayed release 100 mg, 300 mg	PSP	PA
tricitrates oral solution 550-500-334 mg/5ml	NF	
TRUTAKNA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*atacicept-vymj*)	NF	
VANRAFIA ORAL TABLET 0.75 MG (*atrasentan hcl*)	PSP	PA; QL (30 TABLETS per 30 days)
VOYXACT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 400 MG/2ML (*sibeprenlimab-szsi*)	NF	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	NP	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flavoxate hcl oral tablet 100 mg	PG	
GEMTESA ORAL TABLET 75 MG (*vibegron*)	PB	ST; QL (30 TABLETS per 25 days)
mirabegron er oral suspension reconstituted er 8 mg/ml	PG	
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	PG	
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	N8 (Listing does not include certain NDCs)
oxybutynin chloride oral solution 5 mg/5ml	PG	N8 (Listing does not include certain NDCs)
oxybutynin chloride oral tablet 2.5 mg	NF	
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*)	NF	
trospium chloride er oral capsule extended release 24 hour 60 mg	PG	
trospium chloride oral tablet 20 mg	PG	N8 (Listing does not include certain NDCs)
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	
terconazole vaginal suppository 80 mg	PG	
VANDAZOLE VAGINAL GEL 0.75 % (*metronidazole*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	PG	N8 (Listing does not include certain NDCs)
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG (*apixaban*)	PB	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG (*apixaban*)	PB	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (*apixaban*)	PB	
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG (*apixaban*)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (*apixaban*)	PB	
ELIQUIS ORAL TABLET SOLUBLE 0.5 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 10000 UNIT/4ML, 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	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*)	NF	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (*dabigatran etexilate mesylate*)	NF	
rivaroxaban oral suspension reconstituted 1 mg/ml	PG	
rivaroxaban oral tablet 2.5 mg	PG	
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	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (*rivaroxaban*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 , 2 GM (*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	
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, 2 MG, 5 MG (*coagulation factor viia-jncw*)	PSP	PA
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 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*)	PSP	PA
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (*darbepoetin alfa*)	PSP	PA
ARMLUPEG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-unne*)	NF	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa*)	NF	
FILKRI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-laha*)	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-jmdb*)	PSP	PA; QL (2 SYRINGES per 28 days)
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-pbbk*)	NF	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML (*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, 120 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	
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	NF	
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4ML (*pegfilgrastim*)	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	NF	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim*)	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim*)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim-aafi*)	PSP	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-txid*)	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*)	PSP	PA
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	
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-fpgk*)	NF	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	NF	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (*pegfilgrastim-cbqv*)	NF	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	NF	
XOLREMDI ORAL CAPSULE 100 MG (*mavorixafor*)	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*)	NF	
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
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact fc-vwf-xten-ehtl*)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 4000 UNIT, 500 UNIT (*antihemoph fact rcmb gpeg-exei*)	PSP	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 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, 4000 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 (*antihemophilic factor*)	NPSP	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	PSP	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact bd truncated*)	PSP	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 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	NPSP	PA
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)*)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	PSP	PA
HEMOPHILIA A AND B AGENTS		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML (*concizumab-mtci*)	NF	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/0.5ML (*marstacimab-hncq*)	NPSP	PA; QL (8 PENS per 28 days)
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML (*fitusiran sodium*)	NF	
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (*fitusiran sodium*)	NF	
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)*)	PSP	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, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	NF	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*factor ix complex*)	NPSP	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix glycopeg*)	PSP	PA
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	NF	
MISCELLANEOUS		
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, 1 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AQVESME ORAL TABLET 100 MG (*mitapivat sulfate*)	NF	
cilostazol oral tablet 100 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
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	
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)
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30ML (*eculizumab-aagh*)	PSP	PA; IBC (Preferred for Myasthenia Gravis and Paroxysmal Nocturnal Hemoglobinuria (PNH) and Atypical hemolytic uremic syndrome (aHUS) indications); QL (12 VIALS per 28 DAYs)
FABHALTA ORAL CAPSULE 200 MG (*iptacopan hcl*)	NPSP	PA; QL (60 CAPSULES per 30 days)
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (*eculizumab*)	NF	
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (*ravulizumab-cwvz*)	NPSP	PA
VOYDEYA ORAL TABLET 100 MG (*danicopan*)	NF	
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (*danicopan*)	NF	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	PG	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	PG	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLAVIX ORAL TABLET 75 MG (*clopidogrel bisulfate*)	NF	
prasugrel hcl oral tablet 10 mg, 5 mg	NP	
ticagrelor oral tablet 60 mg, 90 mg	PG	
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)*)	PSP	PA; QL (180 PACKETS per 30 days)
l-glutamine oral packet 5 gm	PSP	PA; QL (180 PACKETS per 30 DAYs)
SIKLOS ORAL TABLET 100 MG, 1000 MG (*hydroxyurea*)	PB	
XROMI ORAL SOLUTION 100 MG/ML (*hydroxyurea*)	CE	N7 (NF)
THROMBOCYTOPENIA AGENTS - DRUGS TO TREAT PLATELET DISORDERS		
ALVAIZ ORAL TABLET 18 MG, 36 MG (*eltrombopag choline*)	PSP	PA; QL (90 TABLETS per 30 DAYs)
ALVAIZ ORAL TABLET 54 MG, 9 MG (*eltrombopag choline*)	PSP	PA; QL (60 TABLETS per 30 DAYs)
DOPTELET ORAL TABLET 20 MG (*avatrombopag maleate*)	PSP	PA; QL (60 TABLETS per 30 days)
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (*avatrombopag maleate*)	PSP	PA; QL (60 CAPSULES per 30 DAYs)
eltrombopag olamine oral packet 12.5 mg	PSP	PA; QL (120 PACKETS per 30 DAYs)
eltrombopag olamine oral packet 25 mg	PSP	PA; QL (180 PACKETS per 30 DAYs)
eltrombopag olamine oral tablet 12.5 mg, 75 mg	PSP	PA; QL (60 TABLETS per 30 DAYs)
eltrombopag olamine oral tablet 25 mg, 50 mg	PSP	PA; QL (90 TABLETS per 30 DAYs)
MULPLETA ORAL TABLET 3 MG (*lusutrombopag*)	NF	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (*romiplostim*)	NF	
PROMACTA ORAL PACKET 12.5 MG, 25 MG (*eltrombopag olamine*)	NF	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (*eltrombopag olamine*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*)	NF	
WAYRILZ ORAL TABLET 400 MG (*rilzabrutinib*)	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
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (*dust mite mixed allergen ext*)	PB	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	PSP	PA
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (*short ragweed pollen ext*)	PB	PA
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	PSP	PA; ST; QL (5 VIALS per 42 days)
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	NPSP	PA; QL (1 VIAL per 56 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	PSP	PA; QL (1 SYRINGE per 90 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	NF	
infliximab intravenous solution reconstituted 100 mg	PSP	PA; QL (5 VIALS per 42 days)
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	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	NF	
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	NF	
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	NF	
adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	NF	
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml	NF	
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	NF	
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	NF	
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	PSP	PA; ST; QL (4 PENS per 28 days)
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	PSP	PA; ST; QL (2 PENS per 28 days)
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml	PSP	PA; ST; QL (2 SYRINGES per 28 days)
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml	PSP	PA; ST; QL (4 SYRINGES per 28 days)
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml	NF	
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml	NF	
adalimumab-bwwd subcutaneous solution auto-injector 40 mg/0.4ml	NF	
adalimumab-bwwd subcutaneous solution prefilled syringe 40 mg/0.4ml	NF	
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	PSP	PA; ST; QL (4 PENS per 28 days)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	PSP	PA; ST; QL (4 SYRINGES per 28 days)
adalimumab-ryvk (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	NF	
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	NF	
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab-atto*)	NF	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-atto*)	NF	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (*adalimumab-atto*)	NF	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (*adalimumab-atto*)	NF	
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab-anoh*)	NF	
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab-anoh*)	NF	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (*bimekizumab-bkzx*)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa); QL (2 INJECTIONS per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML (*bimekizumab-bkzx*)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa); QL (1 INJECTION per 28 DAYs)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (*bimekizumab-bkzx*)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa); QL (2 INJECTIONS per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML (*bimekizumab-bkzx*)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa); QL (1 INJECTION per 28 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 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 (4 SYRINGES per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 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)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 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 1 TIME USE ONLY)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (2 SYRINGES 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, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (2 PENS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (1 PEN per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*secukinumab*)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (1 SYRINGE per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (1 PEN per 28 days)
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	NF	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	NF	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (*dupilumab*)	PSP	PA; IBC (Preferred agent for Asthma, Atopic Dermatitis, Chronic Spontaneous Urticaria and Eosinophilic Esophagitis); QL (2 PENS per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*dupilumab*)	PSP	PA; IBC (Preferred agent for Asthma, Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps, COPD, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, and Prurigo Nodularis); QL (4 PENS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*dupilumab*)	PSP	PA; IBC (Preferred agent for Asthma, Atopic Dermatitis, Chronic Spontaneous Urticaria and Eosinophilic Esophagitis); QL (2 SYRINGES per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*dupilumab*)	PSP	PA; IBC (Preferred agent for Asthma, Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps, COPD, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, and Prurigo Nodularis); QL (4 SYRINGES 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 (8 VIALS per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (*etanercept*)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 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)
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (*vedolizumab*)	PSP	PA; QL (2 PENS per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	NF	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-fkjp*)	NF	
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML (*adalimumab-fkjp*)	NF	
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	NF	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	NF	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	NF	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	NF	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (*adalimumab-adaz*)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (4 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (2 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-adaz*)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (4 SYRINGES per 28 days)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (1 KIT per 28 days)
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-srlf*)	NF	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 PENS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*sarilumab*)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 SYRINGES per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	NF	
LEQSELVI ORAL TABLET 8 MG (*deuruxolitinib phosphate*)	NF	
LITFULO ORAL CAPSULE 50 MG (*ritlecitinib tosylate*)	PSP	PA; QL (28 CAPSULES per 28 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mepolizumab*)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and COPD); QL (3 INJECTIONS per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mepolizumab*)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and COPD); QL (3 INJECTIONS per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*mepolizumab*)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and COPD); QL (1 SYRINGE per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (*mepolizumab*)	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (*baricitinib*)	PSP	PA; IBC (Preferred agent for Alopecia Areata. Not covered for Rheumatoid Arthritis); QL (30 TABLETS per 30 days)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML (*mirikizumab-mrkz*)	NF	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML (*mirikizumab-mrkz*)	NF	
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*mirikizumab-mrkz*)	NF	
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (*mirikizumab-mrkz*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (*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 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	NPSP	PA; ST; QL (4 SYRINGES per 28 days)
OTEZLA ORAL TABLET 20 MG (*apremilast*)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 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)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (*apremilast*)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 DAYs)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (*apremilast*)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (30 TABLETS per 30 DAYs)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG (*apremilast*)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (41 TABLETS per 28 DAYs)
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-aauz*)	NF	
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-aauz*)	NF	
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-ttwe*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML (*ustekinumab-ttwe*)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 84 DAYs)
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 90 MG/ML (*ustekinumab-ttwe*)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 56 DAYs)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab-ttwe*)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis, Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (1 SYRINGE per 84 days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab-ttwe*)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis, Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (1 SYRINGE per 56 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML (*upadacitinib*)	PSP	PA; IBC (Preferred agent for Psoriatic Arthritis); QL (2 BOTTLES per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*upadacitinib*)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis, Ulcerative Colitis, Non-radiographical Axial Spondyloarthritis, and Crohn's Disease); QL (30 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (*upadacitinib*)	PSP	PA; IBC (Preferred agent for Atopic Dermatitis, Ulcerative Colitis, and Crohn's Disease); QL (30 TABLETS per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (*upadacitinib*)	PSP	PA; IBC (Preferred agent for Ulcerative Colitis and Crohn's Disease); QL (1 FILL per 1 INDUCTION PERIOD)
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-aekn*)	NF	
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-aekn*)	NF	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	NF	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-ryvk*)	NF	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	NF	
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-ryvk*)	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 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 180 MG/1.2ML (*risankizumab-rzaa*)	PSP	PA; IBC (Preferred agent for Crohn's Disease and Ulcerative Colitis); QL (1 CARTRIDGE per 56 DAYs)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (*risankizumab-rzaa*)	PSP	PA; IBC (Preferred agent for Crohn's Disease and Ulcerative Colitis); QL (1 CARTRIDGE per 56 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML (*risankizumab-rzaa*)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
SOTYKTU ORAL TABLET 6 MG (*deucravacitinib*)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis); QL (30 TABLETS per 30 DAYs)
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-hmny*)	NF	
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-hmny*)	NF	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*)	NF	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab*)	NF	
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-stba*)	NF	
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-stba*)	NF	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*)	NF	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML (*ixekizumab*)	NF	
tofacitinib citrate er oral tablet extended release 24 hour 11 mg	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis, Psoriatic Arthritis, Ankylosing Spondylitis); QL (30 TABLETS per 30 DAYs)
tofacitinib citrate er oral tablet extended release 24 hour 22 mg	PSP	PA; IBC (Preferred agent for Ulcerative Colitis); QL (30 TABLETS per 30 DAYs)
tofacitinib citrate oral solution 1 mg/ml	PSP	PA; IBC (Preferred agent for Psoriatic Arthritis); QL (240 ML per 24 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tofacitinib citrate oral tablet 10 mg	PSP	PA; IBC (Preferred agent for Ulcerative Colitis); QL (60 TABLETS per 30 DAYs)
tofacitinib citrate oral tablet 5 mg	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis, Psoriatic Arthritis, Ankylosing Spondylitis); QL (60 TABLETS per 30 DAYs)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 56 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*guselkumab*)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 56 DAYs)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 syringe per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (*guselkumab*)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 28 days)
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab-aazg*)	NF	
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab-aazg*)	NF	
ustekinumab subcutaneous solution 45 mg/0.5ml	NF	
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ustekinumab-aauz subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	NF	
ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	NF	
ustekinumab-ttwe subcutaneous solution 45 mg/0.5ml	NF	
ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	NF	
VELSIPITY ORAL TABLET 2 MG (*etrasimod arginine*)	NF	
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-auub*)	NF	
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-auub*)	NF	
XELJANZ ORAL SOLUTION 1 MG/ML (*tofacitinib citrate*)	NF	
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	NF	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (*tofacitinib citrate*)	NF	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*omalizumab*)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (8 INJECTIONS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*omalizumab*)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (4 INJECTIONS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (*omalizumab*)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (2 INJECTIONS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*omalizumab*)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (8 SYRINGES per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*omalizumab*)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (4 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*omalizumab*)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (2 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (8 VIALS per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-kfce*)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 VIAL per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab-kfce*)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab-kfce*)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 56 days)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-aaty*)	NF	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-aaty*)	NF	
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-aqvh*)	NF	
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	NF	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
auranofin oral capsule 3 mg	NF	
hydroxychloroquine sulfate oral tablet 200 mg	PG	N8 (Listing does not include certain NDCs)
leflunomide oral tablet 10 mg, 20 mg	PG	
methotrexate sodium oral tablet 2.5 mg	CE	N7 (PG); N8 (Listing does not include certain NDCs)
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 INJECTIONS per 28 DAYs)
SOVUNA ORAL TABLET 200 MG (*hydroxychloroquine sulfate*)	NF	
HEREDITARY ANGIOEDEMA		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML (*garadacimab-gxii*)	NPSP	PA; QL (1 INJECTION per 30 days)
BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*)	NF	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	NF	
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*donidalorsen sodium*)	NF	
EKTERLY ORAL TABLET 300 MG (*sebetralstat*)	PSP	PA; QL (60 TABLETS per 90 DAYs)
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*)	NF	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	NPSP	PA; QL (20 VIALS per 30 days)
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	PSP	PA; QL (45 SYRINGES 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG (*berotralstat hcl*)	PSP	PA; QL (28 PACKETS per 28 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	PSP	PA; QL (60 VIALS per 90 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (*lanadelumab-flyo*)	PSP	PA; QL (2 SYRINGES per 28 DAYs)
IMMUNOGLOBULIN		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)-stwk*)	NF	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)-slra*)	NF	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	NPSP	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (*immune globulin (human)-hipp*)	PSP	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (*immune globulin (human)*)	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (*immune globulin (human)*)	NPSP	PA
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	NF	
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NPSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	NPSP	PA
HYPERRHO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (*rho d immune globulin*)	NPSP	
HYPERRHO MINI-DOSE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (*rho d 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	
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)*)	NF	
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
qivigy intravenous solution 10 gm/100ml, 5 gm/50ml	NF	
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 (*rho d immune globulin*)	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)-klhw*)	PSP	PA
YIMMUGO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)-dira*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (*interferon gamma-1b*)	NPSP	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	NF	
JOENJA ORAL TABLET 70 MG (*leniolisib phosphate*)	NF	
IMMUNOSUPPRESSANTS		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (*lymphocyte,anti-thymo imm glob*)	NP	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	PG	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	PSP	PA; QL (4 INJECTIONS per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	PSP	PA; QL (4 INJECTIONS per 28 days)
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	
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	
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	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (*mycophenolate mofetil*)	NF	
NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*)	NPSP	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	NPSP	
SAPHNELO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/0.8ML (*anifrolumab-fnia*)	PSP	PA; QL (4 INJECTIONS per 28 DAYs)
SAPHNELO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/0.8ML (*anifrolumab-fnia*)	PSP	PA; QL (4 INJECTIONS per 28 DAYs)
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (*basiliximab*)	NP	
sirolimus oral solution 1 mg/ml	PG	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	PG	
tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg	PG	
tacrolimus intravenous solution 5 mg/ml	PSP	
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; QL (2 VIALS per 28 days)
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
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	
POKONZA ORAL PACKET 10 MEQ, 15 MEQ (*potassium chloride*)	NF	
POKONZA ORAL SOLUTION 10 MEQ/15ML (5%) (*potassium chloride*)	NF	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride er oral capsule extended release 10 meq, 8 meq	PG	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	PG	
potassium chloride oral packet 40 meq	NF	
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)
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	
azentra oral tablet 13-1 mg	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	
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	
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*)	NF	
jenliva prenatal/postnatal oral capsule 1 mg	NF	
kosher prenatal plus iron oral tablet 30-1 mg	NF	
MATERNACEL ORAL TABLET 20-1 MG (*prenatal vit w/ fe bisg-fa*)	NF	
natal pnv oral tablet 6-0.5 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEEVO DHA ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*)	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	
ONENATAL RX ORAL TABLET 1 MG (*prenatal multivit-min-fe-fa*)	NF	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	NF	
pnv tabs 20-1 oral tablet 20-1 mg	NF	
pnv-dha oral capsule 27-0.6-0.4-300 mg	PG	
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	
prena1 oral tablet chewable 1.4 mg	NF	
prenatabs fa oral tablet 29-1 mg	NF	
prenatal 19 oral tablet chewable	NF	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (*prenatal w/o a vit-fe fum-fa*)	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
PRENATOL-M ORAL TABLET 27-1.2 MG (*prenatal vit-fe fumarate-fa*)	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	
trinatal rx 1 oral tablet 60-1 mg	NF	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NF	
tristart dha oral capsule 31-0.6-0.4-200 mg	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 ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	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	
vitalara oral tablet 20-1 mg	NF	
wescap-pn dha oral capsule 27-0.6-0.4-300 mg	NF	
westgel dha oral capsule 31-0.6-0.4-200 mg	NF	
zalvit oral tablet 13-1 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ziphex oral tablet 13-1 mg	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
ACCRUFER ORAL CAPSULE 30 MG (*ferric maltol*)	NF	
cyanocobalamin injection solution 1000 mcg/ml	PG	
cyanocobalamin nasal solution 500 mcg/0.1ml	NF	
DAVIMET-IRON ORAL TABLET CHEWABLE (*multiple vitamins-iron*)	NF	
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 0.25 MG, 0.5 MG, 1 MG (*ped multiple vit-minerals-fl*)	NF	
FOLGARD OS ORAL TABLET 500-1.1 MG (*multiple vit-min-calcium-fa*)	NF	
folic acid oral solution 0.2 mg/ml	NF	
folic acid oral tablet 400 mcg	CE	N7 (Not Covered); N8 (Listing does not include certain NDCs); 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)
FOLICORE B COMPLEX ORAL TABLET 1-10-0.4 MG (*folic acid-vit b6-vit b12*)	NF	
FOLVITA COMPLEX ORAL TABLET 1-10-0.4 MG (*folic acid-vit b6-vit b12*)	NF	
na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml	PG	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	NF	
NEPHPLEX RX ORAL TABLET (*b complex-c-zn-folic acid*)	NF	
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	
phytonadione oral tablet 5 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	NF	
QUIOFIC ORAL SOLUTION 0.2 MG/ML (*folic acid*)	NF	
RENATABS WITH IRON ORAL 1 & 100 MG (*b complex-c-biotin-e-fa-fe cbn*)	NF	
reno caps oral capsule 1 mg	PG	Select OTC
tri-vi-floro oral suspension 0.25 mg/ml	NF	
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	N10 (NP)
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 0.035 %	PG	Select OTC
ZADITOR OPHTHALMIC SOLUTION 0.035 % (*ketotifen fumarate*)	PG	Select OTC
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*)	NF	N10 (NP)
ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl ophthalmic solution 0.5 %	PG	
BETIMOL OPHTHALMIC SOLUTION 0.5 % (*timolol hemihydrate*)	NF	
carteolol hcl ophthalmic solution 1 %	PG	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	NF	
levobunolol hcl ophthalmic solution 0.5 %	PG	
timolol hemihydrate ophthalmic solution 0.5 %	PG	
timolol maleate (once-daily) ophthalmic solution 0.5 %	NP	
timolol maleate (Timolol Maleate Ocudose Ophthalmic Solution 0.5 %)	NF	
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 %	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol maleate*)	NF	
ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA		
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	PG	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	NF	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	NF	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	PG	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	PG	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	NF	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	PB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %	PG	
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 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		
AZASITE OPHTHALMIC SOLUTION 1 % (*azithromycin*)	NF	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	PG	
besifloxacin hcl ophthalmic suspension 0.6 %	NF	N10 (NP)
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (*besifloxacin hcl*)	NF	N10 (NP)
CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ciprofloxacin hcl ophthalmic solution 0.3 %	PG	
erythromycin ophthalmic ointment 5 mg/gm	PG	N8 (Listing does not include certain NDCs)
gatifloxacin ophthalmic solution 0.5 %	NP	
gentamicin sulfate ophthalmic solution 0.3 %	PG	
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	
ofloxacin ophthalmic solution 0.3 %	PG	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	PG	
sulfacetamide sodium ophthalmic solution 10 %	PG	
tobramycin ophthalmic solution 0.3 %	PG	
trifluridine ophthalmic solution 1 %	PG	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (*lotilaner*)	PB	PA; QL (10 ML per 42 days)
ZIRGAN OPHTHALMIC GEL 0.15 % (*ganciclovir*)	NF	N10 (NP)
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	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	NF	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*)	NF	
BYQLOVI OPHTHALMIC SUSPENSION 0.05 % (*clobetasol propionate*)	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flurbiprofen sodium ophthalmic solution 0.03 %	PG	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*)	NF	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone*)	NF	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*)	NF	
INVELTYS OPHTHALMIC SUSPENSION 1 % (*loteprednol etabonate*)	NF	
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 0.2 %	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	
CARBONIC ANHYDRASE INHIBITORS - DRUGS TO TREAT GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION 1 % (*brinzolamide*)	NF	
brinzolamide ophthalmic suspension 1 %	NF	N10 (NP)
dorzolamide hcl ophthalmic solution 2 %	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*)	NF	
cyclosporine (pf) ophthalmic emulsion 0.05 %	PG	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (*perfluorohexyloctane*)	PB	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	NF	
TRYPTYR OPHTHALMIC SOLUTION 0.003 % (*acoltremon*)	NF	
VEVYE OPHTHALMIC SOLUTION 0.1 % (*cyclosporine*)	PB	
XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*)	NF	
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)
OXERVATE OPHTHALMIC SOLUTION 0.002 % (*cenegermin-bkbj*)	NPSP	PA; QL (2 ML per 7 DAYs)
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	PG	
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
PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA		
bimatoprost ophthalmic solution 0.01 %, 0.03 %	PG	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (*latanoprost*)	NF	
latanoprost ophthalmic solution 0.005 %	PG	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*)	NF	
OMLONTI OPHTHALMIC SOLUTION 0.002 % (*omidenepag isopropyl*)	NF	
tafluprost (pf) ophthalmic solution 0.0015 %	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (*travoprost*)	NF	
travoprost (bak free) ophthalmic solution 0.004 %	PG	N8 (Listing does not include certain NDCs)
VYZULTA OPHTHALMIC SOLUTION 0.024 % (*latanoprostene bunod*)	NF	
XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*)	NF	
ZOLYMBUS OPHTHALMIC GEL 0.01 % (*bimatoprost*)	NF	
RETINAL DISORDERS		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (*ranibizumab-nuna*)	PSP	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	NF	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	NF	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	NF	
NUFYMCO INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab-leyk*)	NF	
YESAFILI INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept-jbvf*)	NF	
RHO KINASE INHIBITORS - DRUGS TO TREAT EYE CONDITIONS		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*)	NF	
SYMPATHOMIMETICS - DRUGS TO TREAT GLAUCOMA		
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %	PG	
OTHER		
IRRIGATION SOLUTIONS		
sterile water for irrigation irrigation solution	NP	STX
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*)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML (*alpha1-proteinase inhibitor*)	PSP	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (*alpha1-proteinase inhibitor*)	NF	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (*alpha1-proteinase inhibitor*)	PSP	PA
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	NF	
epinephrine injection solution auto-injector 0.3 mg/0.3ml	PG	N8 (Listing does not include certain NDCs); QL (4 INJECTION 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*)	NF	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (*epinephrine*)	NF	
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML (*epinephrine*)	NF	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	PB	QL (1 PACKAGE per 25 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	NF	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	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)
umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	PB	QL (1 PACKAGE per 25 DAYs)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	PB	QL (1 PACKAGE per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	PB	QL (1 PACKAGE per 25 days)
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 hfa inhalation aerosol solution 17 mcg/act	PG	QL (2 PACKAGES per 25 DAYs)
ipratropium bromide inhalation solution 0.02 %	PG	N8 (Listing does not include certain NDCs); QL (5 boxes per 25 days)
ipratropium bromide nasal solution 0.03 %, 0.06 %	PG	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide*)	PB	QL (1 PACKAGE per 25 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (*tiotropium bromide*)	PB	QL (1 PACKAGE per 25 days)
tiotropium bromide inhalation capsule 18 mcg	NF	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*)	NF	
umeclidinium ellipta inhalation aerosol powder breath activated 62.5 mcg/inh	NF	
YUPELRI INHALATION NEBULIZATION SOLUTION 175 MCG/3ML (*revefenacin*)	PB	QL (30 VIALS per 25 days)
ANTIHISTAMINE COMBINATIONS		
azelastine-fluticasone nasal suspension 137-50 mcg/act	PG	QL (1 PACKAGE per 25 days)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 rel child (cetirizine) oral tablet dispersible 10 mg	PG	Select OTC
azelastine hcl nasal solution 0.1 %	PG	QL (2 BOTTLES per 25 DAYs)
carbinoxamine maleate er oral suspension extended release 4 mg/5ml	PG	ST
carbinoxamine maleate oral tablet 4 mg	PG	
carbinoxamine maleate oral tablet 6 mg	NP	N8 (Listing does not include certain NDCs)
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	PG	Select OTC
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML (*loratadine*)	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
CLARITIN REDITABS JUNIORS ORAL TABLET DISPERSIBLE 10 MG (*loratadine*)	PG	Select OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 5 MG (*loratadine*)	PG	Select OTC
clemastine fumarate oral tablet 2.68 mg	PG	
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	N8 (Listing does not include certain NDCs)
desloratadine oral solution 0.5 mg/ml	NF	
desloratadine oral tablet 5 mg	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
gnp loratadine oral tablet dispersible 10 mg	PG	Select OTC
hydroxyzine hcl oral syrup 10 mg/5ml	PG	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
hydroxyzine pamoate oral capsule 100 mg	PG	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
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 childrens oral solution 5 mg/5ml	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)
qc all day allergy relief oral capsule 10 mg	PG	Select OTC
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	NF	
carbinoxamine maleate (Ryvent Oral Tablet 6 Mg)	NP	
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 5 MG (*cetirizine hcl*)	PG	Select OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (*levocetirizine dihydrochloride*)	PG	Select OTC
ZYRTEC ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 10 MG (*cetirizine hcl*)	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
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG, 2.5 MG (*cetirizine hcl*)	PG	Select OTC
ZYRTEC ORAL TABLET CHEWABLE 10 MG (*cetirizine hcl*)	PG	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 INHALERS per 25 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	PG	N8 (Listing does not include certain NDCs); QL (5 BOXES per 25 DAYs)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	PG	N8 (Listing does not include certain NDCs); QL (5 BOXES per 25 days)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	PG	N8 (Listing does not include certain NDCs); QL (60 ML per 25 days)
albuterol sulfate oral syrup 2 mg/5ml	PG	
albuterol sulfate oral tablet 2 mg	PG	
albuterol sulfate oral tablet 4 mg	PG	N8 (Listing does not include certain NDCs)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	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 ML 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*)	NP	QL (60 VIALS per 25 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 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)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	PG	N8 (Listing does not include certain NDCs)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	NF	
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	NF	
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
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
ft allergy d-12 hour oral tablet extended release 12 hour 5-120 mg	PG	Select OTC
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	NP	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
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (*phenylephrine-chlorphen-dm*)	NF	
promethazine-codeine oral syrup 6.25-10 mg/5ml	PG	QL (30 ML per 1 DAY)
promethazine-dm oral syrup 6.25-15 mg/5ml	PG	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	PG	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	PG	N8 (Listing does not include certain NDCs)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	NF	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*cetirizine-pseudoephedrine*)	PG	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYSTIC FIBROSIS		
ALYFTREK ORAL TABLET 10-50-125 MG (*vanzacaft-tezacaft-deutivacaft*)	NPSP	PA; QL (56 TABLETS per 28 days)
ALYFTREK ORAL TABLET 4-20-50 MG (*vanzacaft-tezacaft-deutivacaft*)	NPSP	PA; QL (84 TABLETS per 28 days)
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	NF	
BRONCHITOL INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	NF	
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG (*ivacaftor*)	NPSP	PA; QL (56 PACKETS per 28 DAYs)
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 (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NF	
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)
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)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*)	NPSP	PA; QL (56 PACKETS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEUKOTRIENE MODIFIERS		
zileuton er oral tablet extended release 12 hour 600 mg	NF	N10 (NP, PA applies)
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	
BRINSUPRI ORAL TABLET 10 MG, 25 MG (*brensocatib*)	NP	PA
DALIRESP ORAL TABLET 250 MCG, 500 MCG (*roflumilast*)	NF	
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML (*ensifentrine*)	NF	
roflumilast oral tablet 250 mcg, 500 mcg	PG	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
budesonide nasal suspension 32 mcg/act	PG	Select OTC; QL (1 PACKAGE per 25 days)
FLONASE ALLERGY REL CHILDRENS 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)
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*)	PB	PA; QL (2 PACKAGES per 25 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL TABLET 267 MG, 801 MG (*pirfenidone*)	NF	
JASCAYD ORAL TABLET 18 MG, 9 MG (*nerandomilast*)	PSP	PA; QL (60 TABLETS per 30 DAYs)
nintedanib esylate oral capsule 100 mg, 150 mg	PSP	PA; QL (60 CAPSULES per 30 DAYs)
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	PSP	PA; QL (60 CAPSULES per 30 days)
pirfenidone oral capsule 267 mg	PSP	PA; QL (270 CAPSULES per 30 DAYs)
pirfenidone oral tablet 267 mg	PSP	PA; QL (270 TABLETS per 30 Days)
pirfenidone oral tablet 534 mg	PSP	PA; QL (90 TABLETS per 30 days)
pirfenidone oral tablet 801 mg	PSP	PA; QL (90 TABLETS per 30 Days)
SEVERE ASTHMA AGENTS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	PSP	PA; QL (1 PEN per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (*benralizumab*)	PSP	PA; QL (1 SYRINGE per 56 days)
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (*tezepelumab-ekko*)	PSP	PA; QL (1 PEN per 28 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (*tezepelumab-ekko*)	PSP	PA; QL (1 SYRINGE per 28 DAYs)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NF	
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*)	PB	QL (1 PACKAGE per 25 days)
beclomethasone diprop hfa inhalation aerosol solution 40 mcg/act, 80 mcg/act	PG	QL (2 PACKAGES per 25 DAYs)
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)
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	NF	
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	NF	
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 PACKAGES per 25 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT (*budesonide*)	PB	QL (3 PACKAGES 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*)	NF	
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*)	NF	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	PB	QL (3 PACKAGES per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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); QL (1 PACKAGE per 25 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	PB	QL (1 PACKAGE per 25 DAYs)
budesonide-formoterol fumarate (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)	PG	QL (3 PACKAGES per 25 DAYs)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	PG	QL (3 PACKAGES per 25 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (*aclidinium br-formoterol fum*)	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 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	NF	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	PG	N8 (Listing does not include certain NDCs); QL (1 PACKAGE per 25 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	NF	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	NF	
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	PG	N8 (Listing does not include certain NDCs); QL (1 PACKAGE per 25 days)
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 100 mg, 200 mg, 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	
theophylline oral solution 80 mg/15ml	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*)	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	
isotretinoin (Accutane Oral Capsule 20 Mg, 30 Mg, 40 Mg)	NP	PA
ACZONE EXTERNAL GEL 7.5 % (*dapsone*)	NF	
adapalene external cream 0.1 %	NP	PA; QL (45 GRAMS per 25 days); AL (Max 35 Years)
adapalene external gel 0.1 %	PG	PA; N8 (PA applies to members 35 and older); Select OTC; QL (45 GRAMS per 25 days); AL (Max 35 Years)
adapalene external gel 0.3 %	NP	PA; N8 (Listing does not include certain NDCs); QL (45 GRAMS per 25 days); AL (Max 35 Years)
adapalene external pad 0.1 %	NF	
adapalene external solution 0.1 %	NF	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	PG	PA; N8 (PA applies to members 35 and older); AL (Max 35 Years)
adapalene-benzoyl peroxide external gel 0.3-2.5 %	PG	PA; AL (Max 35 Years)
AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*)	PB	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	
ARAZLO EXTERNAL LOTION 0.045 % (*tazarotene*)	NF	
ATRALIN EXTERNAL GEL 0.05 % (*tretinoin*)	NF	
AZELEX EXTERNAL CREAM 20 % (*azelaic acid*)	NF	
benzoyl peroxide-erythromycin external gel 5-3 %	PG	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (*adapalene-benzoyl per-clindamy*)	NF	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	NP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (once-daily) external gel 1 %	NF	
clindamycin phos (twice-daily) external gel 1 %	NP	N8 (Listing does not include certain NDCs); QL (75 GRAMS per 25 days)
clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %	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 lotion 1 %	NP	QL (60 ML per 25 days)
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. PA applies to members 35 and older); AL (Max 35 Years)
dapsone external gel 5 %	PG	N8 (Listing does not include certain NDCs)
dapsone external gel 7.5 %	PG	
DIFFERIN EXTERNAL GEL 0.1 % (*adapalene*)	PG	PA; Select OTC; QL (45 GRAMS per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.3 % (*adapalene*)	NP	PA; QL (45 GRAMS per 25 days); 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	
erythromycin external gel 2 %	PG	QL (60 GRAMS per 25 days)
erythromycin external solution 2 %	PG	QL (60 ML per 25 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	NP	PA
isotretinoin oral capsule 25 mg, 35 mg	NF	
KLARON EXTERNAL LOTION 10 % (*sulfacetamide sodium (acne)*)	NP	ST
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (*tretinoin*)	NP	PA; AL (Max 35 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (*tretinoin*)	NP	PA; AL (Max 35 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (*tretinoin microsphere*)	NF	
sulfacetamide sodium (acne) external lotion 10 %	PG	
tazarotene external foam 0.1 %	NF	
tretinoin external cream 0.025 %	PG	PA; N8 (PA applies to members 35 and older); AL (Max 35 Years)
tretinoin external cream 0.05 %, 0.1 %	PG	PA; AL (Max 35 Years)
tretinoin external gel 0.01 %, 0.025 %	PG	PA; AL (Max 35 Years)
tretinoin external gel 0.05 %	NP	PA; AL (Max 35 Years)
tretinoin microsphere external gel 0.04 %, 0.1 %	PG	PA; N8 (PA applies to members 35 and older); AL (Max 35 Years)
tretinoin microsphere pump external gel 0.08 %	NF	
TWYNEO EXTERNAL CREAM 0.1-3 % (*tretinoin-benzoyl peroxide*)	NF	
WINLEVI EXTERNAL CREAM 1 % (*clascoterone*)	PB	PA
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		
diclofenac sodium external gel 3 %	NP	PA; QL (100 GRAMS per 25 days)
fluorouracil external cream 0.5 %	NF	
fluorouracil external cream 5 %	PG	
fluorouracil external solution 2 %, 5 %	PG	
imiquimod external cream 5 %	PG	QL (2 BOXES per 21 days)
imiquimod pump external cream 3.75 %	NP	PA
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	NP	PA
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	NF	
TOLAK EXTERNAL CREAM 4 % (*fluorouracil*)	NF	
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (*imiquimod*)	NF	
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate external cream 0.1 %	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gentamicin sulfate external ointment 0.1 %	PG	
mupirocin calcium external cream 2 %	NF	
mupirocin external ointment 2 %	PG	QL (30 GRAMS per 25 days)
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	STX
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 GRAMS 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 GRAMS per 25 days)
econazole nitrate external foam 1 %	NP	
ERTACZO EXTERNAL CREAM 2 % (*sertaconazole nitrate*)	NF	N10 (Non-Preferred Brand tier applies to Student Health members residing in Indiana, Ohio, or Virginia.)
EXELDERM EXTERNAL CREAM 1 % (*sulconazole nitrate*)	NP	ST
EXELDERM EXTERNAL SOLUTION 1 % (*sulconazole nitrate*)	NP	ST
JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*)	NP	PA; QL (4 ML per 21 days)
ketoconazole external cream 2 %	PG	
ketoconazole external foam 2 %	NF	
luliconazole external cream 1 %	NF	N10 (Non-Preferred Generic tier applies to Student Health members residing in Indiana, Ohio, or Virginia.)
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	
naftifine hcl external gel 2 %	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAFTIN EXTERNAL GEL 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 GRAMS per 25 days)
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	PG	STX; QL (60 GRAMS per 25 days)
oxiconazole nitrate external cream 1 %	NP	N8 (Listing does not include certain NDCs); QL (60 GRAMS per 25 days)
OXISTAT EXTERNAL LOTION 1 % (*oxiconazole nitrate*)	NF	
sulconazole nitrate external cream 1 %	PG	
sulconazole nitrate external solution 1 %	PG	
tavaborole external solution 5 %	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	NF	
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl external cream 5 %	NF	
PRUDOXIN EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	NP	ST; QL (45 GRAMS per 25 days)
ZONALON EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	NP	ST; QL (45 GRAMS 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 GRAMS per 25 days)
calcipotriene external solution 0.005 %	NP	ST; QL (60 ML per 25 days)
calcipotriene-betameth diprop external ointment 0.005-0.064 %	NF	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	NF	
calcitriol external ointment 3 mcg/gm	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ICOTYDE ORAL TABLET 200 MG (*icotrokinra hcl*)	PSP	PA; IBC (Preferred agent for Plaque Psoriasis); QL (30 TABLETS per 30 days)
methoxsalen rapid oral capsule 10 mg	PG	
PELLIX EXTERNAL SOLUTION 0.005 % (*calcipotriene*)	NF	
SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*)	NF	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*spesolimab-sbzo*)	NPSP	PA; QL (2 SYRINGES per 28 days)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*spesolimab-sbzo*)	NPSP	PA; QL (1 SYRINGE per 28 days)
tazarotene external cream 0.05 %	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	
tazarotene (Trilitas External Gel 0.1 %)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (*calcitriol*)	NF	
VTAMA EXTERNAL CREAM 1 % (*tapinarof*)	PB	PA; QL (60 GRAMS per 25 days)
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	NF	
ZORYVE EXTERNAL CREAM 0.3 % (*roflumilast*)	PB	PA; QL (60 GRAMS per 25 days)
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole external shampoo 2 %	PG	
ZORYVE EXTERNAL FOAM 0.3 % (*roflumilast*)	PB	PA; IBC (Preferred for Seborrheic Dermatitis and Plaque Psoriasis); QL (60 GRAMS per 25 days)
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*tralokinumab-ldrm*)	NPSP	PA; QL (2 PENS per 28 days)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*tralokinumab-ldrm*)	NPSP	PA; QL (4 SYRINGES per 28 days)
ANZUPGO EXTERNAL CREAM 20 MG/GM (*delgocitinib*)	NF	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	PSP	PA; QL (30 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (*lebrikizumab-lbkz*)	PSP	PA; QL (2 PENS per 28 DAYs)
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (*lebrikizumab-lbkz*)	PSP	PA; QL (2 SYRINGES per 28 DAYs)
EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*)	PB	PA; QL (60 GRAMS per 25 days)
OPZELURA EXTERNAL CREAM 1.5 % (*ruxolitinib phosphate*)	PB	PA; QL (60 GRAMS per 28 days)
pimecrolimus external cream 1 %	NP	PA
tacrolimus external ointment 0.03 %, 0.1 %	NP	PA
ZORYVE EXTERNAL CREAM 0.05 %, 0.15 % (*roflumilast*)	PB	PA; QL (60 GRAMS per 25 days)
DERMATOLOGY, CHRONIC SPONTANEOUS URTICARIA		
RHAPSIDO ORAL TABLET 25 MG (*remibrutinib*)	NF	
DERMATOLOGY, CORTICOSTEROIDS		
alclometasone dipropionate external cream 0.05 %	PG	QL (120 GRAMS per 25 days)
alclometasone dipropionate external ointment 0.05 %	PG	QL (120 GRAMS per 25 days)
amcinonide external cream 0.1 %	NF	
amcinonide external ointment 0.1 %	NF	
betamethasone dipropionate aug external cream 0.05 %	PG	QL (120 GRAMS per 25 days)
betamethasone dipropionate aug external gel 0.05 %	PG	QL (120 GRAMS per 25 days)
betamethasone dipropionate aug external lotion 0.05 %	PG	QL (120 ML per 25 days)
betamethasone dipropionate aug external ointment 0.05 %	PG	QL (120 GRAMS per 25 days)
betamethasone dipropionate external cream 0.05 %	PG	QL (120 GRAMS 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 GRAMS per 25 days)
betamethasone valerate external foam 0.12 %	NP	QL (120 GRAMS per 25 days)
betamethasone valerate external lotion 0.1 %	NP	QL (120 ML per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
betamethasone valerate external ointment 0.1 %	NP	QL (120 GRAMS per 25 days)
BRYHALI EXTERNAL LOTION 0.01 % (*halobetasol propionate*)	PB	QL (120 GRAMS per 25 days)
clobetasol prop emollient base external cream 0.05 %	NP	QL (120 GRAMS per 30 Days)
clobetasol propionate e external cream 0.05 %	NP	QL (120 GRAMS per 25 days)
clobetasol propionate emulsion external foam 0.05 %	NF	
clobetasol propionate external cream 0.025 %	NF	
clobetasol propionate external foam 0.05 %	NP	QL (120 GRAMS per 25 days)
clobetasol propionate external gel 0.05 %	NP	QL (120 GRAMS 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 GRAMS 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 SPRAY EXTERNAL LIQUID 0.05 % (*clobetasol propionate*)	NF	
clocortolone pivalate external cream 0.1 %	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*)	NF	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	NP	PA; QL (120 ML per 25 days)
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	NP	PA; QL (120 ML per 25 days)
desonide external cream 0.05 %	NP	QL (120 GRAMS 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 GRAMS per 25 days)
desoximetasone external cream 0.05 %, 0.25 %	NP	QL (120 GRAMS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desoximetasone external gel 0.05 %	NP	QL (120 GRAMS 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 GRAMS per 25 days)
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	
hydrocortisone butyrate (Evesse External Lotion 0.1 %)	NF	
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 GRAMS per 25 days)
fluocinolone acetonide external ointment 0.025 %	NP	QL (120 GRAMS 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)
fluocinonide emulsified base external cream 0.05 %	PG	QL (120 GRAMS per 25 days)
fluocinonide external cream 0.05 %	NP	QL (120 GRAMS per 25 days)
fluocinonide external cream 0.1 %	NF	
fluocinonide external gel 0.05 %	NP	QL (120 GRAMS per 25 days)
fluocinonide external ointment 0.05 %	NP	QL (120 GRAMS per 25 days)
fluocinonide external solution 0.05 %	PG	QL (120 ML per 25 days)
flurandrenolide external lotion 0.05 %	NF	
fluticasone propionate external cream 0.05 %	NP	QL (120 GRAMS 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 GRAMS per 25 days)
halcinonide external cream 0.1 %	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
halcinonide external solution 0.1 %	PG	QL (120 ML per 25 DAYs)
halobetasol propionate external cream 0.05 %	NP	QL (120 GRAMS per 25 days)
halobetasol propionate external foam 0.05 %	NF	
halobetasol propionate external lotion 0.05 %	NF	
halobetasol propionate external ointment 0.05 %	NP	QL (120 GRAMS per 25 days)
HALOG EXTERNAL CREAM 0.1 % (*halcinonide*)	NF	
HALOG EXTERNAL SOLUTION 0.1 % (*halcinonide*)	NF	
hydrocortisone acetate external cream 2.5 %	PG	QL (120 GRAMS per 25 DAYs)
hydrocortisone butyrate external cream 0.1 %	PG	QL (120 GRAMS per 25 days)
hydrocortisone butyrate external lotion 0.1 %	NF	
hydrocortisone butyrate external ointment 0.1 %	PG	QL (120 GRAMS per 25 days)
hydrocortisone butyrate external solution 0.1 %	PG	QL (120 ML per 25 DAYs)
hydrocortisone external cream 2.5 %	PG	QL (120 GRAMS per 25 days)
hydrocortisone external lotion 2 %	NF	
hydrocortisone external lotion 2.5 %	PG	QL (120 ML per 25 days)
hydrocortisone external ointment 2.5 %	PG	QL (120 GRAMS per 25 days)
hydrocortisone external solution 2.5 %	NF	
hydrocortisone valerate external cream 0.2 %	PG	QL (120 GRAMS per 25 days)
hydrocortisone valerate external ointment 0.2 %	PG	QL (120 GRAMS per 25 days)
IMPOYZ EXTERNAL CREAM 0.025 % (*clobetasol propionate*)	NF	
LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*)	NF	
mometasone furoate external cream 0.1 %	NP	QL (120 GRAMS per 25 days)
mometasone furoate external ointment 0.1 %	NP	QL (120 GRAMS per 25 days)
mometasone furoate external solution 0.1 %	PG	QL (120 ML per 25 days)
SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*)	NP	PA; QL (120 ML per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNALAR EXTERNAL CREAM 0.025 % (*fluocinolone acetonide*)	NP	PA; QL (180 GRAMS per 25 days)
SYNALAR EXTERNAL OINTMENT 0.025 % (*fluocinolone acetonide*)	NP	PA; QL (180 GRAMS per 25 days)
TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*)	PG	PA; QL (120 ML per 25 days)
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (*desoximetasone*)	NP	PA; QL (180 GRAMS per 25 days)
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 GRAMS 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 GRAMS per 25 days)
ULTRAVATE EXTERNAL LOTION 0.05 % (*halobetasol propionate*)	NF	
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine external ointment 5 %	NP	QL (50 GRAMS per 25 days)
lidocaine external patch 5 %	NP	PA; N8 (Listing does not include certain NDCs); QL (90 PATCHES per 25 days)
lidocaine hcl external solution 4 %	PG	QL (50 ML per 25 DAYs)
lidocaine-prilocaine external cream 2.5-2.5 %	PG	QL (30 GRAMS per 25 days)
LIDODERM EXTERNAL PATCH 5 % (*lidocaine*)	NP	PA; QL (90 PATCHES per 25 days)
PLIAGLIS EXTERNAL CREAM 7-7 % (*lidocaine-tetracaine*)	NF	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ABREVA EXTERNAL CREAM 10 % (*docosanol*)	PG	Select OTC
acyclovir external cream 5 %	NF	
acyclovir external ointment 5 %	NP	
AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*)	NF	
bexarotene external gel 1 %	PSP	PA
DENAVIR EXTERNAL CREAM 1 % (*penciclovir*)	NF	
docosanol external cream 10 %	PG	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	NF	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	NPSP	QL (1 STICK per 25 DAYs)
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (*nemolizumab-ilto*)	PSP	PA; IBC (Preferred agent for Atopic Dermatitis and Prurigo Nodularis); QL (2 PENS per 28 DAYs)
penciclovir external cream 1 %	NF	N10 (NP, PA applies)
podofilox external gel 0.5 %	NP	
podofilox external solution 0.5 %	PG	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	NP	PA
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	NF	
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	NPSP	PA; QL (2 GRAMS per 30 days)
VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*)	NF	
ZELSUVMI EXTERNAL GEL 10.3 % (*berdazimer sodium*)	NF	
ZOVIRAX EXTERNAL CREAM 5 % (*acyclovir*)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (*acyclovir*)	NF	
DERMATOLOGY, ROSACEA		
azelaic acid external gel 15 %	NP	
brimonidine tartrate external gel 0.33 %	NF	
doxycycline oral capsule delayed release 40 mg	PG	
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (*minocycline hcl micronized*)	NF	
EPSOLAY EXTERNAL CREAM 5 % (*benzoyl peroxide*)	NF	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	PB	PA
ivermectin external cream 1 %	PG	PA
metronidazole external cream 0.75 %	PG	N8 (Listing does not include certain NDCs); QL (60 GRAMS per 25 days)
metronidazole external gel 0.75 %	PG	QL (60 GRAMS per 25 days)
metronidazole external gel 1 %	NP	QL (60 GRAMS per 25 days)
metronidazole external lotion 0.75 %	PG	N8 (Listing does not include certain NDCs); QL (60 ML per 25 days)
MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORITATE EXTERNAL CREAM 1 % (*metronidazole*)	NF	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	NF	
oxymetazoline hcl external cream 1 %	PG	PA
RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*)	NF	
SOOLANTRA EXTERNAL CREAM 1 % (*ivermectin*)	NF	
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	NF	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (*crotamiton*)	PG	
EURAX EXTERNAL CREAM 10 % (*crotamiton*)	NF	
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	
sodium chloride irrigation solution 0.9 %	PG	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	PG	
chlorhexidine gluconate mouth/throat solution 0.12 %	PG	N8 (Listing does not include certain NDCs)
clotrimazole mouth/throat troche 10 mg	PG	
lidocaine viscous hcl mouth/throat solution 2 %	PG	
nystatin mouth/throat suspension 100000 unit/ml	PG	
nystatin suspension 100000 unit/ml mouth/throat	NF	
nystatin suspension 100000 unit/ml mouth/throat	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	N8 (Listing does not include certain NDCs)
CIPRO HC OTIC SUSPENSION 0.2-1 % (*ciprofloxacin-hydrocortisone*)	NF	N10 (NP)
ciprofloxacin hcl otic solution 0.2 %	NP	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	NF	N10 (NP)
ciprofloxacin-hydrocortisone otic suspension 0.2-1 %	PG	
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	
OTOVEL OTIC SOLUTION 0.3-0.025 % (*ciprofloxacin-fluocinolone*)	NF	
XTORO OTIC SUSPENSION 0.3 % (*finafloxacin*)	NF	

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