

Plan for your best health

2027 Aetna Pharmacy Drug Guide

New Jersey Educators Health Plan Formulary

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 Previous versions are no longer in effect.

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2027 Pharmacy Drug Guide
New Jersey Educators Health Plan

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

What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine's price. If a pharmacy's retail price for a prescription drug is less than your total cost share amount, you will not be required to pay more than the retail drug 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.

Covered services are based on the drugs listed in the drug guide. We exclude prescription drugs not in the drug guide unless we approve a medical exception. If it is medically necessary for you to use a prescription drug that is not in this drug guide, you or your provider must request a medical exception.

* 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.

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.

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

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.com.
- Call the Aetna Pharmacy Precertification Unit: Non Specialty **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 brand name drug. The brand-name drug is likely to become non-formulary or covered at a higher cost. See the "What are generic drugs?" section above for more information.
- 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](tel:1-800-872-3862) (TTY: [711](tel: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](tel:1-800-648-7817), TTY: [711](tel: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](tel:1-800-368-1019), [800-537-7697](tel: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](tel: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)

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

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)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទលេខ **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](tel: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](tel: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](tel:1-877-287-0117). For more help call the CA Dept. of Insurance at [1-800-927-4357](tel: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](tel:1-877-287-0117). Para obtener más ayuda, llame al Departamento de Seguros de CA al [1-800-927-4357](tel: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](tel:1-888-982-3862) (TTY: [711](tel: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](tel:1-800-648-7817), TTY: [711](tel: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/online services/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 bááh ílínígóó koji' 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)

(Arabic). 1-888-982-3862 للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم
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 maakes 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 lengguahi ni dibatde para hagu, agang 1-888-982-3862 . (Chamorro)
ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ 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 maakesyo 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)
လကမၤန့ၢ် ကျိၣ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢၣ်ဘျုးလၢၣ်စ့ၤ လၢန့ၢ်အဂီၢ်, ကိၣ်: 1-888-982-3862 . (Karen)
무료 언어 서비스를 이용하려면 1-888-982-3862 번으로 전화해 주십시오. (Korean)
M̈ dyi wuḍu-dù kà kò dòn b̈ě dyi m̈uún nì Pídyi ní, n̈í, ḍá nòbà n̈ià kɛ: 1-888-982-3862 . (Kru-Bassa)
بۆ دەسپێراگە یشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەڕه‌ندی بکه به ژماره‌ی 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, kirlök 1-888-982-3862 . (Marshallese)
Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih 1-888-982-3862 . (Micronesian-Pohnpeian)
ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទេស 1-888-982-3862 ។ (Mon-Khmer, Cambodian)
निःशुल्क भाषा सेवा प्राप्त गर्न 1-888-982-3862 मा टेलिफोन गर्नुहोस् । (Nepali)
Të kɔɔr yin wëër de thokic ke cîn wëu kɔr keek tënɔŋ yin. 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 zadzwonić 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, apălați 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 :ܠܚܝܬܝܢ ܠܚܝܬܝܢ ܠܚܝܬܝܢ ܠܚܝܬܝܢ ܠܚܝܬܝܢ (Syriac Assyrian)
మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, 1-888-982-3862 కాల్ చేయండి. (Telugu)
หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-888-982-3862 . (Thai)
Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he 1-888-982-3862 . (Tongan)
Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori 1-888-982-3862 . (Trukese)
Sizin için ücretsiz dil hizmetlerine erişebilmek için, 1-888-982-3862 numarayı arayın. (Turkish)
Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1-888-982-3862 . (Ukrainian)
بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے، 1-888-982-3862 پر بات کریں۔ (Urdu)
Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-982-3862 . (Vietnamese)
צו צוטרייט שפראך באַדינונגען אין קיין פרייז צו איר, רופן 1-888-982-3862 . (Yiddish)
Lati wọnú awọn isẹ èdè l'ọfẹ fun ọ, pe 1-888-982-3862 . (Yoruba)

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

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

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

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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New Jersey Educators Health Plan

		Coverage Requirements and Limits
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. NP = Non Preferred NPSP = Non Preferred Specialty PB = Preferred Brand PG = Preferred Generic PSP = Preferred Specialty		AL = Age Limit IBC = Indication Based Coverage LGC = Lowest Generic Copay applies to ME members only N7 = Drug tier when CE does not apply N8 = Drug Specific Coverage PA = Prior Authorization QL = Quantity Limit QLR = QL Restriction based on Age: ST = Step Therapy
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	NP	
GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	PG	
<i>colchicine oral tablet 0.6 mg</i>	PG	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	PG	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	PG	ST
<i>probenecid oral tablet 500 mg</i>	PG	
NSAIDS		
<i>diclofenac potassium oral tablet 50 mg</i>	PG	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	PG	
<i>diclofenac sodium external gel 1 %</i>	PG	QL (300 GRAMS per 30 days)
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	PG	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PG	
<i>etodolac oral capsule 200 mg, 300 mg</i>	PG	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PG	
<i>flurbiprofen oral tablet 50 mg</i>	PG	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	

2027 Pharmacy Drug Guide - New Jersey Educators Health Plan

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketorolac tromethamine oral tablet 10 mg</i>	NP	QL (20 TABLETS per 30 days)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	PG	
<i>mefenamic acid oral capsule 250 mg</i>	NP	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PG	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PG	
<i>oxaprozin oral tablet 600 mg</i>	PG	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	
VOLTAREN ARTHRITIS PAIN EXTERNAL GEL 1 % (diclofenac sodium)	PG	QL (300 GRAMS per 30 days)
NSAIDS, COMBINATIONS		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg</i>	PG	
<i>diclofenac-misoprostol oral tablet delayed release 75-0.2 mg</i>	NP	
OPIOID ANALGESICS		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	PG	ST; N8 (Subject to initial limit); QL (400 TABLETS per 30 days)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	PG	ST; N8 (Subject to initial limit); QL (360 TABLETS per 30 days)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	PG	ST; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
<i>acetaminophen-codeine oral solution 300-30 mg/12.5ml</i>	PG	ST; N8 (Subject to initial limit); QL (2700 ML per 30 DAYS)
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	PG	ST; N8 (Subject to initial limit); QL (300 CAPSULES per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	NP	QL (2 BOTTLES per 30 days)
<i>codeine sulfate oral tablet 30 mg</i>	PG	ST; N8 (Subject to initial limit); QL (42 TABLETS per 30 days)
<i>codeine sulfate oral tablet 60 mg</i>	NP	ST; N8 (Subject to initial limit); QL (42 TABLETS per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg)</i>	PG	ST; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
<i>oxycodone-acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)</i>	PG	ST; N8 (Subject to initial limit); QL (360 TABLETS per 30 days)
<i>oxycodone-acetaminophen (Endocet Oral Tablet 7.5-325 Mg)</i>	PG	ST; N8 (Subject to initial limit); QL (240 TABLETS per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	NP	PA; ST
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr</i>	NP	ST; QL (10 PATCHES per 30 days)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	PG	ST; QL (60 CAPSULES per 30 days)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg</i>	PG	PA; ST
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg</i>	PG	PA; ST
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	PG	ST; QL (30 TABLETS per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	NP	ST; N8 (Subject to initial limit); QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	PG	ST; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	PG	ST; N8 (Subject to initial limit); QL (240 TABLETS per 30 DAYS)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	PG	ST; N8 (Subject to initial limit); QL (240 TABLETS per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	PG	ST; N8 (Subject to initial limit); QL (50 TABLETS per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg</i>	NP	ST; QL (30 TABLETS per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 32 mg</i>	NP	PA; ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone hcl oral tablet 2 mg</i>	PG	ST; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
<i>hydromorphone hcl oral tablet 4 mg</i>	PG	ST; N8 (Subject to initial limit); QL (120 TABLETS per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	PG	ST; N8 (Subject to initial limit); QL (60 TABLETS per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	NP	ST; N8 (Subject to initial limit); QL (120 TABLETS per 30 days)
<i>levorphanol tartrate oral tablet 3 mg</i>	NP	ST; N8 (Subject to initial limit); QL (60 TABLETS per 30 days)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	PG	ST; QL (45 ML per 30 days)
<i>methadone hcl oral concentrate 10 mg/ml</i>	PG	QL (30 ML per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	PG	ST; QL (225 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	PG	ST; QL (450 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	PG	ST; QL (30 TABLETS per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	PG	ST; QL (90 TABLETS per 30 days)
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	PG	QL (9 TABLETS per 30 days)
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml</i>	PG	ST; N8 (Subject to initial limit); QL (135 ML per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	PG	PA; ST
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	PG	ST; QL (90 TABLETS per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	PG	ST; N8 (Subject to initial limit); QL (900 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	PG	ST; N8 (Subject to initial limit); QL (675 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine sulfate oral tablet 15 mg</i>	PG	ST; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
<i>morphine sulfate oral tablet 30 mg</i>	PG	ST; N8 (Subject to initial limit); QL (90 TABLETS per 30 days)
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	NP	ST; N8 (Subject to initial 7-day limit); QL (60 TABLETS per 30 DAYS)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	NP	ST; N8 (Subject to initial 7-day limit); QL (120 TABLETS per 30 DAYS)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	NP	ST; N8 (Subject to initial 7-day limit); QL (90 TABLETS per 30 DAYS)
<i>oxycodone hcl oral capsule 5 mg</i>	PG	ST; N8 (Subject to initial limit); QL (180 CAPSULES per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	PG	ST; N8 (Subject to initial limit); QL (90 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	NP	ST; N8 (Subject to initial limit); QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	PG	ST; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
<i>oxycodone hcl oral tablet 15 mg</i>	PG	ST; N8 (Subject to initial limit); QL (120 TABLETS per 30 days)
<i>oxycodone hcl oral tablet 20 mg</i>	PG	ST; N8 (Subject to initial limit); QL (90 TABLETS per 30 days)
<i>oxycodone hcl oral tablet 30 mg</i>	PG	ST; N8 (Subject to initial limit); QL (60 TABLETS per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	PG	ST; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	PG	ST; N8 (Subject to initial limit); QL (360 TABLETS per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	ST; N8 (Subject to initial limit); QL (240 TABLETS per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	NP	ST; QL (60 TABLETS per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	NP	PA; ST
<i>oxymorphone hcl oral tablet 10 mg</i>	NP	ST; N8 (Subject to initial limit); QL (90 TABLETS per 30 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	PG	ST; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
<i>tapentadol hcl oral tablet 100 mg</i>	PG	ST; N8 (Subject to initial 7-day limit); QL (60 TABLETS per 30 DAYS)
<i>tapentadol hcl oral tablet 50 mg</i>	PG	ST; N8 (Subject to initial 7-day limit); QL (120 TABLETS per 30 DAYS)
<i>tapentadol hcl oral tablet 75 mg</i>	PG	ST; N8 (Subject to initial 7-day limit); QL (90 TABLETS per 30 DAYS)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	NP	ST; QL (30 TABLETS per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	NP	PA; ST
<i>tramadol hcl oral tablet 50 mg</i>	PG	ST; N8 (Subject to initial limit); QL (180 TABLETS per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	PG	ST; N8 (Subject to initial limit); QL (40 TABLETS per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (<i>oxycodone</i>)	NP	ST; QL (60 CAPSULES per 30 DAYS)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (<i>oxycodone</i>)	NP	PA; ST; N8 (High Strength Requires PA)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPIOID PARTIAL AGONISTS		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	PG	ST; QL (4 PATCHES per 30 days)
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr</i>	PG	PA; ST
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	PSP	
SALICYLATES		
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay for members at risk for preeclampsia, otherwise not covered); QL (100 TABLETS per 30 days)
<i>diflunisal oral tablet 500 mg</i>	PG	
<i>goodsense aspirin oral tablet chewable 81 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay for members at risk for preeclampsia, otherwise not covered); QL (100 TABLETS per 30 days)
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTHELMINTICS - DRUGS FOR WORM INFECTION		
<i>albendazole oral tablet 200 mg</i>	NP	QL (336 TABLETS per 365 DAYS)
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	NP	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	NP	QL (12 TABLETS per 365 DAYS)
<i>ivermectin oral tablet 3 mg</i>	PG	
<i>praziquantel oral tablet 600 mg</i>	PG	QL (24 TABLETS per 365 DAYS)
ANTI-BACTERIALS - MISCELLANEOUS		
<i>fosfomycin tromethamine oral packet 3 gm</i>	PG	
<i>neomycin sulfate oral tablet 500 mg</i>	PG	
<i>paromomycin sulfate oral capsule 250 mg</i>	PG	
<i>sulfadiazine oral tablet 500 mg</i>	PG	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	NP	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	NP	

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<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	PG	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	NP	
<i>griseofulvin microsize oral tablet 500 mg</i>	NP	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	NP	
<i>itraconazole oral capsule 100 mg</i>	NP	PA
<i>itraconazole oral solution 10 mg/ml</i>	NP	PA
<i>nystatin oral tablet 500000 unit</i>	PG	
<i>posaconazole oral suspension 40 mg/ml</i>	PG	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	NP	PA
<i>terbinafine hcl oral tablet 250 mg</i>	PG	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	NP	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	NP	PA
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	NP	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	PG	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	NP	
<i>mefloquine hcl oral tablet 250 mg</i>	NP	
<i>primaquine phosphate oral tablet 26.3 mg</i>	PG	
<i>quinine sulfate oral capsule 324 mg</i>	NP	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate oral solution 20 mg/ml</i>	PG	QL (900 ML per 30 DAYS)
<i>abacavir sulfate oral tablet 300 mg</i>	PG	QL (60 TABLETS per 30 DAYS)
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (<i>cabotegravir</i>)	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 (<i>tipranavir</i>)	PB	QL (120 CAPSULES per 30 DAYS)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	PG	QL (30 CAPSULES per 30 DAYS)
<i>atazanavir sulfate oral capsule 200 mg</i>	PG	QL (60 CAPSULES per 30 DAYS)

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<i>darunavir oral tablet 600 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>darunavir oral tablet 800 mg</i>	PG	QL (30 TABLETS per 30 days)
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG (<i>rilpivirine hcl</i>)	PB	QL (180 TABLETS per 30 DAYS)
<i>efavirenz oral tablet 600 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	PG	QL (30 CAPSULES per 30 DAYS)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	PB	QL (680 ML per 28 days)
<i>etravirine oral tablet 100 mg</i>	PG	QL (120 TABLETS per 30 DAYS)
<i>etravirine oral tablet 200 mg</i>	PG	QL (60 TABLETS per 30 DAYS)
<i>fosamprenavir calcium oral tablet 700 mg</i>	PG	QL (120 TABLETS per 30 DAYS)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	PB	QL (120 TABLETS per 30 DAYS)
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PB	QL (60 TABLETS per 30 DAYS)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PB	QL (60 PACKETS per 30 DAYS)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PB	QL (120 TABLETS per 30 DAYS)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PB	QL (180 TABLETS per 30 DAYS)
<i>lamivudine oral solution 10 mg/ml</i>	PG	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	PG	QL (60 TABLETS per 30 DAYS)
<i>lamivudine oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
<i>maraviroc oral tablet 150 mg</i>	PG	QL (60 TABLETS per 30 DAYS)
<i>maraviroc oral tablet 300 mg</i>	PG	QL (120 TABLETS per 30 DAYS)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	PG	QL (1200 ML per 30 days)

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<i>nevirapine oral tablet 200 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	PB	QL (360 PACKETS per 30 DAYs)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	PB	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	PB	QL (180 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	PB	QL (300 TABLETS per 30 DAYs)
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	PB	QL (180 PACKETS per 30 DAYs)
<i>rilpivirine hcl oral tablet 25 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
<i>ritonavir oral tablet 100 mg</i>	PG	QL (360 TABLETS per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	PB	QL (1840 ML per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	PB	QL (60 TABLETS per 30 DAYs)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	PB	QL (360 TABLETS per 30 DAYs)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	PB	QL (300 TABLETS per 30 DAYs)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	PB	QL (120 TABLETS per 30 DAYs)
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	PB	QL (240 GRAMS per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	PB	QL (30 TABLETS per 30 DAYs)
YEZTUGO ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	PB	N8 (Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis; Listing does not include certain NDCs.); QL (8 TABLETS per 4 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>)	PB	N8 (Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis; Listing does not include certain NDCs.); QL (4 VIALS per 168 days)
<i>zidovudine oral capsule 100 mg</i>	PG	QL (180 CAPSULES per 30 DAYS)
<i>zidovudine oral syrup 50 mg/5ml</i>	PG	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	PG	QL (60 TABLETS per 30 DAYS)
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	PG	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG (<i>bictegravir-emtricitab-tenofovir</i>)	NP	QL (30 TABLETS per 30 DAYS)
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	NP	QL (30 TABLETS per 30 days)
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYS)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofovir df</i>)	NP	QL (30 TABLETS per 30 DAYS)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	PB	QL (30 TABLETS per 30 days)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	CE	N7 (PB); N8 (\$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment); QL (30 TABLETS per 30 days)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	PB	QL (30 TABLETS per 30 DAYS)
<i>efavirenz-emtricitab-tenofovir df oral tablet 600-200-300 mg</i>	PG	QL (30 TABLETS per 30 Days)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	PG	QL (30 TABLETS per 30 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	CE	N7 (PG); N8 (\$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment); QL (30 TABLETS per 30 days)
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>	PG	QL (30 TABLETS per 30 days)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	PB	QL (30 TABLETS per 30 DAYs)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	PB	QL (30 TABLETS per 30 DAYs)
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	PB	QL (480 ML per 30 DAYs)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	PG	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	PG	QL (300 TABLETS per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	PG	QL (120 TABLETS per 30 DAYs)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG (<i>darunavir-cobicistat</i>)	PB	QL (30 TABLETS per 30 DAYs)
SYMITUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	NP	QL (30 TABLETS per 30 DAYs)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	PB	QL (30 TABLETS per 30 DAYs)
<i>triumeq pd oral tablet soluble 60-5-30 mg</i>	PB	QL (180 tablets per 30 days)
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine oral capsule 250 mg</i>	NP	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	PG	
<i>isoniazid oral syrup 50 mg/5ml</i>	PG	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	PG	
<i>pretomanid oral tablet 200 mg</i>	NP	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	PB	
<i>pyrazinamide oral tablet 500 mg</i>	PG	

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<i>rifabutin oral capsule 150 mg</i>	NP	
<i>rifampin oral capsule 150 mg, 300 mg</i>	PG	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	NPSP	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir oral capsule 200 mg</i>	PG	
<i>acyclovir oral suspension 200 mg/5ml</i>	PG	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PG	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	NP	
<i>oseltamivir phosphate oral capsule 30 mg</i>	PG	QL (40 CAPSULES per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	PG	QL (20 CAPSULES per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PG	QL (360 ML per 90 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	NP	QL (40 TABLETS per 30 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (<i>nirmatrelvir-ritonavir</i>)	NP	QL (22 TABLETS per 30 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	NP	QL (60 TABLETS per 30 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	PB	QL (2 INHALERS per 90 days)
<i>ribavirin inhalation solution reconstituted 6 gm</i>	PG	
<i>rimantadine hcl oral tablet 100 mg</i>	PG	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PG	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PSP	PA; QL (1144 ML per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	PG	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	PG	
<i>cefadroxil oral capsule 500 mg</i>	PG	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	PG	
<i>cefadroxil oral tablet 1 gm</i>	PG	
<i>cefdinir oral capsule 300 mg</i>	PG	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	

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<i>cefixime oral capsule 400 mg</i>	PG	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	NP	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	NP	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	NP	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PG	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PG	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	PG	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PG	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	PG	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PG	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	PB	PA
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	PG	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	PG	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	PG	
<i>erythromycin base oral tablet delayed release 333 mg</i>	PG	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>erythromycin oral tablet delayed release 250 mg, 500 mg</i>	PG	
<i>fidaxomicin oral tablet 200 mg</i>	PG	PA
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	NP	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	NP	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	PG	

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<i>levofloxacin oral solution 25 mg/ml</i>	PG	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>moxifloxacin hcl oral tablet 400 mg</i>	NP	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	PG	
HEPATITIS B		
<i>adefovir dipivoxil oral tablet 10 mg</i>	PSP	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	PSP	PA; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PSP	PA; QL (30 TABLETS per 30 days)
<i>lamivudine oral tablet 100 mg</i>	PG	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	NP	PA; QL (30 TABLETS per 30 days)
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	NP	PA; QL (28 PELLETS per 28 days)
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	NP	PA; QL (56 PELLETS per 28 days)
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	NP	PA; QL (56 TABLETS per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	NP	PA; QL (28 TABLETS per 28 days)
HARVONI ORAL PACKET 33.75-150 MG (<i>ledipasvir-sofosbuvir</i>)	NP	PA; QL (28 PELLETS per 28 days)
HARVONI ORAL PACKET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	NP	PA; QL (56 PELLETS per 28 days)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	NP	PA; QL (56 TABLETS per 28 days)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	NP	PA; QL (28 TABLETS per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	PSP	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	PSP	PA
<i>ribavirin oral capsule 200 mg</i>	PG	
<i>ribavirin oral tablet 200 mg</i>	PG	
SOVALDI ORAL PACKET 150 MG (<i>sofosbuvir</i>)	NPSP	PA; ST; QL (28 PELLETS per 28 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOVALDI ORAL PACKET 200 MG (<i>sofosbuvir</i>)	NPSP	PA; ST; QL (56 PELLETS per 28 days)
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	NPSP	PA; ST; QL (56 TABLETS per 28 days)
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	NPSP	PA; ST; QL (28 TABLETS per 28 DAYs)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	NP	PA; QL (28 TABLETS per 28 days)
MISCELLANEOUS		
<i>atovaquone oral suspension 750 mg/5ml</i>	NP	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	PG	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	PG	
<i>dapsone oral tablet 100 mg, 25 mg</i>	PG	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PG	
<i>linezolid oral tablet 600 mg</i>	PG	
<i>methenamine hippurate oral tablet 1 gm</i>	PG	
<i>metronidazole oral capsule 375 mg</i>	NP	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	PG	
<i>nitazoxanide oral tablet 500 mg</i>	PG	QL (20 TABLETS per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	PG	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	NP	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	PG	
<i>pyrimethamine oral tablet 25 mg</i>	NP	PA
<i>sulfamethoxazole-trimethoprim oral suspension 800-160 mg/20ml</i>	PG	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	PG	
<i>trimethoprim oral tablet 100 mg</i>	PG	
<i>vancomycin hcl oral capsule 125 mg</i>	NP	QL (80 CAPSULES per 10 DAYs)
<i>vancomycin hcl oral capsule 250 mg</i>	NP	QL (80 CAPSULES per 10 days)
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	PB	QL (9 TABLETS per 30 days)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	PG	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	PG	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	PG	
<i>ampicillin oral capsule 500 mg</i>	PG	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	PG	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>avidoxy oral tablet 100 mg</i>	PG	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	NP	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	PG	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	PG	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	PG	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	PG	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	PG	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N7 (PG)
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	CE	N7 (PB)
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	CE	N7 (PG)
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	CE	N7 (PSP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; N7 (PSP)
ANTIMETABOLITES		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; N7 (PSP)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N7 (PG)
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	PG	
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	CE	N7 (PB)
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 50 MG (<i>venetoclax</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYS)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	CE	PA; N7 (PSP); QL (180 TABLETS per 30 DAYS)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	CE	PA; N7 (PSP); QL (1 PACK per 28 days)
BIOLOGIC RESPONSE MODIFIERS		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 DAYS)
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 DAYS)
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 DAYS)
THALOMID ORAL CAPSULE 100 MG (<i>thalidomide</i>)	PSP	PA; QL (112 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 50 MG (<i>thalidomide</i>)	PSP	PA; QL (28 CAPSULES per 28 days)
BIOSIMILARS		
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-pvvr</i>)	NP	PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYS)
<i>anastrozole oral tablet 1 mg</i>	CE	N7 (PG); N8 (\$0 copay for ages 35 and older for the primary prevention of breast cancer); AL (Min 35 Years)
<i>bicalutamide oral tablet 50 mg</i>	CE	N7 (PG)

2027 Pharmacy Drug Guide - New Jersey Educators Health Plan

The formulary is updated the first week of each month
01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	PSP	PA; N8 (Listing does not include certain NDCs)
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	PSP	PA; N8 (Listing does not include certain NDCs)
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	PA; N8 (Listing does not include certain NDCs)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA; N8 (Listing does not include certain NDCs)
<i>exemestane oral tablet 25 mg</i>	CE	N7 (NP); N8 (\$0 copay for ages 35 and older for the primary prevention of breast cancer); AL (Min 35 Years)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	PSP	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	PSP	PA
<i>letrozole oral tablet 2.5 mg</i>	CE	N7 (PG)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PSP	PA
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N7 (PB)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N7 (PG)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYs)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N7 (PG); N8 (\$0 copay for ages 35 and older for the primary prevention of breast cancer); AL (Min 35 Years)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N7 (PG)
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 DAYs)
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYs)
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
KINASE INHIBITORS		
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 DAYs)
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRUKINSA ORAL TABLET 160 MG (<i>zanubrutinib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 DAYs)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
<i>dasatinib oral tablet 20 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 DAYs)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
<i>everolimus oral tablet 10 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
<i>everolimus oral tablet soluble 2 mg, 5 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
<i>everolimus oral tablet soluble 3 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 DAYs)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; N7 (PSP); QL (21 TABLETS per 28 DAYs)
IBTROZI ORAL CAPSULE 200 MG (<i>taletrectinib adipate</i>)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 DAYs)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYS)
ITOVEBI ORAL TABLET 3 MG (<i>inavolisib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
ITOVEBI ORAL TABLET 9 MG (<i>inavolisib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYS)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYS)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 DAYS)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 DAYS)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 DAYS)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	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 (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 DAYS)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYS)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 DAYS)
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 DAYS)
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 DAYS)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (PSP); QL (12 BOTTLES per 28 DAYS)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	CE	PA; N7 (NPSP); QL (224 CAPSULES per 28 DAYS)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; N7 (PSP); QL (84 TABLETS per 28 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYs)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 DAYs)
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	CE	PA; N7 (PSP); QL (4 BOTTLES per 28 DAYs)
TAGRISSE ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 DAYs)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	CE	PA; N7 (PSP); QL (56 TABLETS per 28 DAYs)
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 DAYs)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (NPSP); QL (180 CAPSULES per 30 DAYs)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	PA; N7 (NPSP); QL (300 ML per 30 DAYs)
MISCELLANEOUS		
<i>bexarotene oral capsule 75 mg</i>	CE	PA; N7 (PSP)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N7 (PG)
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYs)
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYs)
<i>tretinoin oral capsule 10 mg</i>	CE	N7 (PG)
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	QL (20 PACKETS per 5 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
PROTECTIVE AGENTS		
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (<i>leucovorin calcium</i>)	CE	N7 (PG)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	CE	N7 (PG)
<i>mesna oral tablet 400 mg</i>	CE	N7 (PG)
TOPOISOMERASE INHIBITORS		
<i>etoposide oral capsule 50 mg</i>	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	PG	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	PG	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	PG	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	PG	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	PG	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	PG	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	PG	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	PG	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	PG	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PG	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	NP	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (finerenone)	NP	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	PG	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	NP	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	PG	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	PG	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	PG	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	NP	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	NP	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	NP	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	PG	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	PG	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PG	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	NP	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	PG	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	PG	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	PG	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	NP	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	PG	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	NP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	PB	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg)	PG	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	NP	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	PG	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	PG	
ANTIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	PB	
ANTIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine light oral packet 4 gm</i>	PG	
<i>cholestyramine light oral powder 4 gm/dose</i>	PG	
<i>cholestyramine oral packet 4 gm</i>	PG	
<i>cholestyramine oral powder 4 gm/dose</i>	PG	
<i>colesevelam hcl oral packet 3.75 gm</i>	NP	
<i>colesevelam hcl oral tablet 625 mg</i>	PG	
<i>colestipol hcl oral granules 5 gm</i>	PG	
<i>colestipol hcl oral packet 5 gm</i>	PG	
<i>colestipol hcl oral tablet 1 gm</i>	PG	
<i>cholestyramine light</i> (Prevalite Oral Powder 4 Gm/Dose)	PG	
ANTIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe oral tablet 10 mg</i>	PG	
ANTIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>fenofibrate micronized oral capsule 200 mg, 43 mg, 67 mg</i>	PG	
<i>fenofibrate oral capsule 134 mg, 150 mg</i>	PG	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	PG	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	PG	
<i>gemfibrozil oral tablet 600 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	N7 (PG); AL (Min 40 Years and Max 75 Years)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	PG	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PG	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	N7 (PG); AL (Min 40 Years and Max 75 Years)
<i>simvastatin oral tablet 80 mg</i>	PG	ST; N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	NP	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	PG	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>icosapent ethyl oral capsule 0.5 gm</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>icosapent ethyl oral capsule 1 gm</i>	PG	N8 (Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	NP	
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	PB	PA; QL (3 SYRINGES per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	PB	PA; QL (3 PENS per 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	PG	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PG	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	PG	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	PG	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	PG	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	NP	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	PG	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	
<i>pindolol oral tablet 10 mg, 5 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	PG	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	PG	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	PG	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)</i>	PG	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	PG	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	PG	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	PG	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	PG	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	PG	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PG	
<i>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	PG	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	PG	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nimodipine oral capsule 30 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	PG	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	PG	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin oral solution 0.05 mg/ml</i>	PG	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	PG	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	PG	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	PG	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	PG	
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
<i>ethacrynic acid oral tablet 25 mg</i>	NP	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	PG	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	PG	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	PG	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	PG	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	PG	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	PG	
<i>triamterene oral capsule 100 mg, 50 mg</i>	PG	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	PG	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	PG	
HEART FAILURE		
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	PB	

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01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (<i>sacubitril-valsartan</i>)	PB	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	PG	
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	PG	
MISCELLANEOUS		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	NP	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	PG	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	PG	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	PG	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PSP	PA; QL (360 CAPSULES per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	PG	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	PG	
<i>nitroglycerin</i> (Nitro-Bid Transdermal Ointment 2 %)	PG	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	PB	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	PG	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	PG	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	NP	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	NPSP	PA; QL (90 TABLETS per 30 DAYS)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYs)
<i>macitentan oral tablet 10 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYs)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	PSP	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	PSP	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	PSP	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	PSP	PA
<i>sildenafil citrate oral tablet 20 mg</i>	PSP	PA; QL (360 TABLETS per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	NPSP	PA; QL (60 TABLETS per 30 DAYs)
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PSP	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	PSP	PA; QL (28 AMPULES per 28 DAYs)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	PSP	PA; QL (28 AMPULES per 28 DAYs)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	PSP	PA; QL (28 AMPULES per 28 DAYs)
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	NP	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	PG	
AMYOTROPHIC LATERAL SCLEROSIS (ALS) - DRUGS TO TREAT ALS		
<i>riluzole oral tablet 50 mg</i>	PG	
ANTI-ANXIETY - DRUGS TO TREAT ANXIETY		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	PB	QL (300 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 30 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	PG	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	PG	QL (360 CAPSULES per 30 days)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	NP	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	PG	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>lorazepam oral concentrate 2 mg/ml</i>	PG	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 30 days)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	PG	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	PG	QL (120 CAPSULES per 30 days)
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>donepezil hcl oral tablet 23 mg</i>	NP	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	NP	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	NP	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	NP	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	PG	
<i>memantine hcl oral solution 2 mg/ml</i>	PG	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	PG	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	NP	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	NP	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PG	
<i>citalopram hydrobromide oral solution 20 mg/10ml</i>	NP	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	NP	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PG	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	PG	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	PG	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	NP	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	NP	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PG	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	PG	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PG	
<i>fluoxetine hcl oral tablet 10 mg</i>	PG	N8 (Generic Sarafem not covered)
<i>fluoxetine hcl oral tablet 20 mg</i>	PG	N8 (generic Sarafem not covered)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	NP	
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	NP	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	PG	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	PG	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	NP	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PG	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	NP	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PG	
<i>phenelzine sulfate oral tablet 15 mg</i>	PG	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	NP	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PG	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	PSP	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	PSP	PA
<i>tranylcypromine sulfate oral tablet 10 mg</i>	NP	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	PG	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	NP	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	NP	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	PG	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	NP	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	PG	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl oral capsule 100 mg</i>	PG	
<i>amantadine hcl oral solution 50 mg/5ml</i>	PG	
<i>amantadine hcl oral tablet 100 mg</i>	PG	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	NPSP	PA; QL (20 CARTRIDGES per 30 days)
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>bromocriptine mesylate oral capsule 5 mg</i>	PG	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PG	
<i>carbidopa oral tablet 25 mg</i>	PG	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	NP	
<i>entacapone oral tablet 200 mg</i>	PG	
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	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	NP	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	NP	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	PG	
<i>rasagiline mesylate oral tablet 0.5 mg</i>	PG	
<i>rasagiline mesylate oral tablet 1 mg</i>	NP	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	PG	
<i>selegiline hcl oral capsule 5 mg</i>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	PG	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	PG	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
<i>aripiprazole oral solution 1 mg/ml</i>	PG	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PG	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	NP	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	NP	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>chlorpromazine hcl oral tablet 10 mg, 200 mg, 50 mg</i>	PG	
<i>chlorpromazine hcl oral tablet 100 mg, 25 mg</i>	NP	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	

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<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	PG	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (<i>xanomeline-trospium chloride</i>)	NP	
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (<i>xanomeline-trospium chloride</i>)	NP	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	PG	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	PG	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	PG	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PG	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	PG	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	NP	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	NP	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PG	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	NP	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PG	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	NP	
<i>risperidone oral solution 1 mg/ml</i>	PG	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	PG	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbamazepine oral suspension 100 mg/5ml</i>	PG	
<i>carbamazepine oral tablet 200 mg</i>	PG	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	PG	
<i>clobazam oral suspension 2.5 mg/ml</i>	PG	
<i>clobazam oral tablet 10 mg, 20 mg</i>	PG	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	PG	QL (180 TABLETS per 30 days)
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i>	PG	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	PG	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PG	QL (120 TABLETS per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	NP	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	NP	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PG	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PG	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	PSP	PA; QL (800 ML per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	PG	
<i>ethosuximide oral solution 250 mg/5ml</i>	PG	
<i>felbamate oral suspension 600 mg/5ml</i>	PG	
<i>felbamate oral tablet 400 mg, 600 mg</i>	NP	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	PG	QL (6 CAPSULES per 1 day)
<i>gabapentin oral solution 250 mg/5ml</i>	PG	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	PG	QL (6 TABLETS per 1 day)
<i>gabapentin oral tablet 800 mg</i>	PG	QL (4 TABLETS per 1 day)
<i>lacosamide oral solution 10 mg/ml</i>	PG	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	NP	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	NP	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	NP	

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<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PG	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	PG	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	PG	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PG	
<i>levetiracetam oral solution 500 mg/5ml</i>	PG	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	PG	
<i>methsuximide oral capsule 300 mg</i>	PG	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	NP	PA; QL (10 SOLUTION per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	PG	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	PG	
<i>phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml</i>	PG	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	PG	
<i>phenytoin oral suspension 100 mg/4ml</i>	PG	
<i>phenytoin oral tablet chewable 50 mg</i>	PG	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	PG	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	PG	ST
<i>pregabalin oral solution 20 mg/ml</i>	PG	ST
<i>primidone oral tablet 250 mg, 50 mg</i>	PG	
<i>rufinamide oral suspension 40 mg/ml</i>	NP	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	NP	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 4 mg</i>	PG	
<i>tiagabine hcl oral tablet 2 mg</i>	NP	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	PG	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>valproic acid oral capsule 250 mg</i>	PG	
<i>valproic acid oral solution 250 mg/5ml</i>	PG	
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; QL (180 PACKETS per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; QL (180 TABLETS per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (<i>cenobamate</i>)	PB	

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XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (<i>cenobamate</i>)	PB	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	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 (<i>cenobamate</i>)	PB	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 5 mg</i>	PG	QL (90 CAPSULES per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	PG	QL (30 CAPSULES per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	PG	QL (90 TABLETS per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	PG	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	NP	QL (60 CAPSULES per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	NP	QL (30 CAPSULES per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	PG	QL (120 TABLETS per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	NP	QL (120 CAPSULES per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	NP	QL (60 CAPSULES per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	PG	QL (1200 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	NP	QL (120 TABLETS per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg</i>	PG	QL (60 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	PG	QL (30 TABLETS per 30 days)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NP	QL (240 ML per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	NP	
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 30 days)
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	PG	QL (30 CAPSULES per 30 days)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>methamphetamine hcl oral tablet 5 mg</i>	NP	QL (150 TABLETS per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	NP	QL (60 CAPSULES per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	NP	QL (30 CAPSULES per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg</i>	NP	QL (60 CAPSULES per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	NP	QL (30 CAPSULES per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 36 mg</i>	PG	QL (60 tablets per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	PG	QL (30 tablets per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	PG	QL (90 TABLETS per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	NP	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	NP	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	PG	QL (180 TABLETS per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	PG	QL (90 TABLETS per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	NP	QL (180 TABLETS per 30 days)

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QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	NP	
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	PG	QL (120 TABLETS per 30 days)
FIBROMYALGIA		
<i>milnacipran hcl oral 12.5 & 25 & 50 mg</i>	PG	ST
<i>milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PG	ST
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	NP	PA; QL (30 TABLETS per 30 days)
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	NP	PA; QL (30 TABLETS per 30 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	NP	
<i>estazolam oral tablet 1 mg, 2 mg</i>	NP	QL (15 TABLETS per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	PG	QL (15 TABLETS per 30 days)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	NP	PA; QL (30 TABLETS per 30 days)
<i>ramelteon oral tablet 8 mg</i>	PG	
<i>sleep-aid oral tablet 25 mg</i>	PG	
<i>tasimelteon oral capsule 20 mg</i>	PSP	PA; QL (30 CAPSULES per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	PG	QL (15 CAPSULES per 30 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	NP	QL (10 TABLETS per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PG	QL (15 CAPSULES per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	NP	QL (15 TABLETS per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	QL (15 TABLETS per 30 days)
MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	NP	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	PSP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NP	
MIGRAINE - MISCELLANEOUS - DRUGS TO TREAT SEVERE HEADACHES		
<i>QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (atogepant)</i>	PB	ST; QL (30 TABLETS per 30 days)
<i>UBRELVY ORAL TABLET 100 MG, 50 MG (ubrogepant)</i>	NP	ST; QL (16 TABLETS per 30 days)
MIGRAINE - MONOCLONAL ANTIBODIES - DRUGS TO TREAT SEVERE HEADACHES		
<i>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (erenumab-aooe)</i>	PB	ST; QL (1 INJECTION per 30 days)
MIGRAINE - TRIPTANS AND COMBINATIONS - DRUGS TO TREAT SEVERE HEADACHES		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	NP	QL (12 TABLETS per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	NP	QL (12 TABLETS per 30 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	NP	QL (18 TABLETS per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	PG	QL (12 TABLETS per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	PG	QL (18 TABLETS per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	PG	QL (18 TABLETS per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	NP	QL (12 SPRAYS per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	NP	QL (24 SPRAYS per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QL (12 TABLETS per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	NP	QL (12 VIALS per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	NP	QL (12 INJECTOR per 30 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NP	ST; QL (9 TABLETS per 30 days)
<i>zolmitriptan nasal solution 2.5 mg, 5 mg</i>	PG	QL (12 SPRAYS per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	PG	QL (12 TABLETS per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	PG	QL (12 TABLETS per 30 days)

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MISCELLANEOUS		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	NPSP	PA; QL (2 BOTTLES per 24 days)
EVRYSDI ORAL TABLET 5 MG (<i>risdiplam</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
MOOD STABILIZERS - DRUGS TO TREAT MOOD DISORDERS		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PG	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PG	
<i>lithium carbonate oral tablet 300 mg</i>	PG	
<i>lithium oral solution 8 meq/5ml</i>	PG	
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 9 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (120 TABLETS per 30 DAYs)
AUSTEDO ORAL TABLET 6 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (60 TABLETS per 30 DAYs)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (120 TABLETS per 30 DAYs)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (30 TABLETS per 30 DAYs)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (60 TABLETS per 30 DAYs)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (90 TABLETS per 30 DAYs)
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; QL (120 TABLETS per 30 DAYs)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYs)
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PSP	PA; QL (14 INJECTIONS per 28 DAYs)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	NPSP	PA; QL (60 TABLETS per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	PSP	PA; QL (14 CAPSULES per 28 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	PSP	PA; QL (60 CAPSULES per 30 days)

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<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	PSP	PA; QL (1 KIT per 30 days)
<i> fingolimod hcl oral capsule 0.5 mg</i>	PSP	PA; QL (30 CAPSULES per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PG	PA; QL (12 SYRINGES per 28 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)	PG	PA; QL (30 INJECTIONS per 30 days)
TYRUKO INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab-sztn</i>)	PSP	PA; QL (15 ML per 28 DAYS)
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>carisoprodol oral tablet 350 mg</i>	PG	
<i>chlorzoxazone oral tablet 500 mg</i>	PG	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>metaxalone oral tablet 800 mg</i>	NP	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PG	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	PG	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NP	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-caffeine</i>)	NP	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	
MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 60 mg</i>	PG	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	PG	PA; QL (30 TABLETS per 30 days)
<i>armodafinil oral tablet 50 mg</i>	PG	PA; QL (60 TABLETS per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	NP	PA; QL (60 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	NP	PA; QL (30 TABLETS per 30 days)
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	PG	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	
OPIOID ANTAGONIST		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	PG	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	PG	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	PG	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	PG	
<i>naltrexone hcl oral tablet 50 mg</i>	CE	
RIVIVE NASAL LIQUID 3 MG/0.1ML (<i>naloxone hcl</i>)	PG	
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	CE	N8 (\$0 copay)
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	NP	
<i>lofexidine hcl oral tablet 0.18 mg</i>	PG	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	NP	
<i>pimozide oral tablet 1 mg, 2 mg</i>	NP	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>gnp nicotine transdermal patch 24 hour 21 mg/24hr</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>goodsense nicotine mouth/throat gum 4 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>nicotine transdermal patch 24 hour 14 mg/24hr</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH		
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PSP	PA; QL (90 ML per 30 days)
<i>octreotide acetate injection solution 1000 mcg/ml</i>	PSP	PA; QL (45 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>octreotide acetate injection solution 200 mcg/ml</i>	PSP	PA; QL (225 ML per 30 days)
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PSP	PA; QL (90 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	PSP	PA; QL (1 INJECTION per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	PSP	PA; QL (30 VIALS per 30 DAYs)
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	PG	PA
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	PG	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PG	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	PG	
<i>metformin hcl oral tablet 850 mg</i>	CE	N7 (PG); AL (Min 35 Years and Max 70 Years)
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	PG	ST
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	NP	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	PB	ST
<i>sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	PG	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	NP	ST
<i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	ST
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	PG	ST; QL (3 PENS per 30 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>)	PB	ST; QL (3 ML per 28 DAYS)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	PB	ST; QL (3 ML per 28 DAYS)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>)	PB	ST; QL (3 ML per 28 DAYS)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG (<i>semaglutide</i>)	PB	ST; QL (30 TABLETS per 30 DAYS)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	PB	ST; QL (30 TABLETS per 30 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 (<i>dulaglutide</i>)	PB	ST; QL (4 PENS per 28 days)
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	ST
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	NP	ST
ANTIDIABETICS, INSULIN		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NP	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NP	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	

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FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	N8 (RELION not covered)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	N8 (RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	N8 (RELION not covered)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	N8 (RELION not covered)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	PB	N8 (RELION not covered)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	N8 (RELION not covered)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	PB	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PG	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PG	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	PG	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	NP	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	PB	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	ST
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	PB	ST
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	PB	ST
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PG	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>glipizide oral tablet 10 mg, 5 mg</i>	PG	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
CALCIUM REGULATORS, BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium oral solution 70 mg/75ml</i>	PG	

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<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	PG	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	NP	
<i>ibandronate sodium oral tablet 150 mg</i>	NP	
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	NP	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	NP	
CALCIUM REGULATORS, MISCELLANEOUS		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	PG	
CALCIUM REGULATORS, PARATHYROID HORMONES		
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	PA; QL (1 PEN per 30 days)
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	NP	
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	PSP	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	PSP	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	PSP	PA
<i>penicillamine oral tablet 250 mg</i>	PSP	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
<i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N7 (PG)
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (PG)
AFTERPILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N7 (PG)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N7 (PG)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)</i>	CE	N7 (PG)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	N7 (NP); QL (1 RING per 300 days)
<i>desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N7 (PG)
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)</i>	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
AVERI ORAL TABLET 0.15-0.03 MG (<i>desogestrel-eth estrad-fe</i>)	CE	N7 (NP)
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	N7 (PG)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)

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<i>condoms</i>	CE	N7 (NP); QL (12 CONDOMS per 25 days)
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	N7 (Not Covered); QL (4 INJECTIONS per 300 DAYs)
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet 90-20 Mcg)	CE	N7 (PG)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N7 (PG)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (PG)
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	N7 (NP)
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (PG); QL (13 RING per 300 days)
<i>norethindrone</i> (Emzahh Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>etonogestrel-ethinyl estradiol</i> (Enilloring Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (PG); QL (13 RING per 300 days)
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	N7 (PG); QL (13 RING per 300 days)
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N7 (NP); QL (12 CONDOMS per 30 days)
<i>norethin ace-eth estrad-fe</i> (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N7 (NP); QL (1 DEVICE per 300 days)
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (<i>norethindrone acet-ethinyl est</i>)	CE	N7 (NP)
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Galbriela Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	N7 (PG)
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (PG)

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<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/125-30 Mcg)	CE	N7 (PG)

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<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	CE	N7 (PG)
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	CE	N7 (PG)
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	CE	N7 (PG)
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	N7 (PG)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	CE	N7 (Not Covered); QL (1 INTRAUTERINE DEVICE per 300 Days)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	CE	N7 (NP)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N7 (PG)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N7 (PG); QL (4 INJECTIONS per 300 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N7 (PG); QL (4 INJECTIONS per 300 days)
<i>norethindrone</i> (Meleya Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)

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<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estradiol-iron</i> (Minzoya Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (PG)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY (<i>levonorgestrel</i>)	CE	N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 days)
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 DAYS)
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (PG)
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (PG)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	N7 (Not Covered)
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (PG)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N7 (NP); QL (1 IMPLANT per 300 days)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	CE	N7 (NP)
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	CE	N7 (PG)
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	CE	N7 (PG)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N7 (PG)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N7 (PG)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N7 (PG)

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<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N7 (PG)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N7 (PG)
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (PG)
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	CE	N7 (NP)
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (PG)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Pimtree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Rosyrah Oral Tablet 42-21-21-7 Days)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	N7 (PG)
SHEWISE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 days)
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	N7 (Not Covered)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	N7 (PG)
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	CE	N7 (Not Covered)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N7 (Not Covered)
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Valtya 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG (<i>ethynodiol diac-eth estradiol</i>)	CE	N7 (PG)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)

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WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Xarah Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (PG)
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N7 (PG)
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 30 days)
ACCU-CHEK GUIDE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 30 DAYs)
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	PB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	PB	
<i>alcohol prep pad</i>	PB	
AUTOLET PLATFORMS (<i>lancets misc.</i>)	PB	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
CHEMSTRIP 9 IN VITRO STRIP (<i>multiple urine tests</i>)	PB	
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	PB	QL (3 SENSORS per 25 DAYs)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G7 15 DAY SENSOR (<i>continuous glucose sensor</i>)	PB	QL (2 SENSORS per 25 DAYS)
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	PB	
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	PB	QL (3 SENSORS per 25 days)
DIASTIX IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	PB	
DROPLET PEN NEEDLES 32G X 6 MM (<i>insulin pen needle</i>)	PB	
GOJJI BLOOD KETONE TEST IN VITRO STRIP (<i>ketone blood test</i>)	PB	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	PB	
<i>lancets</i>	PB	
<i>lancing device</i>	PB	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	PB	N8 (Listing does not include certain NDCs)
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	PB	N8 (Listing does not include certain NDCs)
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	PB	N8 (Listing does not include certain NDCs)
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	PB	
ENDOMETRIOSIS		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	PG	
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	PB	
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NPSP	PA
FERTILITY REGULATORS		
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	PSP	PA
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>dexamethasone</i>)	PB	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	PG	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	PG	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	PG	

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MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	PB	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>	NP	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	NP	
PREDNISON ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	PB	
<i>prednisone oral solution 5 mg/5ml</i>	PG	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	PG	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
<i>glucagon emergency injection solution reconstituted 1 mg</i>	PG	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	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 (<i>somatropin</i>)	PSP	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (<i>somatropin</i>)	PSP	PA
NORDIPEN 5 INJECTION DEVICE (<i>injection device</i>)	PB	
NORDIPEN DELIVERY SYSTEM (<i>injection device</i>)	PB	
NORDITROPIN FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	PA; QL (56 CAPSULES per 28 days)
MENOPAUSAL SYMPTOM AGENTS - DRUGS TO TREAT MENOPAUSE		
<i>estradiol-norethindrone acet</i> (Abigale Lo Oral Tablet 0.5-0.1 Mg)	PG	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (<i>estradiol-progesterone</i>)	NP	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	PB	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	NP	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	PB	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NP	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 0.75 mg/1.25 gm (0.06%), 1 mg/gm, 1.25 mg/1.25gm</i>	PG	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	
<i>estradiol vaginal cream 0.01 %, 0.1 mg/gm</i>	PG	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	PG	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	PG	
<i>estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	PG	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	NP	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg)	NP	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	PG	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	PG	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	NP	
<i>estradiol</i> (Yuvaferm Vaginal Tablet 10 Mcg)	NP	
MISCELLANEOUS		
<i>betaine oral powder</i>	PSP	PA
<i>cabergoline oral tablet 0.5 mg</i>	PG	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	PSP	PA
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NP	
MIFEPREX ORAL TABLET 200 MG (<i>mifepristone</i>)	NP	
<i>mifepristone oral tablet 200 mg</i>	PG	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	PSP	PA; QL (30 VIALS per 30 days)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	NP	PA
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N7 (PG); N8 (\$0 copay for ages 35 and older for the primary prevention of breast cancer); AL (Min 35 Years)
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	PSP	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	PSP	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspertate</i>)	NPSP	PA; QL (60 AMPULES per 30 DAYs)
<i>tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg</i>	PSP	PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PG	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	NP	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PG	
<i>sevelamer carbonate oral tablet 800 mg</i>	NP	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	NP	
POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM LEVELS		
<i>sodium polystyrene sulfonate</i> (Kionex Combination Suspension 15 Gm/60MI)	PG	
<i>sodium polystyrene sulfonate</i> (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60MI)	PG	

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SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (<i>sodium polystyrene sulfonate</i>)	PG	
PROGESTINS - DRUGS TO REGULATE PROGESTIN		
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	PB	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>megestrol acetate oral suspension 40 mg/ml</i>	CE	N7 (PG)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N7 (NP)
<i>norethindrone acetate oral tablet 5 mg</i>	PG	
<i>progesterone oral capsule 100 mg, 200 mg</i>	PG	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>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</i>	PG	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	PG	
<i>methimazole oral tablet 10 mg, 5 mg</i>	PG	
<i>propylthiouracil oral tablet 50 mg</i>	PG	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	PB	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER		
<i>carglumic acid oral tablet soluble 200 mg</i>	PSP	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	PSP	PA; QL (798 GRAMS per 30 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; QL (1200 TABLETS per 30 days)
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	PG	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMIN D ANALOGS		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PG	
<i>calcitriol oral solution 1 mcg/ml</i>	PG	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
<i>dicyclomine hcl oral capsule 10 mg</i>	PG	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	PG	
<i>dicyclomine hcl oral tablet 20 mg</i>	PG	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	PG	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	NP	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	NP	
ANTIDIARRHEALS		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	PG	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	PG	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NP	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NP	QL (2 CAPSULES per 28 days)
<i>aprepitant oral capsule 125 mg</i>	PG	QL (2 CAPSULES per 28 days)
<i>aprepitant oral capsule 40 mg</i>	PG	QL (3 CAPSULES per 180 days)
<i>aprepitant oral capsule 80 mg</i>	PG	QL (4 CAPSULES per 28 days)
<i>aprepitant oral capsule therapy pack 80 & 125 mg</i>	PG	QL (2 PACKS per 28 days)
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	PG	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	PG	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	NP	QL (60 CAPSULES per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	NP	
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	PG	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PG	

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<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	PG	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	PG	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PG	
<i>prochlorperazine rectal suppository 25 mg</i>	PG	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PG	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	NP	
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	NP	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	PG	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	PB	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PG	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	PG	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	PB	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	PG	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	PG	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	PG	
<i>famotidine oral tablet 40 mg</i>	PG	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PG	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	PG	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
<i>balsalazide disodium oral capsule 750 mg</i>	PG	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	PG	
<i>budesonide oral capsule delayed release particles 3 mg</i>	NP	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	NP	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	PG	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	PG	
<i>mesalamine oral capsule delayed release 400 mg</i>	PG	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	NP	
<i>mesalamine rectal enema 4 gm</i>	PG	

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<i>mesalamine rectal suppository 1000 mg</i>	PG	
<i>mesalamine-cleanser rectal kit 4 gm</i>	PG	
<i>sulfasalazine oral tablet 500 mg</i>	PG	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	PG	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	PB	PA
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	PG	PA
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	NP	PA
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acd</i>)	CE	N7 (PB); N8 (\$0 copay for members age 45 through 75, Preferred Brand tier for all others); AL (Min 45 Years and Max 75 Years)
<i>enulose oral solution 10 gm/15ml</i>	PG	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	PG	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	PG	
<i>lactulose oral solution 20 gm/30ml</i>	PG	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	CE	N7 (PG); N8 (\$0 copay for members age 45 through 75, otherwise preferred generic); AL (Min 45 Years and Max 75 Years)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	PG	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	PG	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	N7 (Not Covered); N8 (\$0 copay for members age 45 through 75, otherwise not covered); AL (Min 45 Years and Max 75 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	CE	N7 (Not Covered); N8 (\$0 copay for members age 45 through 75, otherwise not covered); AL (Min 45 Years and Max 75 Years)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N7 (Not Covered); N8 (\$0 copay for members age 45 through 75, otherwise not covered); AL (Min 45 Years and Max 75 Years)
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	PG	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	CE	N7 (Not Covered); N8 (\$0 copay for members age 45 through 75, otherwise not covered); AL (Min 45 Years and Max 75 Years)
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	CE	N7 (Not Covered); N8 (\$0 copay for members age 45 through 75, otherwise not covered); AL (Min 45 Years and Max 75 Years)
MISCELLANEOUS		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	NP	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PG	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	PB	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NP	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	NP	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	NP	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NP	PA; QL (354 ML per 30 days)
<i>sucrafate oral tablet 1 gm</i>	PG	
<i>ursodiol oral capsule 300 mg</i>	PG	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	NP	

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 (<i>pancrelipase (lip-prot-amyl)</i>)	PB	PA
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	PA
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 (<i>pancrelipase (lip-prot-amyl)</i>)	PB	PA
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NP	
<i>esomeprazole magnesium oral packet 10 mg</i>	PG	AL (Max 1 Years)
<i>esomeprazole magnesium oral packet 2.5 mg, 5 mg</i>	PG	N8 (Covered for age less than 1 year only); AL (Max 1 Years)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	PG	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	PG	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NP	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	PG	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	PG	
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone (perianal) external cream 2.5 %</i>	PG	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	PG	
ULCER THERAPY COMBINATIONS		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	NP	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	PG	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PG	
<i>dutasteride oral capsule 0.5 mg</i>	PG	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	PG	
<i>finasteride oral tablet 5 mg</i>	PG	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	CE	N7 (NP)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	N7 (NP)
PHEXX VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	CE	N7 (Not covered)
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	CE	N7 (Not Covered)
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	N7 (NP)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	N7 (NP)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N7 (NP)
ERECTILE DYSFUNCTION		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	PG	PA; QL (30 TABLETS per 30 days)
MISCELLANEOUS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NP	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	PG	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	NP	
<i>tiopronin oral tablet 100 mg</i>	PSP	PA
<i>urinary pain relief oral tablet 95 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	NP	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	PG	
<i>mirabegron er oral suspension reconstituted er 8 mg/ml</i>	PG	
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	PG	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	PB	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	PG	
<i>oxybutynin chloride oral tablet 5 mg</i>	PG	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	PG	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	NP	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	PG	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	NP	
<i>trospium chloride oral tablet 20 mg</i>	PG	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	PB	
<i>clindamycin phosphate vaginal cream 2 %</i>	NP	
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	NP	
<i>metronidazole vaginal gel 0.75 %</i>	PG	
<i>miconazole 3 vaginal suppository 200 mg</i>	PG	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	
<i>terconazole vaginal suppository 80 mg</i>	NP	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG (<i>apixaban</i>)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG (<i>apixaban</i>)	PB	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	PB	
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG (<i>apixaban</i>)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	PB	
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG (<i>apixaban</i>)	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	PG	
<i>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</i>	PG	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	NP	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	NP	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	NP	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	PG	
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	PG	
<i>rivaroxaban oral tablet 2.5 mg</i>	PG	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	PG	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	PB	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	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 (<i>darbepoetin alfa</i>)	PSP	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-pbbk</i>)	PSP	PA; QL (2 INJECTIONS per 28 DAYS)
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 (<i>methoxy peg-epoetin beta</i>)	PSP	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PSP	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PSP	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	PSP	PA; QL (2 INJECTIONS per 28 DAYS)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PSP	PA
MISCELLANEOUS		
<i>anagrelide hcl oral capsule 0.5 mg</i>	PG	
<i>anagrelide hcl oral capsule 1 mg</i>	NP	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	PG	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	
<i>tranexamic acid oral tablet 650 mg</i>	PG	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PG	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	PG	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	PG	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	NP	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NP	
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	NP	
SICKLE CELL DISEASE		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	PB	

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THROMBOCYTOPENIA AGENTS - DRUGS TO TREAT PLATELET DISORDERS		
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (<i>avatrombopag maleate</i>)	NPSP	PA; QL (60 CAPSULES per 30 DAYS)
DOPTELET TABLET 20 MG ORAL (<i>avatrombopag maleate</i>)	NPSP	PA; QL (1 CARTON per 5 Days)
DOPTELET TABLET 20 MG ORAL (<i>avatrombopag maleate</i>)	NPSP	PA; QL (60 TABLETS per 30 Days)
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NPSP	PA; QL (4 INJECTIONS per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NPSP	PA; QL (4 SYRINGES per 28 days)
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	PSP	PA; QL (4 PENS per 28 days)
<i>adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml</i>	PSP	PA; QL (2 PENS per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml</i>	PSP	PA; QL (2 SYRINGES per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml</i>	PSP	PA; QL (4 SYRINGES per 28 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	PA; QL (300 MG per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; QL (300 MG per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; QL (1 PEN per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	PA; QL (1 SYRINGE per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	PSP	PA; QL (1 SYRINGE per 28 DAYS)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	PSP	PA; QL (1 PEN per 28 DAYS)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; QL (2 PENS per 28 DAYS)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; QL (4 PENS per 28 DAYS)

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DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; QL (2 SYRINGES per 28 DAYs)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; QL (4 SYRINGES per 28 DAYs)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; QL (4 CARTRIDGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	PSP	PA; QL (8 VIALS per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	PSP	PA; QL (8 SYRINGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; QL (4 SYRINGES per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PSP	PA; QL (4 SYRINGES per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; QL (4 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	PA; QL (2 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML (<i>adalimumab-adaz</i>)	PSP	PA; QL (2 SYRINGES per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; QL (4 SYRINGES per 28 days)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	PA; N8 (Starter pack - initial dose only); QL (1 KIT per 28 days)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; N8 (Starter pack - initial dose only); QL (1 KIT per 28 days)
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	PA; N8 (Starter pack - initial dose only); QL (1 KIT per 28 days)
HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; N8 (Starter pack - initial dose only); QL (1 KIT per 28 DAYs)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; N8 (Starter pack - initial dose only); QL (1 KIT per 28 DAYs)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; QL (3 INJECTIONS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; QL (3 SYRINGES per 28 days)
OTEZLA ORAL TABLET 20 MG (<i>apremilast</i>)	PSP	PA; QL (60 TABLETS per 30 DAYS)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	PSP	PA; QL (60 TABLETS per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PSP	PA; QL (55 TABLETS per 28 days)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	PSP	PA; QL (55 TABLETS per 28 DAYS)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (<i>apremilast</i>)	PSP	PA; QL (30 TABLETS per 30 DAYS)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG (<i>apremilast</i>)	PSP	PA; QL (41 TABLETS per 28 DAYS)
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-ttwe</i>)	PSP	PA; N8 (Listing does not include certain NDCs); QL (1 VIAL per 84 DAYS)
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML (<i>ustekinumab-ttwe</i>)	PSP	PA; QL (1 PEN per 84 DAYS)
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 90 MG/ML (<i>ustekinumab-ttwe</i>)	PSP	PA; QL (1 PEN per 56 DAYS)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab-ttwe</i>)	PSP	PA; N8 (Listing does not include certain NDCs); QL (1 SYRINGE per 84 DAYS)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab-ttwe</i>)	PSP	PA; N8 (Listing does not include certain NDCs); QL (1 SYRINGE per 56 DAYS)
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	PSP	PA; QL (360 ML per 30 DAYS)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>upadacitinib</i>)	PSP	PA; QL (30 TABLETS per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	PSP	PA; QL (1 TABLET per 1 TIME USE)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; QL (1 SYRINGE per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	PSP	PA; QL (1 CARTRIDGE per 56 DAYS)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; QL (1 SYRINGE per 84 days)

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SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML (<i>risankizumab-rzaa</i>)	PSP	PA; QL (1 SYRINGE per 84 DAYs)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	PSP	PA; QL (8 PENS per 28 DAYs)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	PSP	PA; QL (4 PENS per 28 DAYs)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; QL (2 PENS per 28 DAYs)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	PSP	PA; QL (8 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	PSP	PA; QL (4 SYRINGES per 28 DAYs)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; QL (2 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	PA; QL (8 VIALS per 28 DAYs)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-kfce</i>)	PSP	PA; QL (1 VIAL per 84 DAYs)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab-kfce</i>)	PSP	PA; QL (1 SYRINGE per 84 DAYs)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab-kfce</i>)	PSP	PA; QL (1 SYRINGE per 56 DAYs)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N7 (PG)
HEREDITARY ANGIOEDEMA		
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPSP	PA; QL (20 VIALS per 30 DAYs)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	PSP	PA; QL (45 SYRINGES per 90 days)
IMMUNOGLOBULIN		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (<i>interferon gamma-1b</i>)	NPSP	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	PSP	PA; QL (8 VIALS per 28 days)
IMMUNOSUPPRESSANTS		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	PG	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>cyclosporine modified oral solution 100 mg/ml</i>	PG	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	PG	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	PG	
<i>cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)</i>	PG	
<i>mycophenolate mofetil oral capsule 250 mg</i>	PG	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	PG	
<i>mycophenolate mofetil oral tablet 500 mg</i>	PG	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	PG	
<i>sirolimus oral solution 1 mg/ml</i>	PG	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PG	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ (<i>potassium bicarbonate</i>)	PB	
<i>potassium chloride crys er (Klor-Con M15 Oral Tablet Extended Release 15 Meq)</i>	PG	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	PG	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	PG	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	PG	
<i>potassium chloride oral solution 10 %</i>	NP	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium fluoride oral solution 0.5 mg/ml, 1.1 (0.5 f) mg/ml</i>	CE	N7 (Not Covered); N8 (\$0 applies for ages 5 and under, otherwise not covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	PG	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg</i>	CE	N7 (Not Covered); N8 (\$0 applies for ages 5 and under, otherwise not covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	PG	
PRENATAL VITAMINS		
ELITE-OB ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	PG	
VITAMINS - VITAMINS AND SUPPLEMENTS		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
<i>folic acid oral capsule 0.8 mg</i>	CE	N7 (Not Covered); QL (100 CAPSULES per 30 DAYS); AL (Max 55 Years)
<i>folic acid oral tablet 1 mg</i>	PG	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Max 55 Years)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	PG	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
ALOCRILOPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	NP	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	PG	
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	PG	
ZERVIALEPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	PG	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	PB	
<i>carteolol hcl ophthalmic solution 1 %</i>	PG	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	PG	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	NP	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	NP	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	PG	
ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA		
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	PG	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	PG	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	PB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	NP	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	PG	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	PB	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	NP	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	PB	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	PG	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	NP	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	PG	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	PG	

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<i>gatifloxacin ophthalmic solution 0.5 %</i>	NP	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	PG	
<i>levofloxacin ophthalmic solution 0.5 %</i>	PG	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	PG	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	NP	
NATACYN OPTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	PB	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	PG	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	PG	
<i>ofloxacin ophthalmic solution 0.3 %</i>	PG	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	PG	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	PG	
<i>tobramycin ophthalmic solution 0.3 %</i>	PG	
<i>trifluridine ophthalmic solution 1 %</i>	NP	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL OPTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	PB	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	NP	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	PG	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	PG	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	PG	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	PG	
ILEVRO OPTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	PB	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	PG	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	PG	
NEVANAC OPTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	PB	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PG	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	PB	
CARBONIC ANHYDRASE INHIBITORS - DRUGS TO TREAT GLAUCOMA		
<i>brinzolamide ophthalmic suspension 1 %</i>	PG	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRY EYE DISEASE		
<i>cyclosporine (pf) emulsion 0.05 % ophthalmic</i>	PG	PA; QL (1 MULTI-USE VIAL per 28 Days)
<i>cyclosporine (pf) emulsion 0.05 % ophthalmic</i>	PG	PA; QL (60 SINGLE USE VIAL per 30 days)
TRYPTYR OPHTHALMIC SOLUTION 0.003 % (<i>acoltremon</i>)	PB	
MISCELLANEOUS		
<i>atropine sulfate ophthalmic solution 1 %</i>	PG	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	NPSP	PA; QL (4 BOTTLES per 28 days)
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	NP	
<i>pilocarpine hcl ophthalmic solution 1 %</i>	PG	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	PG	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	PG	
PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA		
<i>bimatoprost ophthalmic solution 0.01 %</i>	PG	ST
<i>latanoprost ophthalmic solution 0.005 %</i>	PG	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	PG	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	PG	
SYMPATHOMIMETICS - DRUGS TO TREAT GLAUCOMA		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	PG	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	PG	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	NP	
OTHER		
IRRIGATION SOLUTIONS		
RINGERS IRRIGATION IRRIGATION SOLUTION	NP	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	PG	QL (4 AUTO-INJECTORS per 30 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	PG	QL (6 BOXES per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act</i>	PG	QL (1 PACKAGE per 30 DAYs)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT, 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	PB	QL (1 PACKAGE per 30 DAYs)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	PB	QL (1 PACKAGE per 30 days)
ANTICHOLINERGICS		
<i>ipratropium bromide inhalation solution 0.02 %</i>	PG	QL (5 BOXES per 30 days)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PG	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide</i>)	PB	QL (1 PACKAGE per 30 days)
<i>tiotropium bromide inhalation capsule 18 mcg</i>	PG	QL (1 PACKAGE per 30 days)
ANTI HISTAMINE COMBINATIONS		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	PG	QL (1 PACKAGE per 30 days)
ANTI HISTAMINES - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl nasal solution 0.1 %</i>	PG	QL (2 BOTTLES per 30 days)
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	PG	
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>clemastine fumarate oral tablet 2.68 mg</i>	PG	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	PG	
<i>cyproheptadine hcl oral tablet 4 mg</i>	PG	
<i>desloratadine oral tablet 5 mg</i>	PG	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	NP	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	PG	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	PG	
<i>olopatadine hcl nasal solution 0.6 %</i>	NP	QL (1 CONTAINER per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYCLORA ORAL SOLUTION 2 MG/5ML (dexchlorpheniramine maleate)	NP	
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	PG	QL (2 INHALERS per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	PG	QL (5 BOXES per 30 days)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	PG	QL (60 ML per 30 days)
albuterol sulfate oral syrup 2 mg/5ml	PG	
albuterol sulfate oral tablet 2 mg, 4 mg	PG	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	NP	QL (60 VIALS per 30 days)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	PG	QL (60 VIALS per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	NP	QL (300 ML per 30 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	NP	QL (45 ML per 30 days)
levalbuterol tartrate inhalation aerosol 45 mcg/act	NP	QL (2 INHALERS per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	NP	QL (1 PACKAGE per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	PB	QL (1 PACKAGE per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	PG	
COLD/COUGH		
benzonatate oral capsule 100 mg, 200 mg	PG	
guaifenesin-codeine oral solution 100-10 mg/5ml	PG	N8 (Limited to 7 day supply per month); QL (60 ML per 1 month)
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	PG	N8 (Limited to 7 day supply per month); QL (10 ML per 1 Day)
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	PG	N8 (Limited to 7 day supply per month); QL (30 ML per 1 day)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	PG	N8 (Limited to 7 day supply per month); QL (6 TABLETS per 1 Day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	PG	N8 (Limited to 7 day supply per month); QL (30 ML per 1 DAY)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	PG	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	PG	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	NP	
CYSTIC FIBROSIS		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	PSP	PA; QL (84 VIALS per 28 DAYs)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	PSP	PA; QL (224 ML per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	PA; QL (280 ML per 28 DAYs)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacafti</i>)	PSP	PA; QL (84 TABLETS per 28 DAYs)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacafti</i>)	PSP	PA; QL (56 PACKETS per 28 days)
LEUKOTRIENE MODIFIERS		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NP	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
<i>montelukast sodium oral packet 4 mg</i>	PG	
<i>montelukast sodium oral tablet 10 mg</i>	PG	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PG	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PG	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PG	QL (2 BOXES per 30 days)
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	PG	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	PG	PA
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	PG	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	PG	QL (3 CONTAINERS per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	PG	QL (1 CONTAINER per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	NP	QL (1 PACKAGE per 30 days)
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	PG	QL (1 PACKAGE per 30 days)
PULMONARY FIBROSIS AGENTS		
<i>nintedanib esylate oral capsule 100 mg, 150 mg</i>	PSP	PA; QL (60 CAPSULES per 30 DAYs)
<i>pirfenidone oral capsule 267 mg</i>	PSP	PA; QL (270 CAPSULES per 30 DAYs)
<i>pirfenidone oral tablet 267 mg</i>	PSP	PA; QL (270 TABLETS per 30 DAYs)
<i>pirfenidone oral tablet 801 mg</i>	PSP	PA; QL (90 TABLETS per 30 DAYs)
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER PLUS FLOW VU (<i>spacer/aero-holding chambers</i>)	PB	
CLEVER CHOICE HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	PB	
FLEXICHAMBER CHILD MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	PB	
PEDIATRIC PANDA MASK (<i>spacer/aero-hold chamber mask</i>)	PB	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT (<i>ciclesonide</i>)	NP	QL (2 PACKAGES per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT (<i>ciclesonide</i>)	NP	QL (3 PACKAGES per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	PB	QL (1 PACKAGE per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT (<i>mometasone furoate</i>)	PB	QL (2 PACKAGES per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	PB	QL (4 PACKAGES per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	PB	QL (2 PACKAGES per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	PB	QL (1 PACKAGE per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	NP	QL (3 BOXES per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	NP	QL (2 BOXES per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	NP	QL (1 BOX per 30 days)
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act</i>	PG	QL (1 PACKAGE per 30 DAYS)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	PB	QL (1 PACKAGE per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	PG	N8 (Listing does not include certain NDCs); QL (3 PACKAGES per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	PG	QL (1 PACKAGE per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	PG	QL (1 PACKAGE per 30 days)
XANTHINES - DRUGS TO TREAT COPD		
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	PG	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PG	
<i>theophylline oral elixir 80 mg/15ml</i>	PG	
<i>theophylline oral solution 80 mg/15ml</i>	PG	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
<i>adapalene external cream 0.1 %</i>	NP	PA; QL (45 GRAMS per 28 days); AL (Max 35 Years)
<i>adapalene external gel 0.1 %</i>	PG	PA; QL (45 GRAMS per 28 days); AL (Max 35 Years)
<i>adapalene external gel 0.3 %</i>	NP	PA; QL (45 GRAMS per 28 days); AL (Max 35 Years)
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	NP	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	PG	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	NP	QL (47 GRAMS per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phos (twice-daily) external gel 1 %</i>	NP	QL (75 GRAMS per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	NP	QL (45 GRAMS per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</i>	NP	QL (50 GRAMS per 30 days)
<i>clindamycin phosphate external foam 1 %</i>	NP	
<i>clindamycin phosphate external lotion 1 %</i>	NP	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	NP	QL (60 ML per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	PG	
<i>ery external pad 2 %</i>	PG	
<i>erythromycin external gel 2 %</i>	NP	QL (60 GRAMS per 30 days)
<i>erythromycin external solution 2 %</i>	PG	QL (60 ML per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	NP	PA
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	PG	
<i>tretinoin external cream 0.025 %</i>	PG	PA; N8 (PA applies for members age 35 and older); AL (Max 35 Years)
<i>tretinoin external cream 0.05 %, 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	PG	PA; AL (Max 35 Years)
<i>tretinoin external gel 0.05 %</i>	NP	PA; AL (Max 35 Years)
<i>tretinoin microsphere external gel 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>tretinoin microsphere pump external gel 0.04 %</i>	PG	PA; AL (Max 35 Years)
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil external cream 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	
<i>imiquimod external cream 5 %</i>	NP	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate external cream 0.1 %</i>	PG	
<i>gentamicin sulfate external ointment 0.1 %</i>	PG	
<i>mupirocin external ointment 2 %</i>	PG	QL (30 GRAMS per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	PG	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	PG	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	NP	
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	NP	
DERMATOLOGY, ANTIFUNGALS		
<i>butenafine hcl external cream 1 %</i>	PG	

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<i>ciclopirox external gel 0.77 %</i>	NP	QL (120 GRAMS per 30 days)
<i>ciclopirox external shampoo 1 %</i>	NP	QL (120 ML per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	PG	QL (120 GRAMS per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	PG	QL (120 ML per 30 days)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	PG	QL (60 GRAMS per 30 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	PG	QL (60 ML per 30 days)
<i>econazole nitrate external cream 1 %</i>	NP	QL (60 GRAMS per 30 days)
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	NP	QL (60 GRAMS per 30 days)
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NP	PA; QL (4 ML per 28 DAYs)
<i>ketconazole external cream 2 %</i>	PG	QL (120 GRAMS per 30 days)
<i>luliconazole external cream 1 %</i>	NP	QL (60 GRAMS per 30 days)
<i>naftifine hcl external cream 1 %, 2 %</i>	NP	QL (60 GRAMS per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	PG	QL (120 GRAMS per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	PG	QL (120 GRAMS per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	PG	QL (120 GRAMS per 30 days)
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	NP	QL (60 GRAMS per 30 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	NP	QL (60 GRAMS per 30 days)
<i>nystatin (Nystop External Powder 100000 Unit/Gm)</i>	PG	QL (120 GRAMS per 30 days)
<i>oxiconazole nitrate external cream 1 %</i>	NP	QL (60 GRAMS per 30 days)
<i>sulconazole nitrate external cream 1 %</i>	PG	QL (60 GRAMS per 30 days)
<i>sulconazole nitrate external solution 1 %</i>	PG	QL (60 ML per 30 days)
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl external cream 5 %</i>	NP	ST; QL (45 GRAMS per 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	NP	
<i>calcipotriene external solution 0.005 %</i>	NP	ST; QL (60 ML per 30 days)
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NP	ST; QL (60 GRAMS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcitriol external ointment 3 mcg/gm</i>	NP	ST; QL (100 GRAMS per 30 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	PG	
<i>tazarotene external cream 0.05 %</i>	PG	PA
<i>tazarotene external cream 0.1 %</i>	NP	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	PG	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole external shampoo 2 %</i>	PG	QL (120 ML per 30 days)
<i>selenium sulfide external lotion 2.5 %</i>	PG	
DERMATOLOGY, ATOPIC DERMATITIS		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	NP	ST; QL (60 GRAMS per 30 days)
<i>pimecrolimus external cream 1 %</i>	NP	PA
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	NP	
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	QL (120 GRAMS per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	QL (120 GRAMS per 30 days)
<i>amcinonide external ointment 0.1 %</i>	NP	QL (120 GRAMS per 30 days)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	PG	QL (120 GRAMS per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	PG	QL (120 GRAMS per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	PG	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	PG	QL (120 GRAMS per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	PG	QL (120 ML per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	NP	QL (120 GRAMS per 30 days)
<i>betamethasone valerate external foam 0.12 %</i>	NP	QL (120 GRAMS per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	NP	QL (120 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone valerate external ointment 0.1 %</i>	NP	QL (120 GRAMS per 30 days)
<i>clobetasol prop emollient base external cream 0.05 %</i>	NP	QL (120 GRAMS per 30 Days)
<i>clobetasol propionate e external cream 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	NP	QL (120 GRAM per 30 Days)
<i>clobetasol propionate external foam 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>clobetasol propionate external liquid 0.05 %</i>	NP	QL (120 ML per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	NP	QL (120 ML per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	NP	QL (120 ML per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	NP	QL (120 ML per 30 days)
<i>clocortolone pivalate external cream 0.1 %</i>	NP	QL (120 GRAMS per 30 days)
<i>desonide external cream 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>desonide external lotion 0.05 %</i>	NP	QL (120 ML per 30 days)
<i>desonide external ointment 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	NP	QL (120 GRAMS per 30 days)
<i>desoximetasone external gel 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>desoximetasone external liquid 0.25 %</i>	NP	QL (120 ML per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	NP	QL (120 GRAMS per 30 days)
<i>diflorasone diacetate external cream 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	NP	QL (120 ML per 30 days)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	NP	QL (120 GRAMS per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluocinolone acetonide external ointment 0.025 %</i>	NP	QL (120 GRAMS per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	NP	QL (120 ML per 30 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	NP	QL (120 ML per 30 days)
<i>fluocinonide external cream 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>fluocinonide external gel 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>fluocinonide external solution 0.05 %</i>	PG	QL (120 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>fluticasone propionate external lotion 0.05 %</i>	NP	QL (120 ML per 30 days)
<i>fluticasone propionate external ointment 0.005 %</i>	PG	QL (120 GRAMS per 30 days)
<i>halcinonide external cream 0.1 %</i>	PG	QL (120 GRAMS per 30 days)
<i>halobetasol propionate external cream 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	NP	QL (120 GRAMS per 30 days)
<i>hydrocortisone butyrate external cream 0.1 %</i>	NP	QL (120 GRAMS per 30 days)
<i>hydrocortisone butyrate external ointment 0.1 %</i>	NP	QL (120 GRAMS per 30 days)
<i>hydrocortisone butyrate external solution 0.1 %</i>	PG	QL (120 ML per 30 days)
<i>hydrocortisone external cream 2.5 %</i>	PG	QL (120 GRAMS per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	PG	QL (120 ML per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	PG	QL (120 GRAMS per 30 days)
<i>hydrocortisone valerate external cream 0.2 %</i>	NP	QL (120 GRAMS per 30 days)
<i>hydrocortisone valerate external ointment 0.2 %</i>	NP	QL (120 GRAMS per 30 days)
<i>mometasone furoate external cream 0.1 %</i>	NP	QL (120 GRAMS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mometasone furoate external ointment 0.1 %</i>	NP	QL (120 GRAMS per 30 days)
<i>mometasone furoate external solution 0.1 %</i>	PG	QL (120 ML per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	PG	QL (120 GRAMS per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	PG	QL (120 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	PG	QL (120 GRAMS per 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine external ointment 5 %</i>	NP	QL (50 GRAMS per 30 days)
<i>lidocaine external patch 5 %</i>	PG	PA; QL (90 PATCHES per 30 days)
<i>lidocaine hcl external solution 4 %</i>	PG	QL (50 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	PG	QL (60 ML per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	PG	QL (30 GRAMS per 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir external cream 5 %</i>	NP	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NP	
<i>bexarotene external gel 1 %</i>	PSP	PA
<i>nitroglycerin rectal ointment 0.4 %</i>	PG	
<i>penciclovir external cream 1 %</i>	PG	
<i>podofilox external gel 0.5 %</i>	PG	
<i>podofilox external solution 0.5 %</i>	PG	
VOLTAREN EXTERNAL GEL 1 % (<i>diclofenac sodium</i>)	PG	QL (300 GRAMS per 30 days)
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	NP	
<i>brimonidine tartrate external gel 0.33 %</i>	PG	PA
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	PB	
<i>ivermectin external cream 1 %</i>	NP	PA
<i>metronidazole external cream 0.75 %</i>	NP	
<i>metronidazole external gel 0.75 %, 1 %</i>	NP	
<i>metronidazole external lotion 0.75 %</i>	PG	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cvs ivermectin lice treatment external lotion 0.5 %</i>	PG	
<i>malathion external lotion 0.5 %</i>	NP	
<i>permethrin external cream 5 %</i>	NP	
PRURADIK EXTERNAL LOTION 10 % (<i>crotamiton</i>)	PG	
<i>sb lice treatment external liquid 1 %</i>	PG	
SKLICE EXTERNAL LOTION 0.5 % (<i>ivermectin</i>)	PB	
<i>spinosad external suspension 0.9 %</i>	NP	
DERMATOLOGY, WOUND CARE AGENTS		
<i>sodium chloride irrigation solution 0.9 %</i>	PG	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	NP	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PG	
<i>clotrimazole mouth/throat troche 10 mg</i>	PG	
<i>lidocaine hcl mouth/throat solution 4 %</i>	PG	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	PG	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	PG	
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)	PG	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	NP	QL (14 TABLETS per 30 days)
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution 0.12 %)	PG	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
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<i>acetic acid otic solution 2 %</i>	PG	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	PG	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	PG	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NP	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	NP	
<i>fluocinolone acetonide otic oil 0.01 %</i>	NP	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	PG	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	PG	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	PG	
<i>ofloxacin otic solution 0.3 %</i>	NP	

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