BlueCross BlueShield Arizona

Open Drug List

Blue Cross® Blue Shield® of Arizona (AZ Blue) offers an "open" prescription benefit design providing coverage for all drugs (with the exception of plan exclusions) instead of requiring members to adhere to a strict formulary program.

The drug list provided here is based on the 4-tier plan design described below. However, specific benefit plan designs may vary. For example, some benefit plans have only 3 cost share tiers; for these plans, medications listed as tier 4 have the same cost share as medications in tier 3. Some benefit designs may apply a single coinsurance level. Additionally, some may also include specialty medications at varying cost share tiers. **This is a reference tool only.**

Tier	Description
$0	**Preventive Medications** including Women's Prevention (typically $0)
1	**Low Cost Share** includes generics and select brands
2	**Moderate Cost Share** includes preferred brands and select generics
3	**Moderately High Cost Share** includes non-preferred brands and select generics
4	**Highest Cost Share** may include patent extension or combination brand or generic products or those brand products where a lower cost alternative is covered at a lower tier
VC	**Variable Coverage** refer to your benefit book, as coverage varies by plan
A	**Specialty Medications, Low Cost Share**
B	**Specialty Medications, Moderate Cost Share**
C	**Specialty Medications, Moderately High Cost Share**
D	**Specialty Medications, Highest Cost Share**

To check coverage and copay information for a medication under your plan, visit azblue.com and log into MyBlue. If you do not have access to the website, call the Pharmacy Benefits number on the back of your member ID card.

Questions?

Log in to MyBlue℠ to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
AZ Blue	Call the number on your ID card	8 a.m. to 5 p.m. Monday - Friday

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How Do I Know If This List Applies to Me?

This list is intended to provide general coverage information applicable to most members. Information may not apply to all benefit plans or may vary. Refer to your benefit book or call us if you have questions. If the information in this prescription medication list differs from your benefit plan, the terms of your benefit plan control. If you need to verify medication coverage or requirements, please contact AZ Blue.

Applies To	Does Not Apply To
• The **Open Drug List**(*not* the Custom/Standard Premium Drug List – Closed Formulary) • Members with plans that include pharmacy benefits administered by AZ Blue • Members with pharmacy copays with two, three, or four tiers or a single coinsurance level	• Federal Employee Program® (FEP®) plans • Medicare Advantage (MA) plans • Employer-sponsored plans in our Corporate Health Services (CHS) program • Employer-sponsored plans that have selected a separate pharmacy benefit manager • Plans offered or administered by other Blue Cross and/or Blue Shield plans

What Is Covered?

This is the list of covered medications chosen by the AZ Blue Pharmacy & Therapeutics (P&T) Committee, which is made up of community doctors and pharmacists. AZ Blue covers the medications listed as long as:

- The medication is medically necessary and appropriate
- The medication has been approved by the Food and Drug Administration (FDA) for the diagnosis for which the medication has been prescribed
- The medication is not a benefit plan exclusion

Depending on the specifics of your benefit plan, other conditions may apply, such as requiring the medication to be filled at a AZ Blue network pharmacy.

Additionally, covered medications are subject to limitations, including but not limited to, prior authorization, step therapy, quantity, age, gender, dosage, and frequency of refills.

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What May Vary by Plan?

For most members, benefits are not available for the medication classes below. However, some groups may choose to customize their benefits to include some of these medications.

Coverage May Vary by Plan: Medication Classes		
Weight Loss and/or Gain	Fertility/Infertility	Sexual Dysfunction
Excluded Drugs List	Transgender/Gender Reassignment	Other custom benefits

If you need to verify medication coverage or requirements, refer to your benefit book or contact us.

What Is Not Covered?

Certain medications or medication classes are pharmacy benefit plan exclusions, including but not limited to the items below:

- Athletic performance
- Clinic packs
- 'Combination' products, including:
  - Medications packaged with one other or multiple other prescription products
  - Medications packaged with over-the-counter medications, supplies, medical foods, vitamins, or other excluded products
- Cosmetic purposes
- Experimental and/or investigational
- Lifestyle enhancement
- Medical foods
- Medical devices, unless specifically noted in the listing below
- Non-FDA approved, including DESI
- Off-label, unlabeled and orphan medications, unless specifically noted in the listing below
- Over-the-counter (OTC) medications that can be obtained without a prescription, unless specifically noted in the listing below and obtained using a prescription
  - Medications with primary therapeutic ingredients that are sold over the counter in any form, strength, packaging, or name
- Unit-dose packaging, unless that is the only form in which the medication is available

Medications that exceed limitations, including quantity, age, gender, and refill limits, may not be covered. Coverage is not available for medications used to treat a condition not covered under your benefit plan. If a medication does not process at the pharmacy and you do not understand why, please contact us. Medications may reject for many reasons, including member eligibility, exclusion status, quantity, age, gender, dosage, and/or frequency of refill limitations.

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How Much Will My Medications Cost?

Benefits and cost sharing for prescription medications vary depending on your benefit plan terms, the medication prescribed, and whether the medication is obtained at a retail pharmacy, a specialty pharmacy, or a mail order pharmacy. Please consult the member benefit plan book and Summary of Benefits and Coverage (SBC) for a complete description of the prescription medication benefit. If the information in this section differs from the applicable benefit plan, the terms of your benefit plan apply.

If your plan does not cover a medication and you obtain it, you will have to pay the full cost of the medication and costs incurred for non-covered medications are not applied to the deductible or out-of-pocket-maximum.

No exceptions will be made regarding the assigned tier of a medication.

When and Why Are Changes Made? How Will I Know?

Medications may change tier throughout the course of the year. AZ Blue's Pharmacy and Therapeutics (P&T) Committee meets on a quarterly basis to review recommended changes and make determinations. Members will be notified of any changes as required by law.

A medication may change tiers for a variety of reasons, including but not limited to:

- Recommendation by the AZ Blue P&T Committee
- Availability of a new generic option
- New clinical information

Mandatory Generics

Many benefit plans require you to purchase a generic drug if one is available. If you purchase a brand name drug when a generic is available you may have to pay the tier 1 cost share plus the difference between the allowed amount for the generic and the brand name medication, even if the prescribing provider indicates on the prescription that the brand name medication should be dispensed. Exceptions are made when a medication is approved through step therapy if all alternative medications have been tried and failed, or when AZ Blue requires the brand name medication to be utilized as the preferred medication. Please refer to your benefit book to determine how this program applies to your plan or contact the pharmacy customer service phone number on the back of your ID card with any questions.

Legal Disclaimer

Information provided is subject to all terms, conditions, limitations, and exclusions of your benefit plan. In the event of any discrepancy, the claims adjudication system and your benefit plan take precedence.

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Abbreviations Quick Reference

ACA: Affordable Care Act (ACA) Prevention

AL: Age Limit

CP: Cancer Parity

DS: Days' Supply Limit

EDL: Excluded Drugs List Medication *(coverage may vary by plan)*

F: Female Only Gender Limit

FERT: Fertility Medications *(coverage may vary by plan)*

HDHP: High Deductible Health Plan Preventive Medication List *(coverage may vary by plan)*

M: Male Only Gender Limit

PA: Prior Authorization

QL: Quantity Limit

R&M: Retail & Mail Distribution

SDIS: Sexual Dysfunction Medications *(coverage may vary by plan)*

SP: Specialty Pharmacy Distribution

ST: Step Therapy

WEIGHT: Weight Loss and/or Gain Medications *(coverage may vary by plan)*

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Utilization Management & Limitation Abbreviations with Explanations

ACA: Affordable Care Act (ACA) Prevention

The ACA requires most group and individual health plans to waive cost share for in-network preventive services, including certain preventive medications and devices. This requirement does not apply to "grandfathered plans." If you do not know whether your plan is subject to this requirement, please contact AZ Blue. If your plan does not have ACA prevention, a cost share will apply.

The United States Preventive Services Task Force (USPSTF) has identified certain medications as the recommended preventive medications.

There are two important things to remember about this mandate.

1. The cost share waiver does not apply if you use an out-of-network or non-contracted pharmacy provider, so make sure to check your pharmacy provider's network status.
2. There are some medications and devices that can be used for both preventive care and to treat a medical condition. Cost share is waived only when the medication or device is prescribed for preventive care.

AL: Age Limit

Coverage may be limited to specific patient age(s) based on recommendations by the Food and Drug Administration (FDA). If a medication is outside of age limits, it will reject at the pharmacy; your provider may request Prior Authorization.

CP: Cancer Parity

If your plan opts into cancer parity, these medications will be covered at the retail & mail order coinsurance level. If your plan opts out of cancer parity, cost share will apply based on whether the medication is a brand or a generic, and where the medication is obtained:

	Retail Distribution	Specialty Distribution
Generic Medication	Tier 1	Specialty Tier A
Brand Medication	Tier 3	Specialty Tier B

DS: Days' Supply Limit

Coverage may be limited to specific minimum or maximum days' supply. If a medication is above days' supply limits, it will reject at the pharmacy; your provider may request Prior Authorization.

Additionally, general days' supply maximum apply as noted below:

Retail	Retail-90	Mail Order	Specialty
30 days' supply	90 days' supply	90 days' supply	30 days' supply

Please note, certain benefit plans may not offer retail-90, or retail-90 may be limited to maintenance medications only.

EDL: Excluded Drugs List Medications

Your benefit plan does not cover all medication. Your benefit plan may exclude coverage for medications with one or more principal ingredients that are already available in greater/lesser strengths and/or combinations. Your plan may also exclude medications that only modify the dosage form (tablet, capsule, liquid, suspension, extended release, tamper resistant) for a medication that is already available in a common dosage form.

Coverage for these EDL medications is only available if your plan opts out of this list. The only plans that may choose to provide coverage are large employer plans with an open benefit design. Most plans do not provide coverage. If your plan does not cover these medications and you use them, you will have to pay the full cost of the medication. AZ Blue may update and add to this list at any time.

For each excluded medication, we have also provided examples of alternative options. Any alternatives are subject to normal plan requirements including utilization management and medical necessity. Alternatives are also subject to member cost share requirements such as copayments or coinsurance. Some alternatives may not be covered due to other plan limitations (i.e., because the alternative is available over the counter). If you are currently taking, or have been prescribed, one of these non-covered medications, talk to your prescriber about whether one of the alternatives would work for you.

Be sure to review the *Pharmacy Benefit* section for benefit-specific exclusions and *What is Not Covered* in your benefit book for general exclusions and limitations that apply to all benefits.

To check coverage and copay information for a medication under your plan, visit azblue.com and log into MyBlue. If you do not have access to the website, call the Pharmacy Benefits number on the back of your member ID card.

F: Female Only Gender Limit

FERT: Fertility Medications

Most plans do not cover medications to improve or achieve fertility or treat infertility. If your plan provides coverage for fertility/infertility medications, they are typically covered at tier 1 (generics) or tier 3 (brands), or at a percentage (coinsurance plans). However, please consult the drug list for specific details. Certain medications may apply a different cost share. Medications are assigned to tiers based on their quality, value, and effectiveness.

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HDHP: High Deductible Health Plan Preventive Medication List

This benefit may be offered to high deductible health plans (HDHPs) designed for use with a health savings account (HSA). It applies only for specific large groups that have elected this benefit.

If you are not certain whether your group has this benefit option, please contact AZ Blue. The list is subject to change at any time, without prior notice. Some medications are available at a retail copay but will still require specialty distribution limited to a maximum of a 30-day supply.

HSA-compatible HDHPs generally require members to satisfy a deductible before the plan begins to pay for any benefits. The only permitted exception to that rule is for preventive care. The plan can pay for covered preventive care benefits before the member has met the high deductible.

The medications noted as HDHP have been identified as those most likely to qualify as preventive, based on U.S. Treasury Department guidance. This list does not include every medication that might possibly be considered preventive or every condition for which a preventive medication may be prescribed.

Neither AZ Blue nor your plan sponsor can guarantee that the U.S. Treasury Department will agree that all of these medications qualify as preventative, particularly when applied to a member's specific medical circumstances. You or your provider may be asked to demonstrate that you are taking a specific medication for purposes regarded as preventive under Treasury Department guidance.

If your plan covers AZ Blue designated prevention medications as a preventive benefit and you have your prescription filled at an in-network pharmacy, your plan will treat these designated medications as preventive. This means you will pay only your applicable copay or coinsurance amount, regardless of whether you have met your deductible. The AZ Blue prevention medication benefit applies only at in-network pharmacies. If you obtain AZ Blue designated preventative medications from an out-of-network pharmacy, your standard prescription benefits, with applicable deductible, coinsurance and copays, will apply. Your cost share payments for preventive medications will count towards your deductible.

If you want any of these listed medications to process under your standard pharmacy benefit instead of your preventive care benefit, please click here. If your medications process under your standard prescription benefit, your costs for applicable coverage will apply.

M: Male Only Gender Limit

PA: Prior Authorization

Certain medications require approval prior to being obtained through your pharmacy benefits. This process is called prior authorization. A prior authorization request must be submitted and signed by your provider. Request forms are found at azblue.com. Click on the *Resource Center* tab, select *Pharmacy* and select *View resources for Standard Pharmacy Plans*. Forms are listed at the bottom of the page by medication name under "Pharmacy Coverage Guidelines and Precertification Forms". If the medication being requested is not listed under the specific forms section, please use the general form listed on azblue.com at the top of the page under *Other Forms and Resources*. Instructions on where to submit the form and the required information is included within the form itself.

Prior Authorization requests are reviewed within 10 business days for standard requests. Requests noted by your provider as urgent are reviewed within 72 hours. If a request is marked as having exigent circumstances the exception request will be reviewed within 24 hours. An exigent request requires a written statement from the prescriber, explaining the reason for exigency.

What is a Pharmacy Coverage Guideline?

The AZ Blue Pharmacy and Therapeutics (P&T) Committee creates pharmacy coverage guidelines, which take into consideration the medical literature. The guideline may state specific limitations, including dosing, gender limits, age limits, or FDA indications for use. If the application of a guideline results in a non-covered claim, the provider has the option to appeal the decision.

Additional information about your pharmacy benefits can be found on azblue.com under *Forms and Resources*. This includes:

- Precertification Guidelines and Forms
- Mail Order Enrollment Forms
- Claim Forms

QL: Quantity Limit

Coverage may be limited to specific quantities per prescription and/or time period based on FDA recommendations. Coverage may also be stricter for controlled substances. If a medication is above quantity limits, it will reject at the pharmacy; your provider may request Prior Authorization.

R&M: Retail & Mail Distribution

Distribution limitations may apply.

- **Retail**—AZ Blue uses Optum's National Network. Generally, all major pharmacy chains operating in Arizona are contracted to provide retail pharmacy services for AZ Blue members. Certain benefit plans may offer a limited network that excludes CVS and Target.
- **Mail order**—AZ Blue does not provide out-of-network mail order pharmacy benefits. OptumRx® Home Delivery Pharmacy is AZ Blue's exclusive mail order pharmacy provider. Complete the Mail Order Pharmacy Form on azblue.com to get started.

SDIS: Sexual Dysfunction Medications

Most plans do not cover medications to treat sexual dysfunction. If your plan provides coverage for sexual dysfunction medications, they are typically covered at tier 1 (generics) or tier 3 (brands), or at a percentage (coinsurance plans). However, please consult the drug list for specific details. Certain medications may apply a different cost share. Medications are assigned to tiers based on their quality, value, and effectiveness.

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SP: Specialty Pharmacy Distribution

Distribution limitations may apply.

- Specialty medications—Certain medications may require specialty distribution, provided through our exclusive provider Optum Specialty Pharmacy. These medications are covered up to a 30-day supply and include self-injectable, oral, topical and inhaled medications. Specialty medications cannot be filled at retail pharmacies. Please contact Optum Specialty Pharmacy directly at (866) 618-6741 to establish service with them.

If you are currently obtaining a Specialty Medication from a Specialty Pharmacy and need to receive that medication from a retail pharmacy instead, please contact the Pharmacy Benefit Customer Service number listed on your ID card. AZ Blue and/or the PBM will decide whether you are eligible to receive the Specialty Medication from a retail pharmacy instead of a Specialty Pharmacy.

ST: Step Therapy

Step therapy is a limitation that requires you to try preferred medications before the plan will pay for another medication for the same medical condition that the doctor may have originally prescribed. An automated, electronic review of your medication history is performed to determine whether other medications have been tried first for your condition. This ensures clinically sound and cost-effective treatment options are tried. If a prescribed medication does not meet the step therapy criteria, it may not be covered. You should consult with your doctor about alternative therapy. If a medication does not meet the step therapy criteria for automatic approval, it will reject at the pharmacy; your provider may request prior authorization.

WEIGHT: Weight Loss and/or Gain Medications

Most plans do not cover medications to achieve weight loss or gain. If your plan provides coverage for weight loss/gain medications, they are typically covered at tier 1 (generics) or tier 3 (brands), or at a percentage (coinsurance plans). However, please consult the drug list for specific details. Certain medications may apply a different cost share. Medications are assigned to tiers based on their quality, value, and effectiveness.

Multi-Tier Prescription Medication List for Commercial Plans

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Drug	Status	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants		
Adhd Agent - Selective Alpha Adrenergic Agonists**		
clonidine hcl er oral tablet extended release 12 hour	4	QL (2 tablets per day)
guanfacine hcl er	1	AL (Min 6 Years)
INTUNIV	4	AL (Min 6 Years)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	VC	QL (2 tablets per day); EDL Alt (alternative: clonidine hcl ER tab 12hour 0.1mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ONYDA XR	D	PA; DS (30 day supply max)
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**		
atomoxetine hcl oral capsule 10 mg	1	QL (3 capsules per day); AL (Min 6 Years)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1	QL (1 capsule per day); AL (Min 6 Years)
atomoxetine hcl oral capsule 18 mg, 25 mg, 40 mg	1	QL (2 capsules per day); AL (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG	4	QL (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - atomoxetine (generic for Strattera))
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	4	QL (3 capsules per day); ST (Step Therapy required: 3 months in the last 12 months - atomoxetine (generic for Strattera))
STRATTERA ORAL CAPSULE 10 MG	3	QL (3 capsules per day); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	QL (1 capsule per day); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 18 MG, 25 MG, 40 MG	3	QL (2 capsules per day); AL (Min 6 Years)
Amphetamine Mixtures**		
ADDERALL	2	QL (3 tablets per day); AL (Min 6 Years)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG	2	QL (3 capsules per day); AL (Min 6 Years)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG	2	QL (2 capsules per day); AL (Min 6 Years)
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg	2	QL (3 capsules per day); AL (Min 6 Years)
amphetamine-dextroamphet er oral capsule extended release 24 hour 25 mg, 30 mg	2	QL (2 capsules per day); AL (Min 6 Years)
amphetamine-dextroamphetamine	1	QL (3 tablets per day); AL (Min 6 Years)
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg	3	QL (1 capsule per day); ST (Step Therapy required: any of the following for 3 months in the last 12 months - amphetamine/dextroamphetamine ER (generic Adderall XR) or Adderall XR); AL (Min 13 Years)
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 37.5 mg	3	QL (1 capsule per day); ST (Step Therapy required: any of the following for 3 months in the last 12 months - amphetamine/dextroamphetamine ER (generic Adderall XR) or Adderall XR); AL (Min 18 Years)

Drug	Status	Notes
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 50 mg	3	QL (1 capsule per day); ST (Step Therapy required: any of the following for 3 months in the last 12 months - amphetamine/dextroamphetamine ER (generic Adderall XR) or Adderall XR); AL (Min 18 Years)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG	4	PA; QL (1 capsule per day); AL (Min 13 Years)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 50 MG	4	PA; QL (1 capsule per day); AL (Min 18 Years)
Amphetamines		
ADZENYS XR-ODT	4	PA
amphetamine sulfate	1	QL (4 tablets per day); AL (Min 6 Years)
DESOXYN	4	QL (3 tablets per day); AL (Min 6 Years)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	QL (3 capsules per day); AL (Min 6 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	1	QL (3 capsules per day); AL (Min 6 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	QL (4 capsules per day); AL (Min 6 Years)
dextroamphetamine sulfate oral solution	VC	QL (60ml per day); EDL Alt (alternative: dextroamphetamine tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL (6 tablets per day)
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	4	
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	VC	EDL Alt (Alternative: generic dextroamphetamine sulfate 5mg and/or 10mg tablets); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	4	PA; QL (8ml per day); AL (Min 6 Years)
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	4	PA
EVEKEO	1	PA; AL (Min 6 Years)
EVEKEO ODT	4	PA
lisdexamfetamine dimesylate oral capsule	3	QL (1 capsule per day); AL (Min 6 Years)
lisdexamfetamine dimesylate oral tablet chewable	3	QL (1 tablet per day); AL (Min 6 Years)
methamphetamine hcl	4	QL (3 tablets per day); AL (Min 6 Years)
PROCENTRA	VC	QL (60ml per day); EDL Alt (alternative: dextroamphetamine tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
VYVANSE ORAL CAPSULE	3	QL (1 capsule per day); AL (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE	3	QL (1 tablet per day); AL (Min 6 Years)
XELSTRYM	3	PA; QL (1 patch per day)

Drug	Status	Notes
ZENZEDI ORAL TABLET 10 MG, 5 MG	1	QL (6 tablets per day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	VC	EDL Alt (alternative: Zenzedi (dextroamphetamine sulfate) tab 5mg or 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Analeptics**		
caffeine citrate oral	1	
Anorexiant Combinations**		
phentermine-topiramate er	VC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
QSYMIA	VC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
Anorexiants Non-Amphetamine**		
ADIPEX-P ORAL TABLET	VC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
benzphetamine hcl oral tablet 50 mg	VC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
diethylpropion hcl er	VC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
diethylpropion hcl oral	VC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
LOMAIRA	VC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phendimetrazine tartrate	VC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phendimetrazine tartrate er	VC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phentermine hcl oral	VC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
Anti-Obesity - Gip & Glp-1 Receptor Agonists**		
ZEPBOUND	4	PA; DS (30 day supply max); WEIGHT (PA not required if Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))

Drug	Status	Notes
Anti-Obesity - Glp-1 Receptor Agonists**		
SAXENDA	VC	DS (30 day supply max); WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
WEGOVY	4	PA; DS (30 day supply max); WEIGHT (PA not required if Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
Anti-Obesity Agent Combinations*		
CONTRAVE	VC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)**		
SUNOSI	3	PA
Histamine H3-Receptor Antagonist/Inverse Agonists**		
WAKIX	D	PA; DS (30 day supply max)
Lipase Inhibitors**		
orlistat oral	VC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance)); AL (Min 12 Years)
XENICAL	VC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance)); AL (Min 12 Years)
Melanocortin 4 (Mc4) Receptor Agonists**		
IMCIVREE	VC	PA; WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (Specialty Tier D))
Stimulant Combinations**		
AZSTARYS	4	PA; QL (1 capsule per day); AL (Min 6 Years)
Stimulants - Misc.**		
APTENSIO XR	4	PA; QL (1 capsule per day); AL (Min 6 Years)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	4	QL (1 tablet per day); AL (Min 18 Years)
armodafinil oral tablet 50 mg	4	QL (2 tablets per day); AL (Min 18 Years)
CONCERTA	VC	QL (1 tablet per day); EDL Alt (Alternative: methylphenidat hcl tab osmotic release tablets); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 6 Years)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 8.6 MG	4	PA; QL (1 tablet per day); AL (Min 6 Years)

Drug	Status	Notes
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG	4	PA; QL (2 tablets per day); AL (Min 6 Years)
DAYTRANA	4	PA; QL (1 patch per day); AL (Min 6 Years)
dexmethylphenidate hcl	1	QL (3 tablets per day); AL (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	4	QL (1 capsule per day); AL (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg	4	QL (2 capsules per day); AL (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg	4	QL (3 capsules per day); AL (Min 6 Years)
FOCALIN	3	QL (3 tablets per day); AL (Min 6 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	4	QL (1 capsule per day); AL (Min 6 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	4	QL (2 capsules per day); AL (Min 6 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	4	QL (3 capsules per day); AL (Min 6 Years)
JORNAY PM	3	PA; QL (1 capsule per day); AL (Min 6 Years)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 40 MG, 50 MG, 60 MG	3	PA; QL (1 capsule per day); AL (Min 6 Years)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 20 MG, 30 MG	3	PA; QL (2 capsules per day); AL (Min 6 Years)
METHYLIN ORAL SOLUTION 10 MG/5ML	3	QL (30ml per day); AL (Min 6 Years)
METHYLIN ORAL SOLUTION 5 MG/5ML	3	QL (60ml per day); AL (Min 6 Years)
methylphenidate	4	PA; QL (1 patch per day); AL (Min 6 Years)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 40 mg, 50 mg, 60 mg	2	QL (1 capsule per day); AL (Min 6 Years)
methylphenidate hcl er (cd) oral capsule extended release 20 mg, 30 mg	2	QL (2 capsules per day); AL (Min 6 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 30 mg, 40 mg	2	QL (1 capsule per day); AL (Min 6 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg	1	QL (1 capsule per day); AL (Min 6 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	4	QL (1 capsule per day); AL (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 54 mg	1	QL (1 tablet per day); AL (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 27 mg, 36 mg	2	QL (1 tablet per day); AL (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg	VC	EDL Alt (Alternative: methylphenidat hcl tab osmotic release tablets); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
methylphenidate hcl er (osm) oral tablet extended release 72 mg	VC	QL (1 tablet per day); EDL Alt (Alternative: methylphenidat hcl tab osmotic release tablets); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 6 Years)
methylphenidate hcl er (xr)	4	PA; QL (1 capsule per day); AL (Min 6 Years)
methylphenidate hcl er oral tablet extended release	1	QL (2 tablets per day); AL (Min 6 Years)
methylphenidate hcl er oral tablet extended release 24 hour	4	QL (1 tablet per day); AL (Min 6 Years)
methylphenidate hcl oral solution 10 mg/5ml	1	QL (30ml per day); AL (Min 6 Years)
methylphenidate hcl oral solution 5 mg/5ml	1	QL (60ml per day); AL (Min 6 Years)
methylphenidate hcl oral tablet 10 mg, 5 mg	1	QL (6 tablets per day); AL (Min 6 Years)
methylphenidate hcl oral tablet 20 mg	1	QL (3 tablets per day); AL (Min 6 Years)
methylphenidate hcl oral tablet chewable	3	QL (2 tablets per day); AL (Min 6 Years)
modafinil oral	1	QL (2 tablets per day); AL (Min 16 Years)
NUVIGIL ORAL TABLET 150 MG, 250 MG, 50 MG	4	PA; AL (Min 18 Years)
NUVIGIL ORAL TABLET 200 MG	4	PA; QL (1 tablet per day); AL (Min 18 Years)
PROVIGIL	3	QL (2 tablets per day); AL (Min 16 Years)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG	4	PA; QL (1 chew tab per day); AL (Min 6 Years)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG	3	AL (Min 6 Years)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG	3	QL (1 tablet per day); AL (Min 6 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	VC	EDL Alt (alternative: methylphenidate oral solution 10mg/5ml); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG	VC	EDL Alt (Alternative: methylphenidat hcl tab osmotic release tablets); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	VC	QL (1 tablet per day); EDL Alt (Alternative: methylphenidat hcl tab osmotic release tablets); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 6 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	4	PA; QL (1 capsule per day); AL (Min 6 Years)
RITALIN ORAL TABLET 10 MG, 5 MG	3	QL (6 tablets per day); AL (Min 6 Years)
RITALIN ORAL TABLET 20 MG	3	QL (3 tablets per day); AL (Min 6 Years)
Allergenic Extracts/Biologicals Misc		
Allergenic Extracts**		
GRASTEK	4	PA

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Drug	Status	Notes
PALFORZIA (1 MG DAILY DOSE)	4	QL (1 capsule per day limited to a 15 day supply); AL (Min 1 Years and Max 3 Years)
PALFORZIA (12 MG DAILY DOSE)	4	QL (3 capsules per day limited to a 15 day supply); AL (Min 4 Years and Max 17 Years)
PALFORZIA (120 MG DAILY DOSE)	4	QL (2 capsules per day limited to a 15 day supply); AL (Min 4 Years and Max 17 Years)
PALFORZIA (160 MG DAILY DOSE)	4	QL (4 capsules per day limited to a 15 day supply); AL (Min 4 Years and Max 17 Years)
PALFORZIA (20 MG DAILY DOSE)	4	QL (1 capsule per day limited to a 15 day supply); AL (Min 4 Years and Max 17 Years)
PALFORZIA (200 MG DAILY DOSE)	4	QL (2 capsules per day limited to a 15 day supply); AL (Min 4 Years and Max 17 Years)
PALFORZIA (240 MG DAILY DOSE)	4	QL (4 capsules per day limited to a 15 day supply); AL (Min 4 Years and Max 17 Years)
PALFORZIA (3 MG DAILY DOSE)	4	QL (3 capsules per day limited to a 15 day supply); AL (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG MAINTENANCE)	4	QL (1 capsule per day); AL (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG TITRATION)	4	QL (1 capsule per day limited to a 15 day supply); AL (Min 4 Years and Max 17 Years)
PALFORZIA (40 MG DAILY DOSE)	4	QL (2 capsules per day limited to a 15 day supply); AL (Min 4 Years and Max 17 Years)
PALFORZIA (6 MG DAILY DOSE)	4	QL (6 capsules per day limited to a 15 day supply); AL (Min 4 Years and Max 17 Years)
PALFORZIA (80 MG DAILY DOSE)	4	QL (4 capsules per day limited to a 15 day supply); AL (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL DOSE 1-3YRS	4	QL (7 capsules per 4 days); DS (1 fill per month); AL (Min 1 Years and Max 3 Years)
PALFORZIA INITIAL DOSE 4-17YRS	4	QL (13 capsules per 5 days); DS (1 fill per month); AL (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL ESCALATION	4	QL (13 capsules per 5 days); DS (1 fill per month); AL (Min 4 Years and Max 17 Years)
RAGWITEK	4	PA

Drug	Status	Notes
Mixed Allergenic Extracts**		
ODACTRA	4	PA
ORALAIR	4	PA
Alternative Medicines		
Alternative Medicine - AI's**		
NEOKE RA LIPOIC	3	
Amebicides		
Amebicides**		
SOLOSEC	4	QL (1 packet per 6 months)
Aminoglycosides		
Aminoglycosides**		
ARIKAYCE	D	PA; DS (30 day supply max)
BETHKIS	B	PA; SP; DS (30 day supply max)
HUMATIN	C	PA; DS (30 day supply max)
KITABIS PAK (W/ NEBULIZER)	C	PA; DS (30 day supply max)
neomycin sulfate oral	1	
TOBI	C	PA; DS (30 day supply max)
TOBI PODHALER	D	PA; DS (30 day supply max)
tobramycin inhalation nebulization solution 300 mg/4ml	B	SP; DS (30 day supply max)
tobramycin inhalation nebulization solution 300 mg/5ml	B	DS (30 day supply max)
Analgesics - Anti-Inflammatory		
Antirheumatic - Janus Kinase (Jak) Inhibitors**		
OLUMIANT ORAL TABLET 1 MG, 2 MG	D	PA; DS (30 day supply max)
OLUMIANT ORAL TABLET 4 MG	D	PA; SP; DS (30 day supply max)
RINVOQ LQ	B	PA; SP; DS (30 day supply max)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	B	PA; DS (30 day supply max)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	B	PA; SP; DS (30 day supply max)
XELJANZ ORAL SOLUTION	B	PA; QL (10ml per day); DS (30 day supply max); AL (Max 18 Years)
XELJANZ ORAL TABLET	B	PA; DS (30 day supply max)
XELJANZ XR	B	PA; DS (30 day supply max)
Antirheumatic Antimetabolites**		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	VC	EDL Alt (alternative: methotrexate injection); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	VC	EDL Alt (alternative: methotrexate injection); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
Anti-Tnf-Alpha - Monoclonal Antibodies**		
ABRILADA	D	PA; SP; DS (30 day supply max)
ABRILADA (1 PEN)	D	PA; SP; DS (30 day supply max)
ABRILADA (2 PEN)	D	PA; SP; DS (30 day supply max)
ABRILADA (2 SYRINGE)	D	PA; SP; DS (30 day supply max)
adalimumab-aacf	D	PA; SP; DS (30 day supply max)
adalimumab-aacf (2 pen)	D	PA; SP
adalimumab-aacf (2 syringe)	D	PA; SP; DS (30 day supply max)
adalimumab-aacf(cd/uc/hs strt)	D	PA; SP; DS (30 day supply max)
adalimumab-aacf(ps/uv starter)	D	PA; SP; DS (30 day supply max)
adalimumab-aaty (1 pen)	D	PA; SP; DS (30 day supply max)
adalimumab-aaty (2 pen)	D	PA; SP; DS (30 day supply max)
adalimumab-aaty (2 syringe)	D	PA; SP; DS (30 day supply max)
adalimumab-aaty cd/uc/hs start	D	PA; SP; DS (30 day supply max)
adalimumab-adaz	D	PA; SP; DS (30 day supply max)
adalimumab-adbm	B	PA; SP; DS (30 day supply max)
adalimumab-adbm (2 pen)	B	PA; SP; DS (30 day supply max)
adalimumab-adbm (2 syringe)	B	PA; SP; DS (30 day supply max)
adalimumab-adbm subcutaneous auto-injector kit 40 mg/0.8ml	B	PA; SP; DS (30 day supply max)
adalimumab-adbm(cd/uc/hs strt)	B	PA; SP; DS (30 day supply max)
adalimumab-adbm(ps/uv starter)	B	PA; SP; DS (30 day supply max)
adalimumab-fkjp	D	PA; SP; DS (30 day supply max)
adalimumab-fkjp (2 pen)	D	PA; SP; DS (30 day supply max)
adalimumab-fkjp (2 syringe)	D	PA; SP; DS (30 day supply max)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	B	PA; DS (30 day supply max)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	B	PA; DS (30 day supply max)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	D	PA; DS (30 day supply max)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	D	PA; DS (30 day supply max)
AMJEVITA-PED 10KG TO <15KG	D	PA; DS (30 day supply max)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML	D	PA; DS (30 day supply max)
CYLTEZO (2 PEN)	D	PA; SP; DS (30 day supply max)
CYLTEZO (2 SYRINGE)	D	PA; SP; DS (30 day supply max)
CYLTEZO-CD/UC/HS STARTER	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
CYLTEZO-PSORIASIS/UV STARTER	D	PA; SP; DS (30 day supply max)
HADLIMA	B	PA; SP; DS (30 day supply max)
HADLIMA PUSHTOUCH	B	PA; SP; DS (30 day supply max)
HULIO	D	PA; SP; DS (30 day supply max)
HULIO (2 PEN)	D	PA; SP; DS (30 day supply max)
HULIO (2 SYRINGE)	D	PA; SP; DS (30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	D	PA; QL (" Continuation of therapy may be available for existing utilizers Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded"); DS (30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	D	PA; QL (" Continuation of therapy may be available for existing utilizers Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded"); DS (30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	D	PA; QL (Continuation of therapy may be available for existing utilizers Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded"); DS (30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	D	PA; QL (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	D	PA; DS (30 day supply max)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	D	PA; QL (Continuation of therapy may be available for existing utilizers Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	D	PA; DS (30 day supply max)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	D	PA; QL (Continuation of therapy may be available for existing utilizers Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	D	PA; DS (30 day supply max)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	D	PA; QL (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)

Drug	Status	Notes
HUMIRA-PED<40KG CROHNS STARTER	D	PA; QL (Continuation of therapy may be available for existing utilizers Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA-PED>/=40KG CROHNS START	D	PA; QL (Continuation of therapy may be available for existing utilizers Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT	D	PA; QL (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	D	PA; DS (30 day supply max)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; QL (Continuation of therapy may be available for existing utilizers Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	D	PA; DS (30 day supply max)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	D	PA; SP; DS (30 day supply max)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	D	PA; DS (30 day supply max)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	D	PA; SP; DS (30 day supply max)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	D	PA; DS (30 day supply max)
HYRIMOZ-CROHNS/UC STARTER	D	PA; SP; DS (30 day supply max)
HYRIMOZ-PED<40KG CROHN STARTER	D	PA; SP; DS (30 day supply max)
HYRIMOZ-PED>/=40KG CROHN START	D	PA; SP; DS (30 day supply max)
HYRIMOZ-PLAQ PSOR/UVEIT START	D	PA; SP; DS (30 day supply max)
HYRIMOZ-PLAQUE PSORIASIS START	D	PA; SP; DS (30 day supply max)
IDACIO (2 PEN)	D	PA; SP; DS (30 day supply max)
IDACIO (2 SYRINGE)	D	PA; SP; DS (30 day supply max)
IDACIO-CROHNS/UC STARTER	D	PA; SP; DS (30 day supply max)
IDACIO-PSORIASIS STARTER	D	PA; SP; DS (30 day supply max)
SIMLANDI (1 PEN)	B	PA; SP; DS (30 day supply max)
SIMLANDI (1 SYRINGE)	B	PA; SP; DS (30 day supply max)
SIMLANDI (2 PEN)	B	PA; SP; DS (30 day supply max)

Drug	Status	Notes
SIMLANDI (2 SYRINGE)	B	PA; SP; DS (30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; DS (30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
YUFLYMA (1 PEN)	D	PA; SP; DS (30 day supply max)
YUFLYMA (2 PEN)	D	PA; SP; DS (30 day supply max)
YUFLYMA (2 SYRINGE)	D	PA; SP; DS (30 day supply max)
YUFLYMA SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	D	PA; SP; DS (30 day supply max)
YUFLYMA-CD/UC/HS STARTER	D	PA; SP; DS (30 day supply max)
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR	D	PA; DS (30 day supply max)
Cyclooxygenase 2 (Cox-2) Inhibitors**		
CELEBREX	3	QL (2 capsules per day)
celecoxib oral	1	QL (2 capsules per day)
Gold Compounds**		
auranofin	3	
RIDAURA	3	
Interleukin-1 Blockers**		
ARCALYST	D	PA; DS (30 day supply max)
Interleukin-1 Receptor Antagonist (Il-1Ra)**		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
Interleukin-1Beta Blockers**		
ILARIS SUBCUTANEOUS SOLUTION	D	PA; SP; DS (30 day supply max)
Interleukin-6 Receptor Inhibitors**		
ACTEMRA ACTPEN	C	PA; DS (30 day supply max)
ACTEMRA SUBCUTANEOUS	C	PA; DS (30 day supply max)
KEVZARA	D	PA; DS (30 day supply max)
TYENNE SUBCUTANEOUS	D	PA; DS (30 day supply max)
Nonsteroidal Anti-Inflammatory Agent Combinations**		
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	
diclofenac-misoprostol oral tablet delayed release	1	
naproxen-esomeprazole mg	VC	EDL Alt (alternative: naproxen DR or EC tab 375mg plus esomeprazole magnesium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG	VC	EDL Alt (alternative: naproxen DR or EC tab 375mg plus esomeprazole magnesium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	VC	EDL Alt (alternative: naproxen DR or EC tab 500mg plus esomeprazole magnesium DR cap 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**		
COXANTO	VC	DS (30 day supply max); EDL Alt (Alternative: oxaprozin 600mg tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DAYPRO	3	
diclofenac potassium oral capsule	VC	EDL Alt (alternative: Diclofenac Sodium DR tab 25mg, 50mg or 75mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
diclofenac potassium oral tablet 25 mg	VC	EDL Alt (alternative: diclofenac tab 75mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
EC-NAPROSYN	3	
ec-naproxen	3	
etodolac er oral tablet extended release 24 hour 400 mg	1	QL (3 tablets per day)
etodolac er oral tablet extended release 24 hour 500 mg, 600 mg	1	QL (2 tablets per day)
etodolac oral capsule 200 mg	1	QL (6 capsules per day)
etodolac oral capsule 300 mg	1	QL (4 capsules per day)
etodolac oral tablet 400 mg	1	QL (3 tablets per day)
etodolac oral tablet 500 mg	1	QL (2 tablets per day)
FELDENE	3	
fenoprofen calcium oral capsule	VC	EDL Alt (alternative: fenoprofen tab 600mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fenoprofen calcium oral tablet	3	
FENOPRON	VC	EDL Alt (Alternative: fenoprofen tab 600mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
flurbiprofen oral tablet 100 mg	4	
flurbiprofen oral tablet 50 mg	1	
IBU	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN ORAL	VC	EDL Alt (Alternative: indomethacin capsules); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
INDOCIN RECTAL	VC	EDL Alt (alternative: indomethacin cap 25mg or 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral suspension	VC	EDL Alt (Alternative: indomethacin capsules); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
indomethacin rectal suppository 50 mg	VC	EDL Alt (alternative: indomethacin cap 25 mg or 50 mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ketoprofen er	4	QL (1 capsule per day)
ketoprofen oral capsule 25 mg	4	
ketoprofen oral capsule 50 mg	VC	EDL Alt (alternative: Ketoprofen 25mg cap); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ketorolac tromethamine oral	1	QL (20 tablets per 5 days); DS (5 day supply max)
KIPROFEN	4	
LODINE	4	QL (3 tablets per day)
LOFENA	VC	EDL Alt (alternative: diclofenac tab 75mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
LURBIPR	4	
meclofenamate sodium oral	3	
mefenamic acid oral	1	
meloxicam oral capsule	VC	EDL Alt (alternative: meloxicam tab 7.5mg or 15mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
meloxicam oral suspension	VC	EDL Alt (alternative: meloxicam tab 7.5mg or 15mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
meloxicam oral tablet 15 mg	1	QL (1 tablet per day)
meloxicam oral tablet 7.5 mg	1	QL (2 tablets per day)
nabumetone oral	1	
NALFON ORAL CAPSULE 400 MG	VC	EDL Alt (alternative: fenoprofen tab 600mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
NALFON ORAL TABLET	3	
NAPROSYN ORAL SUSPENSION	VC	EDL Alt (alternative: naproxen tab 250mg or naproxen (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
NAPROSYN ORAL TABLET 500 MG	3	

Drug	Status	Notes
naproxen oral suspension	VC	EDL Alt (alternative: naproxen tab 250mg or naproxen (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg	1	
oxaprozin oral capsule	VC	DS (30 day supply max); EDL Alt (Alternative: oxaprozin 600mg tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	VC	EDL Alt (alternative: nabumetone 500mg or 750mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SPRIX	VC	QL (10 bottles per month); EDL Alt (alternative: ketorolac tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
sulindac oral	1	
TOLECTIN 600	VC	EDL Alt (Alternative: tolmetin 400mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tolmetin sodium oral capsule	4	QL (5 capsules per day)
tolmetin sodium oral tablet 600 mg	VC	EDL Alt (Alternative: tolmetin 400mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ZIPSOR	VC	EDL Alt (alternative: Diclofenac Sodium DR tab 25mg, 50mg or 75mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ZORVOLEX	VC	EDL Alt (alternative: diclofenac potassium tab 50mg or diclofenac sodium DR tab 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Phosphodiesterase 4 (Pde4) Inhibitors**		
OTEZLA ORAL TABLET 20 MG	B	PA; SP; DS (30 day supply max)
OTEZLA ORAL TABLET 30 MG	B	PA; DS (30 day supply max)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	B	PA; DS (30 day supply max)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	B	PA; SP; DS (30 day supply max)
Pyrimidine Synthesis Inhibitors**		
ARAVA	3	QL (1 tablet per day)
leflunomide oral tablet 10 mg, 20 mg	1	QL (1 tablet per day)
Selective Costimulation Modulators**		
ORENCIA CLICKJECT	C	PA; DS (30 day supply max)

Drug	Status	Notes
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	C	PA; DS (30 day supply max)
Soluble Tumor Necrosis Factor Receptor Agents**		
ENBREL MINI	B	PA; SP; QL (4ml per 28 days); DS (30 day supply max)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	B	PA; QL (4ml per 28 days); DS (30 day supply max)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; QL (4ml per 28 days); DS (30 day supply max)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; QL (4ml per 28 days); DS (30 day supply max)
Analgesics - Nonnarcotic		
Analgesics - Selective Nav1.8 Sodium Channel Inhibitors**		
JOURNAVX	3	PA
Analgesics-Sedatives**		
ALLZITAL	VC	EDL Alt (alternative: butalbital/acetaminophen tab 50-325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
BAC (BUTALBITAL-ACETAMIN-CAFF)	1	
BUPAP ORAL TABLET 50-300 MG	VC	EDL Alt (alternative: butalbital/acetaminophen tab 50-325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
butalbital-acetaminophen oral capsule	VC	EDL Alt (alternative: butalbital/acetaminophen tab 50-325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
butalbital-acetaminophen oral tablet 50-300 mg	VC	EDL Alt (alternative: butalbital/acetaminophen tab 50-325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caffeine oral capsule	1	QL (6 capsules per day); AL (Min 12 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-aspirin-caffeine oral capsule	1	
ESGIC ORAL CAPSULE	1	AL (Min 12 Years)
ESGIC ORAL TABLET	3	
FIORICET ORAL CAPSULE	3	QL (6 capsules per day); AL (Min 12 Years)
TENCON ORAL TABLET 50-325 MG	3	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	1	AL (Min 12 Years)

Drug	Status	Notes
Salicylates**		
adult aspirin regimen	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin 81	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin adult low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin adult low strength oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin childrens	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin ec adult low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin ec low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin ec low strength	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin low dose oral tablet chewable	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin low dose oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin low strength	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin oral tablet 325 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Drug	Status	Notes
aspirin oral tablet chewable	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin oral tablet delayed release 325 mg, 81 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin regimen	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ASPIR-LOW	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
BAYER ADVANCED ASPIRIN REG ST	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
BAYER ASPIRIN EC LOW DOSE	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
BAYER ASPIRIN ORAL TABLET	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
BAYER LOW DOSE	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
childrens aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
cvs aspirin adult low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
cvs aspirin adult low strength	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
cvs aspirin ec oral tablet delayed release 81 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Drug	Status	Notes
cvs aspirin low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
cvs aspirin low strength oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
cvs aspirin oral tablet 325 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
cvs genuine aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
diflunisal oral	1	
DOLOBID ORAL TABLET 250 MG	VC	DS (30 day supply max); EDL Alt (Alternative: Diflunisal 500mg tablet); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DOLOBID ORAL TABLET 375 MG	VC	EDL Alt (Alternative: Diflunisal 500mg tablet); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ECOTRIN	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ECOTRIN ARTHRTIS PAIN	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ECOTRIN LOW STRENGTH	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ECPIRIN	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eq aspirin adult low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eq aspirin low dose oral tablet chewable	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Drug	Status	Notes
eq aspirin oral tablet	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eql aspirin ec oral tablet delayed release 325 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eql aspirin low dose oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eql aspirin low dose oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ft aspirin low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ft aspirin oral tablet	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ft enteric coated aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 1 Years)
genuine aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
gnp adult aspirin low strength oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
gnp aspirin low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
gnp aspirin oral tablet 325 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
gnp aspirin oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
goodsense aspirin adults	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Drug	Status	Notes
goodsense aspirin low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
goodsense aspirin oral tablet	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
goodsense aspirin oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
goodsense aspirin oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
h-e-b aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
hm adult aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
hm aspirin ec	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
hm aspirin ec low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
hm aspirin oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
kls aspirin low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
kp aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
meijer aspirin ec	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Drug	Status	Notes
mm aspirin oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
px aspirin oral tablet	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
px aspirin oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
px enteric aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
qc aspirin low dose oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
qc aspirin low dose oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
qc aspirin oral tablet	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
qc aspirin oral tablet delayed release	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
qc childrens aspirin	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
qc enteric aspirin	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ra aspirin adult low dose	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ra aspirin adult low strength oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ra aspirin childrens	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ra aspirin ec adult low st	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Drug	Status	Notes
ra aspirin ec oral tablet delayed release 325 mg	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ra aspirin ec oral tablet delayed release 81 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ra aspirin oral tablet 325 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ra pain relief aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sb aspirin ec	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sb aspirin oral tablet	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sb childrens aspirin	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sb low dose asa ec	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm aspirin adult low strength oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm aspirin ec	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm aspirin ec low strength	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm aspirin low dose oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm aspirin low dose oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm childrens aspirin	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Drug	Status	Notes
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
Analgesics - Opioid		
Codeine Combinations**		
acetaminophen-codeine oral solution 120-12 mg/5ml	2	QL (272ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
acetaminophen-codeine oral tablet 300-15 mg	1	PA; QL (26 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
acetaminophen-codeine oral tablet 300-30 mg	1	PA; QL (20 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
acetaminophen-codeine oral tablet 300-60 mg	1	PA; QL (10 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
ASCOMP-CODEINE	1	QL (12 capsules per day)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	VC	EDL Alt (alternative: butalbital/acetaminophen/caffeine/codeine cap 50-325-40-30mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL (12 capsules per day)
butalbital-asa-caff-codeine	1	QL (12 capsules per day)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	VC	EDL Alt (alternative: butalbital/acetaminophen/caffeine/codeine cap 50-325-40-30mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
Dihydrocodeine Combinations**		
apap-caff-dihydrocodeine oral capsule	3	PA; QL (24 capsules per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA; QL (24 capsules per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
Hydrocodone Combinations**		
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	VC	QL (147ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max)); EDL Alt (Alternative: Hydrocodone/APAP tablet 10-300mg)
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	VC	QL (147ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL (196ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	1	QL (8 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydrocodone-acetaminophen oral tablet 2.5-325 mg	3	QL (24 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	1	QL (18 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg	1	QL (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))

Drug	Status	Notes
hydrocodone-ibuprofen oral tablet 10-200 mg	VC	QL (8 tablets per day); EDL Alt (alternative: hydrocodone-ibuprofen 7.5-200mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
hydrocodone-ibuprofen oral tablet 5-200 mg	1	QL (18 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	QL (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
Opioid Agonists**		
codeine sulfate oral tablet 15 mg	1	PA; QL (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
codeine sulfate oral tablet 30 mg	1	PA; QL (20 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
codeine sulfate oral tablet 60 mg	1	PA; QL (10 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	VC	QL (2 capsules per day); EDL Alt (alternative: tramadol hcl ER tab 24hour biphasic release 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	VC	QL (2 capsules per day); EDL Alt (alternative: tramadol hcl ER tab 24hour biphasic release 200mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	VC	QL (2 capsules per day); EDL Alt (alternative: tramadol hcl ER tab 24hour biphasic release 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)

Drug	Status	Notes
DILAUDID ORAL LIQUID	3	PA; QL (24.5ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
DILAUDID ORAL TABLET 2 MG	3	PA; QL (12 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
DILAUDID ORAL TABLET 4 MG	3	PA; QL (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
DILAUDID ORAL TABLET 8 MG	3	PA; QL (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
fentanyl	1	PA; QL (20 patches per month: PA applies for new starts only)
fentanyl citrate buccal lozenge on a handle	4	PA; QL (6 lollipops per day); DS (30 day supply max); AL (Min 16 Years)
fentanyl citrate buccal tablet	3	PA; QL (18 tablets per day)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL (18 tablets per day)
hydrocodone bitartrate er oral capsule extended release 12 hour	4	PA; QL (4 capsules per day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	2	PA; QL (2 tablets per day: PA applies to new starts only)
hydromorphone hcl er oral tablet extended release 24 hour	4	PA; QL (2 tablets per day: PA applies to new starts only)
hydromorphone hcl oral liquid	1	PA; QL (24.5ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydromorphone hcl oral tablet 2 mg	1	PA; QL (12 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))

Drug	Status	Notes
hydromorphone hcl oral tablet 4 mg	1	PA; QL (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydromorphone hcl oral tablet 8 mg	1	PA; QL (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydromorphone hcl rectal	3	PA; QL (8 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
HYSINGLA ER	2	PA; QL (2 tablets per day: PA applies to new starts only)
levorphanol tartrate oral	4	PA; QL (16 tablets per day)
meperidine hcl oral solution	3	PA; QL (98ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
meperidine hcl oral tablet 50 mg	1	PA; QL (18 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
methadone hcl oral tablet	3	PA
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL (4.8ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
morphine sulfate er beads	4	PA; QL (2 capsules per day)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	4	PA; QL (2 capsules per day)
morphine sulfate er oral tablet extended release	1	PA; QL (PA applies to new starts only)
morphine sulfate oral solution 10 mg/5ml	1	QL (49ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))

Drug	Status	Notes
morphine sulfate oral solution 20 mg/5ml	1	QL (24.5ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
morphine sulfate rectal suppository 10 mg	3	PA; QL (8 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
morphine sulfate rectal suppository 20 mg	3	PA; QL (4 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
morphine sulfate rectal suppository 30 mg	3	PA; QL (2 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
morphine sulfate rectal suppository 5 mg	3	PA; QL (18 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
morphine sulfate tablet 15 mg oral	1	PA; QL (6 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
morphine sulfate tablet 15 mg oral	3	PA; QL (6 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
morphine sulfate tablet 30 mg oral	1	PA; QL (2 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))

Drug	Status	Notes
morphine sulfate tablet 30 mg oral	3	PA; QL (2 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	PA; QL (PA applies to new starts only)
NUCYNTA ER	4	PA; QL (2 tablets per day: PA applies to new starts only); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
NUCYNTA ORAL TABLET 100 MG	4	PA; QL (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
NUCYNTA ORAL TABLET 50 MG	4	PA; QL (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
NUCYNTA ORAL TABLET 75 MG	4	PA; QL (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
OXAYDO ORAL TABLET 5 MG	VC	QL (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max)); EDL Alt (alternative: oxycodone tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
OXAYDO ORAL TABLET 7.5 MG	VC	QL (8 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max)); EDL Alt (alternative: oxycodone tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	4	PA; QL (4 tablets per day: PA applies to new starts only)

Drug	Status	Notes
oxycodone hcl oral capsule	1	PA; QL (12 capsules per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone hcl oral concentrate 100 mg/5ml	1	PA; QL (3.2ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone hcl oral solution	1	PA; QL (65.2ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone hcl oral tablet 10 mg	1	PA; QL (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone hcl oral tablet 15 mg	1	QL (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone hcl oral tablet 20 mg, 30 mg	1	PA; QL (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone hcl oral tablet 5 mg	1	QL (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone hcl oral tablet abuse-deterrent 10 mg	VC	EDL Alt (Alternative: oxycodone immediate release tab 5mg, 10mg, 15mg or 30mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
oxycodone hcl oral tablet abuse-deterrent 15 mg	1	QL (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone hcl oral tablet abuse-deterrent 30 mg, 5 mg	VC	EDL Alt (alternative: oxycodone immediate release tab 5mg, 10mg, 15mg or 30mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	4	PA; QL (4 tablets per day: PA applies to new starts only)
oxymorphone hcl er	4	PA; QL (4 tablets per day: PA applies to new starts only)
oxymorphone hcl oral tablet 10 mg	1	PA; QL (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxymorphone hcl oral tablet 5 mg	1	PA; QL (6 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
QDOLO	4	QL (32ml per day per day); DS (30 day supply max); AL (Min 18 Years)
ROXICODONE ORAL TABLET 15 MG	3	QL (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
ROXICODONE ORAL TABLET 30 MG	3	PA; QL (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG	VC	EDL Alt (Alternative: oxycodone immediate release tab 5mg, 10mg, 15mg, or 30 mg)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG	VC	QL (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max)); EDL Alt (alternative: oxycodone immediate release tab 5mg, 10mg, 15mg or 30mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG	VC	EDL Alt (alternative: oxycodone immediate release tab 5mg, 10mg, 15mg or 30mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SUBSYS SUBLINGUAL LIQUID 800 MCG	4	PA; DS (30 day supply max)
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg	VC	QL (2 capsules per day); EDL Alt (alternative: tramadol hcl ER tab 24hour biphasic release 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)

Drug	Status	Notes
tramadol hcl (er biphasic) oral capsule extended release 24 hour 200 mg	VC	QL (2 capsules per day); EDL Alt (alternative: tramadol hcl ER tab 24hour biphasic release 200mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
tramadol hcl (er biphasic) oral capsule extended release 24 hour 300 mg	VC	QL (2 capsules per day); EDL Alt (alternative: tramadol hcl ER tab 24hour biphasic release 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	QL (2 tablets per day); ST (Step Therapy required: 1 fill in the last 3 months - non-ER Tramadol tabs); AL (Min 16 Years)
tramadol hcl er	1	QL (2 tablets per day); AL (Min 18 Years)
tramadol hcl oral solution	4	QL (32ml per day per day); DS (30 day supply max)
tramadol hcl oral tablet 100 mg	3	
tramadol hcl oral tablet 25 mg	VC	EDL Alt (Alternative: Tramadol 50mg tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tramadol hcl oral tablet 50 mg	1	QL (16 tablets per day)
tramadol hcl oral tablet 75 mg	VC	EDL Alt (Alternative: Tramadol 50MG); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
XTAMPZA ER	4	PA; QL (4 tablets per day: PA applies to new starts only)
Opioid Combinations*		
APADAZ ORAL TABLET 4.08-325 MG	VC	QL (6 tablets per day); EDL Alt (alternative: benzhydrocodone hclacetaminophen tab 4.08325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
APADAZ ORAL TABLET 6.12-325 MG	VC	QL (6 tablets per day); EDL Alt (alternative: benzhydrocodone hclacetaminophen tab 6.12325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
APADAZ ORAL TABLET 8.16-325 MG	VC	QL (6 tablets per day); EDL Alt (alternative: benzhydrocodone hclacetaminophen tab 8.16325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
benzhydrocodone-acetaminophen	3	QL (6 tablets per day)
ENDOCET ORAL TABLET 10-325 MG	1	QL (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))

Drug	Status	Notes
ENDOCET ORAL TABLET 2.5-325 MG	1	QL (24 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
ENDOCET ORAL TABLET 5-325 MG	1	QL (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
ENDOCET ORAL TABLET 7.5-325 MG	1	PA; QL (8 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
nalocet	3	QL (24 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone-acetaminophen oral solution 10-300 mg/5ml	VC	QL (40ml per day); EDL Alt (alternative: oxycodone/acetaminophen 5-325mg/5ml oral solution or oxycodone/acetaminophen 5/325mg tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
oxycodone-acetaminophen oral solution 5-325 mg/5ml	3	PA; QL (65.2ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	VC	QL (8 tablets per day); EDL Alt (alternative: oxycodone/acetaminophen tab 5/325mg, 7.5/325mg, or 10/325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone-acetaminophen oral tablet 2.5-300 mg	3	QL (24 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))

Drug	Status	Notes
oxycodone-acetaminophen oral tablet 2.5-325 mg	1	QL (24 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone-acetaminophen oral tablet 5-325 mg	1	QL (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	PA; QL (8 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
PERCOCET ORAL TABLET 10-325 MG	4	QL (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
PERCOCET ORAL TABLET 2.5-325 MG	4	QL (24 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
PERCOCET ORAL TABLET 5-325 MG	4	QL (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
PERCOCET ORAL TABLET 7.5-325 MG	4	QL (8 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
PROLATE ORAL SOLUTION	VC	QL (40ml per day); EDL Alt (alternative: oxycodone/acetaminophen 5-325mg/5ml oral solution or oxycodone/acetaminophen 5/325mg tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PROLATE ORAL TABLET	VC	QL (8 tablets per day); EDL Alt (alternative: oxycodone/acetaminophen tab 5/325mg, 7.5/325mg, or 10/325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Opioid Partial Agonists**		
BELBUCA	4	PA; QL (4 films per day)
buprenorphine hcl sublingual tablet sublingual 2 mg	1	QL (16 tablets per day)

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Drug	Status	Notes
buprenorphine hcl sublingual tablet sublingual 8 mg	1	QL (8 tablets per day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	3	QL (4 films per day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	3	QL (16 films per day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	3	QL (12 films per day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	3	QL (6 films per day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	QL (12 tablets per day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	QL (4 tablets per day)
buprenorphine transdermal	1	PA; QL (8 patches per month: PA applies for new starts only); AL (Min 18 Years)
butorphanol tartrate nasal	1	QL (4x 2.5ml bottles per month)
BUTRANS	3	PA; QL (8 patches per month: PA applies for new starts only); AL (Min 18 Years)
pentazocine-naloxone hcl	1	PA; QL (10 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (4 films per day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	QL (16 films per day)
SUBOXONE SUBLINGUAL FILM 4-1 MG	3	QL (12 films per day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	3	QL (6 films per day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG	2	QL (6 tablets per day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	QL (2 tablets per day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	2	QL (4 tablets per day)
Tramadol Combinations**		
SEGLENTIS	VC	EDL Alt (alternative: Celecoxib 50mg, 100mg, or 200mg AND Tramadol 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tramadol-acetaminophen	1	QL (16 tablets per day)
Androgens-Anabolic		
Androgens**		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	4	PA; QL (Limited to 150gm per 30 days); AL (Min 18 Years)
AZMIRO	4	PA
danazol oral	1	QL (4 capsules per day)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	QL (1x 10ml vial per 28 days)

Drug	Status	Notes
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	QL (4ml per 28 day)
FORTESTA	3	PA; QL (1x 60gm bottle per month); AL (Min 18 Years)
JATENZO	4	PA
KYZATREX	3	PA
methitest	3	PA
methyltestosterone oral	C	PA; SP; DS (30 day supply max)
NATESTO	4	PA
TESTIM	3	PA; QL (5gm per day)
testosterone cypionate injection solution 200 mg/ml	3	QL (4ml per 28 day)
testosterone cypionate intramuscular solution 100 mg/ml	1	QL (1x 10ml vial per 28 days)
testosterone cypionate intramuscular solution 200 mg/ml	1	QL (4ml per 28 day)
testosterone enanthate intramuscular solution	1	
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	2	QL (Limited to 150gm per 30 days); AL (Min 18 Years)
testosterone transdermal gel 10 mg/act (2%)	4	PA; QL (1x 60gm bottle per month); AL (Min 18 Years)
testosterone transdermal gel 12.5 mg/act (1%)	3	PA; QL (Limited to 150gm per 30 days); AL (Min 18 Years)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	4	PA; QL (5gm per day); M
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	2	QL (5gm per day)
testosterone transdermal gel 40.5 mg/2.5gm (1.62%)	4	PA; QL (5gm per day)
testosterone transdermal solution	2	QL (6ml per day)
TLANDO	4	PA
UNDECATREX	4	PA
VOGELXO PUMP	3	PA; QL (Limited to 150gm per 30 days); AL (Min 18 Years)
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	4	PA; QL (5gm per day)
XYOSTED	4	PA
Anorectal And Related Products		
Intrarectal Steroids**		
budesonide rectal	3	
CORTENEMA	3	
CORTIFOAM EXTERNAL	3	
hydrocortisone rectal enema	1	
UCERIS RECTAL	3	
Nitrate Vasodilating Agents**		
nitroglycerin rectal	3	
RECTIV	3	

Drug	Status	Notes
Rectal Anesthetic/Steroids**		
ANALPRAM-HC EXTERNAL LOTION	3	
PROCTOFOAM HC EXTERNAL	3	
Rectal Steroids**		
ANUSOL-HC EXTERNAL	3	
hydrocortisone (perianal) external cream 2.5 %	1	
PROCTO-MED HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
Antacids		
Antacids - Bicarbonate**		
sodium bicarbonate oral powder	3	
Anthelmintics		
Anthelmintics**		
albendazole oral	4	PA
benznidazole	3	QL (Limited to 2 fills per 180 days); AL (Min 2 Years and Max 12 Years)
BILTRICIDE	3	
EMVERM	3	
ivermectin oral tablet 3 mg	1	PA
ivermectin oral tablet 6 mg	3	PA
praziquantel oral	3	
STROMECTOL	4	PA
Antianginal Agents		
Antianginals-Other**		
ASPRUZYO SPRINKLE	4	QL (2 packets per day); AL (Min 16 Years)
ranolazine er	2	QL (2 tablets per day); AL (Min 16 Years)
Nitrates**		
ISORDIL TITRADOSE	3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 5 mg	1	
isosorbide dinitrate oral tablet 30 mg, 40 mg	3	
isosorbide mononitrate	2	
isosorbide mononitrate er	2	
NITRO-BID	3	
NITRO-DUR	3	QL (1 patch per day)
nitroglycerin sublingual	1	
nitroglycerin transdermal patch 24 hour	1	QL (1 patch per day)
nitroglycerin translingual solution	1	QL (12 grams per month)
NITROLINGUAL	3	QL (12gm per month)
NITROSTAT	3	

Drug	Status	Notes
Antianxiety Agents		
Antianxiety Agents - Misc.**		
BUCAPSOL	D	PA; SP; DS (30 day supply max)
buspirone hcl oral tablet 10 mg	1	QL (6 tablets per day)
buspirone hcl oral tablet 15 mg	1	QL (4 tablets per day)
buspirone hcl oral tablet 30 mg	1	QL (3 tablets per day)
buspirone hcl oral tablet 5 mg	1	QL (12 tablets per day)
buspirone hcl oral tablet 7.5 mg	1	
hydroxyzine hcl oral syrup	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral capsule 100 mg	3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	
meprobamate	1	
VISTARIL ORAL CAPSULE 25 MG	3	
Benzodiazepines**		
alprazolam er	1	QL (1 tablet per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
ALPRAZOLAM INTENSOL	3	
alprazolam oral tablet 0.25 mg, 0.5 mg	1	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
alprazolam oral tablet 1 mg	1	QL (3 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
alprazolam oral tablet 2 mg	1	QL (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg	1	QL (3 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
alprazolam oral tablet dispersible 2 mg	1	QL (5 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
alprazolam xr	1	QL (1 tablet per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)

Drug	Status	Notes
ATIVAN ORAL TABLET 0.5 MG	VC	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); EDL Alt (alternative: lorazepam tab 0.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
ATIVAN ORAL TABLET 1 MG	VC	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); EDL Alt (alternative: lorazepam tab 1mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
ATIVAN ORAL TABLET 2 MG	VC	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); EDL Alt (alternative: lorazepam tab 2mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
chlordiazepoxide hcl oral capsule 10 mg, 5 mg	1	QL (4 capsules per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 6 Years)
chlordiazepoxide hcl oral capsule 25 mg	1	QL (8 capsules per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 6 Years)
clorazepate dipotassium oral tablet 15 mg, 7.5 mg	1	QL (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 9 Years)
clorazepate dipotassium oral tablet 3.75 mg	1	QL (3 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 9 Years)
DIAZEPAM INTENSOL	3	QL (Limitations of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max)
diazepam oral concentrate	3	QL (Limitations of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max)
diazepam oral solution 5 mg/5ml	3	QL (40ml per day, limitations of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max)
diazepam oral tablet 10 mg, 5 mg	1	QL (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max)

Drug	Status	Notes
diazepam oral tablet 2 mg	1	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max)
LORAZEPAM INTENSOL	1	QL (1 x 30ml bottle per month, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
lorazepam oral concentrate 2 mg/ml	1	QL (1x 30ml bottle per month, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
lorazepam oral tablet	1	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG	VC	QL (max 2 fills in 25 days); EDL Alt (alternative: lorazepam (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG	VC	EDL Alt (alternative: lorazepam (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
oxazepam oral capsule 10 mg, 15 mg	1	QL (5 capsules per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 6 Years)
oxazepam oral capsule 30 mg	1	QL (4 capsules per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 6 Years)
VALIUM ORAL TABLET 10 MG, 5 MG	4	QL (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max)
VALIUM ORAL TABLET 2 MG	4	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max)
XANAX ORAL TABLET 0.25 MG, 0.5 MG	4	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
XANAX ORAL TABLET 1 MG	4	QL (3 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
XANAX ORAL TABLET 2 MG	4	QL (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)

Drug	Status	Notes
XANAX XR	4	QL (1 tablet per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
Antiarrhythmics		
Antiarrhythmics Type I-A**		
disopyramide phosphate oral	1	
NORPACE	3	
NORPACE CR	3	
quinidine gluconate er	1	
quinidine sulfate oral	3	
Antiarrhythmics Type I-B**		
mexiletine hcl oral	3	
Antiarrhythmics Type I-C**		
flecainide acetate	1	
propafenone hcl	1	
propafenone hcl er	1	
RYTHMOL SR	3	
Antiarrhythmics Type Iii**		
amiodarone hcl oral	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	A	SP; QL (2 capsules per day); DS (30 day supply max)
MULTAQ	2	QL (2 tablets per day); AL (Min 18 Years)
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	
TIKOSYN	C	SP; QL (2 capsules per day); DS (30 day supply max)
Antiasthmatic And Bronchodilator Agents		
5-Lipoxygenase Inhibitors**		
zileuton er	3	QL (2 tablets per day); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); AL (Min 12 Years)
ZYFLO	3	QL (4 tablets per day); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); AL (Min 12 Years)
Adrenergic Combinations**		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (1 inhaler per month); HDHP
ADVAIR HFA	2	QL (1 inhaler per month); HDHP; AL (Min 3 Years)

Drug	Status	Notes
AIRDUO DIGIHALER	4	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP; AL (Min 12 Years)
AIRDUO RESPICLICK 113/14	4	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP; AL (Min 12 Years)
AIRDUO RESPICLICK 232/14	4	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP; AL (Min 12 Years)
AIRDUO RESPICLICK 55/14	4	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP; AL (Min 12 Years)
AIRSUPRA	3	PA; AL (Min 18 Years)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	HDHP
BEVESPI AEROSPHERE	3	QL (1x 5.9gm or 1x 10.7gm inhaler per month); ST (Step Therapy required: ALL of the following in the last 12 months - Anoro Ellipta, Stiolto Respimat, AND Spiriva (Handihaler or Respimat)); HDHP; AL (Min 15 Years)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	2	HDHP
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	HDHP; AL (Min 5 Years)
BREYNA	3	ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP
BREZTRI AEROSPHERE	4	QL (1x 10.7gm inhaler per month); ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months - Trelegy Ellipta, Bevespi Aerosphere, and Duaklir Pressair); AL (Min 18 Years)

Drug	Status	Notes
budesonide-formoterol fumarate	3	ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP
COMBIVENT RESPIMAT	3	QL (2x 4gm inhalers per month)
DUAKLIR PRESSAIR	4	QL (1 inhaler per month); ST (Step Therapy required: BOTH of the following in the last 6 months - Anoro Ellipta AND Symbicort); HDHP; AL (Min 18 Years)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	4	QL (1x 8.8gm or 1x 13gm inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP
DULERA INHALATION AEROSOL 50-5 MCG/ACT	4	QL (1x 8.8gm or 1x 13gm inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort)
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	2	HDHP
fluticasone-salmeterol inhalation aerosol	2	QL (1 inhaler per month); HDHP; AL (Min 3 Years)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL (1 inhaler per month); HDHP
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	1	QL (1 inhaler per month); HDHP; AL (Min 12 Years)
ipratropium-albuterol	1	QL (18ml per day); HDHP
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QL (1 carton (4gm) per month); HDHP; AL (Max 18 Years)
SYMBICORT	2	HDHP
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	2	
umeclidinium-vilanterol	4	ST (Step Therapy required: 1 fill in the last 12 months - anoro ellipta brand)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (1 inhaler per month); HDHP
Anti-Ige Monoclonal Antibodies**		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; DS (30 day supply max)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	B	PA; DS (30 day supply max)

Drug	Status	Notes
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	B	PA; SP; DS (30 day supply max)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	B	PA; DS (30 day supply max)
Anti-Inflammatory Agents**		
cromolyn sodium inhalation	1	
Beta Adrenergics**		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	HDHP
albuterol sulfate inhalation	1	HDHP
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet	1	
arformoterol tartrate	3	QL (4ml (2 vials) per day); AL (Min 18 Years)
BROVANA	3	QL (4ml (2 vials) per day); AL (Min 18 Years)
formoterol fumarate inhalation	3	QL (1 carton per month); HDHP; AL (Min 18 Years)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	1	QL (3 vials (9ml) per day); HDHP
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	1	QL (3ml per day); HDHP
levalbuterol tartrate	4	QL (1 inhaler per month)
PERFOROMIST	3	QL (1 carton per month); AL (Min 18 Years)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	4	HDHP
PROAIR RESPICLICK	4	HDHP
PROVENTIL HFA	4	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (1 inhaler per month); HDHP
STRIVERDI RESPIMAT	4	QL (4 inhalers per month); ST (Step Therapy required: ALL of the following in the last 12 months - Anoro Ellipta, Stiolto Respimat, AND Spiriva (Handihaler or Respimat)); HDHP; AL (Min 18 Years)
terbutaline sulfate injection	1	
terbutaline sulfate oral	1	
VENTOLIN HFA	4	HDHP
XOPENEX HFA	4	PA; QL (1 inhaler per month)
Bronchodilators - Anticholinergics**		
ATROVENT HFA	2	QL (2x 12.9gm inhalers per month)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	4	ST (Step Therapy required: any of the following in the last 12 months - Spiriva Handihaler or Spiriva Respimat); HDHP

Drug	Status	Notes
ipratropium bromide inhalation	1	HDHP
SPIRIVA HANDIHALER	2	QL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	QL (1 inhaler per month)
tiotropium bromide monohydrate	3	QL (1 capsule per day); HDHP
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	QL (1 inhaler per month); HDHP
YUPELRI	3	PA; HDHP
Interleukin-5 Antagonists (Igg1 Kappa)**		
FASENRA PEN	B	PA; DS (30 day supply max)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	B	PA; SP; DS (30 day supply max)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	B	PA; DS (30 day supply max)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; DS (30 day supply max)
Leukotriene Receptor Antagonists**		
ACCOLATE ORAL TABLET 10 MG	3	QL (2 tablets per day)
ACCOLATE ORAL TABLET 20 MG	3	
montelukast sodium oral packet	1	QL (1 packet per day); HDHP
montelukast sodium oral tablet	1	QL (1 tablet per day); HDHP
montelukast sodium oral tablet chewable 4 mg	1	QL (1 tablet per day); HDHP
montelukast sodium oral tablet chewable 5 mg	1	QL (2 tablets per day); HDHP
SINGULAIR ORAL PACKET	3	QL (1 packet per day)
SINGULAIR ORAL TABLET	3	QL (1 tablet per day)
SINGULAIR ORAL TABLET CHEWABLE 4 MG	3	QL (1 tablet per day)
SINGULAIR ORAL TABLET CHEWABLE 5 MG	3	QL (2 tablets per day)
zafirlukast oral tablet 10 mg	1	QL (2 tablets per day); HDHP
zafirlukast oral tablet 20 mg	1	HDHP
Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors**		
OHTUVAYRE	D	PA; DS (30 day supply max)
Selective Phosphodiesterase 4 (Pde4) Inhibitors**		
DALIRESP	4	QL (1 tablet per day); AL (Min 18 Years)
roflumilast	4	QL (1 tablet per day); AL (Min 18 Years)
Steroid Inhalants**		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	2	QL (2x 6.1gm inhalers per month); DS (90 day supply max); HDHP
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	2	QL (1x 6.1gm inhaler per month); DS (90 day supply max); HDHP

Drug	Status	Notes
ARMONAIR DIGIHALER	3	QL (1 inhaler per month); ST (Step Therapy required: 1 fill in the last 3 months - Flovent); HDHP; AL (Min 12 Years)
ARNUITY ELLIPTA	2	HDHP
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	HDHP
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	HDHP
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	HDHP
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	HDHP
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	2	HDHP
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT	2	
budesonide inhalation	1	HDHP
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	2	QL (1x 60 count inhaler per month); HDHP
FLOVENT HFA	2	HDHP
fluticasone propionate diskus	2	QL (1x 60 count inhaler per month); HDHP
fluticasone propionate hfa	2	HDHP
PULMICORT	4	HDHP
PULMICORT FLEXHALER	2	HDHP
QVAR REDIHALER	2	HDHP
Thymic Stromal Lymphopoietin (Tslp) Antagonists**		
TEZSPIRE	B	PA; DS (30 day supply max)
Xanthines**		
ELIXOPHYLLIN	1	
THEO-24	4	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	3	QL (3 tablets per day)
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	
theophylline er oral tablet extended release 24 hour	1	
theophylline er tablet extended release 12 hour 450 mg oral	3	
theophylline oral	1	
Anticoagulants		
Coumarin Anticoagulants**		
JANTOVEN	1	HDHP
warfarin sodium oral	1	HDHP
Direct Factor Xa Inhibitors**		
ELIQUIS	2	QL (3 tablets per day)

Drug	Status	Notes
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (74 tablets per 28 days)
rivaroxaban	2	QL (2 tablets per day)
SAVAYSA	3	PA; QL (1 tablet per day); AL (Min 18 Years)
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL (10ml per day)
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (1 tablet per day)
XARELTO ORAL TABLET 15 MG	2	QL (2 tablets per day)
XARELTO ORAL TABLET 2.5 MG	4	QL (2 tablets per day)
XARELTO STARTER PACK	2	QL (51 tablets per 28 days)
Heparins And Heparinoid-Like Agents**		
BD HEPARIN POSIFLUSH	3	QL (120ml per 30 days)
heparin na (pork) lock flsh pf	3	QL (120ml per 30 days)
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	3	QL (120ml per 30 days)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	3	QL (120ml per 30 days)
heparin sodium (porcine) injection solution prefilled syringe	3	QL (120ml per 30 days)
heparin sodium (porcine) pf	3	QL (120ml per 30 days)
Low Molecular Weight Heparins**		
enoxaparin sodium injection solution 150 mg/ml	3	
enoxaparin sodium injection solution 300 mg/3ml	1	
enoxaparin sodium injection solution prefilled syringe	1	QL (2ml per day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
LOVENOX INJECTION SOLUTION	3	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	3	QL (2ml per day)
Synthetic Heparinoid-Like Agents**		
ARIXTRA	3	
fondaparinux sodium	1	
Thrombin Inhibitors - Selective Direct & Reversible**		
dabigatran etexilate mesylate	2	QL (2 capsules per day)
PRADAXA ORAL CAPSULE	2	QL (2 capsules per day)
PRADAXA ORAL PACKET	4	PA; AL (Max 12 Years)
Anticonvulsants		
Ampa Glutamate Receptor Antagonists**		
FYCOMPA ORAL SUSPENSION	2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	4	QL (1 tablet per day)
FYCOMPA ORAL TABLET 2 MG	4	QL (2 tablets per day)

Drug	Status	Notes
perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg	2	QL (1 tablet per day)
perampanel oral tablet 2 mg	2	QL (2 tablets per day)
Anticonvulsants - Benzodiazepines**		
clobazam oral suspension 2.5 mg/ml	4	QL (8ml per day)
clobazam oral tablet	4	QL (2 tablets per day); AL (Min 2 Years)
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (4 tablets per day)
clonazepam oral tablet 2 mg	1	QL (2 tablets per day)
clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg	1	QL (2 tablets per day)
clonazepam oral tablet dispersible 0.25 mg, 0.5 mg	1	QL (4 tablets per day)
DIASTAT ACUDIAL	3	QL (10 boxes per month)
DIASTAT PEDIATRIC	3	QL (10 boxes per month)
diazepam rectal	3	QL (10 boxes per month)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	QL (4 tablets per day)
KLONOPIN ORAL TABLET 2 MG	3	QL (2 tablets per day)
LIBERVANT	4	PA
NAYZILAM	4	PA
ONFI ORAL SUSPENSION	4	PA; QL (8ml per day)
ONFI ORAL TABLET 10 MG, 20 MG	4	PA; QL (2 tablets per day); AL (Min 2 Years)
SYMPAZAN	4	PA; QL (2 films per day)
VALTOCO 10 MG DOSE	4	PA
VALTOCO 15 MG DOSE	4	PA
VALTOCO 20 MG DOSE	4	PA
VALTOCO 5 MG DOSE	4	PA
Anticonvulsants - Misc.**		
APTIOM ORAL TABLET 200 MG, 400 MG	4	PA; QL (1 tablet per day)
APTIOM ORAL TABLET 600 MG, 800 MG	4	PA; QL (2 tablets per day)
BANZEL	3	PA
BRIVIACT ORAL SOLUTION	4	QL (20ml per day); ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); AL (Min 4 Years)
BRIVIACT ORAL TABLET	4	QL (2 tablets per day); ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); AL (Min 4 Years)
carbamazepine er	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet	1	

Drug	Status	Notes
carbamazepine oral tablet chewable 100 mg	1	
carbamazepine oral tablet chewable 200 mg	3	
CARBATROL	3	
DIACOMIT	C	PA; DS (30 day supply max)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	4	QL (3 tablets per day); ST (Step Therapy required: 3 months in the last 12 months - levetircetam 24hr tab (generic for Keppra XR)); AL (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG	4	QL (2 tablets per day); ST (Step Therapy required: 3 months in the last 12 months - levetircetam 24hr tab (generic for Keppra XR)); AL (Min 12 Years)
EPIDIOLEX	D	PA; DS (30 day supply max)
EPITOL	1	
EPRONTIA	4	QL (16ml day or 473ml per 30 days); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR))
eslicarbazepine acetate oral tablet 200 mg, 400 mg	4	QL (1 tablet per day); ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide)
eslicarbazepine acetate oral tablet 600 mg, 800 mg	4	QL (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide)
FINTEPLA	C	PA; DS (30 day supply max)
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	VC	EDL Alt (Alternative: Gabapentin Capsules); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
KEPPRA ORAL	4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	4	QL (6 tablets per day); AL (Min 12 Years)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	4	AL (Min 12 Years)
lacosamide oral	2	
LAMICTAL ODT ORAL KIT	3	AL (Max 6 Years)
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL ORAL TABLET	3	

Drug	Status	Notes
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	
LAMICTAL STARTER	3	
LAMICTAL XR	3	
lamotrigine er	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	AL (Max 6 Years)
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er oral tablet extended release 24 hour 500 mg	1	QL (6 tablets per day); AL (Min 12 Years)
levetiracetam er oral tablet extended release 24 hour 750 mg	1	AL (Min 12 Years)
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral tablet	1	
levetiracetam oral tablet disintegrating soluble	4	
LYRICA	3	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG	4	PA; QL (1 capsule per day); AL (Min 17 Years)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	4	PA; QL (2 capsules per day); AL (Min 17 Years)
MYSOLINE	3	
NEURONTIN ORAL CAPSULE 100 MG	3	
NEURONTIN ORAL CAPSULE 300 MG, 400 MG	4	
NEURONTIN ORAL SOLUTION	4	
NEURONTIN ORAL TABLET	4	
oxcarbazepine	1	
oxcarbazepine er	4	
OXTELLAR XR	4	PA
pregabalin oral	1	
primidone oral tablet 125 mg	3	
primidone oral tablet 250 mg, 50 mg	1	
QUDEXY XR	4	PA; QL (1 capsule per day); AL (Min 3 Years)
ROWEEPRA ORAL TABLET 500 MG	1	
rufinamide	3	PA
SPRITAM	4	
SUBVENITE	1	
SUBVENITE STARTER KIT-BLUE	1	
SUBVENITE STARTER KIT-GREEN	1	

Drug	Status	Notes
SUBVENITE STARTER KIT-ORANGE	1	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	2	
TEGRETOL-XR	2	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	QL (2 capsules per day)
topiramate er oral capsule er 24 hour sprinkle	4	QL (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - topiramate (generic for Topamax)); AL (Min 3 Years)
topiramate er oral capsule extended release 24 hour	4	QL (1 capsule per day); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); AL (Min 6 Years)
topiramate oral capsule sprinkle 15 mg, 25 mg	1	QL (2 capsules per day)
topiramate oral capsule sprinkle 50 mg	3	
topiramate oral tablet	1	
TRILEPTAL	3	
TROKENDI XR	4	PA; QL (1 capsule per day); AL (Min 6 Years)
VIMPAT ORAL	4	PA
ZONEGRAN	3	
ZONISADE	3	
zonisamide oral	1	
ZTALMY	D	PA; DS (30 day supply max)
Carbamates*		
felbamate	1	
FELBATOL	3	
XCOPRI	4	QL (1 tablet per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); AL (Min 18 Years)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	QL (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); AL (Min 18 Years)

Drug	Status	Notes
XCOPRI (350 MG DAILY DOSE)	4	QL (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); AL (Min 18 Years)
Gaba Modulators**		
SABRIL	B	PA; SP; DS (30 day supply max)
tiagabine hcl	3	
vigabatrin	B	PA; SP; DS (30 day supply max)
VIGADRONE	B	PA; SP; DS (30 day supply max)
VIGAFYDE	D	PA; DS (30 day supply max)
VIGPODER	B	PA; SP; DS (30 day supply max)
Hydantoins**		
DILANTIN	4	
DILANTIN INFATABS	4	
PHENYTEK	1	QL (2 capsules per day)
PHENYTOIN INFATABS	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended oral capsule 100 mg	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	1	QL (2 capsules per day)
Succinimides**		
CELONTIN	3	
ethosuximide oral	1	
methsuximide	3	
ZARONTIN	3	
Valproic Acid**		
DEPAKOTE	3	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	2	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)**		
mirtazapine oral tablet	1	
mirtazapine oral tablet dispersible	1	QL (1 tablet per day)

Drug	Status	Notes
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB	3	QL (1 tablet per day)
Antidepressant - Miscellaneous Combinations**		
AUVELITY	VC	EDL Alt (alternative: Dextromethorphan HBR (OTC) and bupropion HCL SR 100mg ER 12 HR); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Antidepressants - Misc.**		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	VC	EDL Alt (alternative: bupropion hcl ER tab 24hour 150mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG	VC	EDL Alt (alternative: bupropion hcl ER tab 24hour 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	VC	QL (1 tablet per day); EDL Alt (alternative: bupropion hcl ER tab 24hour 150mg plus bupropion hcl ER tab 24hour 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1	QL (3 tablets per day)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1	QL (2 tablets per day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	QL (3 tablets per day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	1	QL (45 tablets per month)
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	VC	EDL Alt (alternative: bupropion hcl ER tab 24hour 150mg plus bupropion hcl ER tab 24hour 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
bupropion hcl oral	1	
FORFIVO XL	VC	EDL Alt (alternative: bupropion hcl ER tab 24hour 150mg plus bupropion hcl ER tab 24hour 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	3	QL (3 tablets per day)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG	3	QL (2 tablets per day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	VC	QL (3 tablets per day); EDL Alt (alternative: bupropion hcl XL tab 150mg or 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	VC	QL (45 tablets per month); EDL Alt (alternative: bupropion hcl XL tab 150mg or 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Gaba Receptor Modulator - Neuroactive Steroid**		
ZURZUVAE	D	PA; DS (30 day supply max)
Monoamine Oxidase Inhibitors (Maois)**		
EMSAM	D	QL (1 patch per day); DS (30 day supply max); AL (Min 16 Years)
MARPLAN	3	
NARDIL	3	
PARNATE	3	
phenelzine sulfate oral	1	
tranylcypromine sulfate	1	
Selective Serotonin Reuptake Inhibitors (Ssris)**		
CELEXA ORAL TABLET	4	HDHP
citalopram hydrobromide oral capsule	VC	EDL Alt (alternative: citalopram tab 10mg or 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
citalopram hydrobromide oral solution 10 mg/5ml	1	HDHP
citalopram hydrobromide oral tablet	1	HDHP
escitalopram oxalate oral	1	HDHP
fluoxetine hcl oral capsule	1	HDHP
fluoxetine hcl oral capsule delayed release	VC	QL (5 capsules per month); EDL Alt (alternative: fluoxetine cap 20mg x3/day or fluoxetine tab 20mg x3/day); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fluoxetine hcl oral solution	1	HDHP
fluoxetine hcl oral tablet 10 mg, 20 mg	1	HDHP
fluoxetine hcl oral tablet 60 mg	1	QL (1 tablet per day)
fluvoxamine maleate	1	HDHP
fluvoxamine maleate er	1	QL (2 capsules per day); HDHP
LEXAPRO ORAL TABLET	4	HDHP
paroxetine hcl er	4	QL (1 tablet per day); HDHP
paroxetine hcl oral suspension	3	HDHP
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (45 tablets per month); HDHP
paroxetine hcl oral tablet 20 mg	1	QL (1 tablet per day); HDHP
paroxetine hcl oral tablet 30 mg	1	QL (2 tablets per day); HDHP
PAXIL CR	4	QL (1 tablet per day); HDHP
PAXIL ORAL SUSPENSION	3	HDHP
PAXIL ORAL TABLET 10 MG, 40 MG	4	QL (45 tablets per month); HDHP
PAXIL ORAL TABLET 20 MG	4	QL (1 tablet per day); HDHP

Drug	Status	Notes
PAXIL ORAL TABLET 30 MG	4	QL (2 tablets per day); HDHP
PROZAC ORAL CAPSULE 10 MG, 20 MG	4	HDHP
PROZAC ORAL CAPSULE 40 MG	4	
sertraline hcl oral capsule	VC	EDL Alt (alternative: sertraline tab 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
sertraline hcl oral concentrate	1	HDHP
sertraline hcl oral tablet	1	HDHP
ZOLOFT ORAL CONCENTRATE	3	HDHP
ZOLOFT ORAL TABLET	4	HDHP
Serotonin Modulators**		
nefazodone hcl	3	
RALDESY	VC	EDL Alt (Alternative: trazodone tablets); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone hcl oral tablet 300 mg	1	QL (1 tablet per day)
TRINTELLIX ORAL TABLET 10 MG	4	QL (2 tablets per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); AL (Min 18 Years)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	4	QL (1 tablet per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); AL (Min 18 Years)
VIIBRYD ORAL TABLET	4	QL (1 tablet per day); AL (Min 18 Years)
VIIBRYD STARTER PACK	4	QL (1 box per lifetime); AL (Min 18 Years)
vilazodone hcl	4	QL (1 tablet per day); AL (Min 18 Years)
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	3	QL (2 capsules per day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	3	QL (3 capsules per day)
desvenlafaxine er	3	QL (1 tablet per day)
desvenlafaxine succinate er	1	QL (1 tablet per day)
DRIZALMA SPRINKLE	3	ST (Step Therapy required: 3 months in the last 6 months - Cymbalta (brand or generic)); AL (Min 7 Years)

Drug	Status	Notes
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	1	QL (2 capsules per day)
duloxetine hcl oral capsule delayed release particles 30 mg	1	QL (3 capsules per day)
duloxetine hcl oral capsule delayed release particles 40 mg	1	
EFFEXOR XR	3	
FETZIMA	4	QL (1 capsule per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI))
FETZIMA TITRATION	4	QL (1 capsule per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI))
PRISTIQ	4	QL (1 tablet per day)
venlafaxine besylate er	4	
venlafaxine hcl	1	
venlafaxine hcl er	1	
Tricyclic Agents**		
amitriptyline hcl oral	1	
amoxapine	2	
ANAFRANIL	3	
clomipramine hcl oral	1	
desipramine hcl oral	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
imipramine hcl oral	1	
imipramine pamoate oral capsule 100 mg, 125 mg	1	QL (2 tablets per day)
imipramine pamoate oral capsule 150 mg	1	QL (2 capsules per day)
imipramine pamoate oral capsule 75 mg	1	QL (3 capsules per day)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	3	
PAMELOR ORAL CAPSULE	4	
protriptyline hcl	1	
trimipramine maleate oral	1	
Antidiabetics		
Alpha-Glucosidase Inhibitors**		
acarbose oral	1	HDHP
miglitol	3	HDHP

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Drug	Status	Notes
Antidiabetic - Amylin Analogs**		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (4 pens per month); AL (Min 18 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (4 pens per month); AL (Min 18 Years)
Biguanides**		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	VC	QL (2 tablets per day); EDL Alt (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	VC	QL (4 tablets per day); EDL Alt (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	VC	QL (2 tablets per day); EDL Alt (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
metformin hcl er (mod) oral tablet extended release 24 hour 500 mg	VC	QL (4 tablets per day); EDL Alt (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	VC	QL (2 tablets per day); EDL Alt (alternative: metformin hcl tab ER 24Hr 500mg or 750mg tabs); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	VC	QL (4 tablets per day); EDL Alt (alternative: metformin hcl tab ER 24Hr 500mg or 750mg tabs); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (5 tablets per day); HDHP
metformin hcl er oral tablet extended release 24 hour 750 mg	1	QL (3 tablets per day); HDHP
metformin hcl oral solution	3	HDHP
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	HDHP
metformin hcl oral tablet 625 mg	VC	EDL Alt (alternative: metformin tab 500mg, 850mg, or 1000mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
metformin hcl oral tablet 750 mg	VC	EDL Alt (Alternative: metformin tab 500mg, 850mg or 1,000mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RIOMET	3	

Drug	Status	Notes
Diabetic Other**		
BAQSIMI ONE PACK	2	QL (2 intranasal devices per month)
BAQSIMI TWO PACK	2	QL (2 intranasal devices per month)
diazoxide oral	3	
GLUCAGEN HYPOKIT	2	
glucagon emergency injection kit	2	QL (2 per month)
glucagon emergency injection solution reconstituted	2	QL (2 boxes per month)
GVOKE HYPOPEN 1-PACK	VC	EDL Alt (alternative: glucagon injection reconstituted solution 1mg or Baqsimi One Pack (glucagon) nasal powder 3mg/dose or Baqsimi Two Pack (glucagon) nasal powder 3mg/dose); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
GVOKE HYPOPEN 2-PACK	VC	EDL Alt (alternative: glucagon injection reconstituted solution 1mg or Baqsimi One Pack (glucagon) nasal powder 3mg/dose or Baqsimi Two Pack (glucagon) nasal powder 3mg/dose); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
GVOKE PFS	VC	EDL Alt (alternative: glucagon injection reconstituted solution 1mg or Baqsimi One Pack (glucagon) nasal powder 3mg/dose or Baqsimi Two Pack (glucagon) nasal powder 3mg/dose); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PROGLYCEM	3	
ZEGALOGUE	4	QL (0.6ml/day with fill limit of 2 fills/month); DS (2 day supply max); ST (Step Therapy required: 1 month in the last 12 months - generic Glucagon (NDC 00548585000)); AL (Min 6 Years)
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**		
alogliptin benzoate	4	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); HDHP; AL (Min 18 Years)
JANUVIA	2	QL (1 tablet per day); HDHP; AL (Min 18 Years)
NESINA	4	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); HDHP; AL (Min 18 Years)

Drug	Status	Notes
ONGLYZA	3	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); AL (Min 16 Years)
saxagliptin hcl	3	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); HDHP; AL (Min 16 Years)
sitagliptin	3	PA
TRADJENTA	2	HDHP
ZITUVIO	3	PA
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**		
alogliptin-metformin hcl	3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); HDHP
JANUMET	2	QL (2 tablets per day); AL (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (1 tablet per day); AL (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	2	QL (2 tablets per day); AL (Min 18 Years)
JENTADUETO	2	HDHP
JENTADUETO XR	2	QL (1 tablet per day); HDHP; AL (Min 18 Years)
KAZANO	3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); HDHP
KOMBIGLYZE XR	3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta)
saxagliptin-metformin er	3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); HDHP
sitagliptin base-metformin hcl	3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)

Drug	Status	Notes
ZITUVIMET	3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
ZITUVIMET XR	3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
Dopamine Receptor Agonists - Ergot Derivatives**		
CYCLOSET	3	
Dpp-4 Inhibitor-Thiazolidinedione Combinations**		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	4	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); HDHP
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta)
Human Insulin**		
ADMELOG INJECTION	4	PA; QL (2 ml per day); ST ( ); HDHP
ADMELOG SOLOSTAR	4	PA; QL (2ml per day); HDHP
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	4	PA; QL (6 units per day); HDHP; AL (Min 18 Years)
APIDRA	3	PA; QL (2ml per day); HDHP
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (2ml per day); ST ( ); HDHP
BASAGLAR KWIKPEN	4	PA; QL (2ml per day); HDHP
BASAGLAR TEMPO PEN	4	PA; QL (2 ml per day); HDHP
FIASP FLEXTOUCH	3	PA; QL (2ml per day); HDHP
FIASP INJECTION	3	PA; QL (2ml per day); HDHP
FIASP PENFILL	3	PA; QL (2ml per day); ST ( ); HDHP
FIASP PUMPCART	3	PA; QL (2 ml per day); HDHP
HUMALOG INJECTION	1	QL (2 ml per day); HDHP
HUMALOG JUNIOR KWIKPEN	2	QL (2ml per day); HDHP
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	QL (2ml per day); HDHP
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	4	PA; QL (2 ml per day); HDHP
HUMALOG MIX 50/50	1	QL (2 ml per day); HDHP

Drug	Status	Notes
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (2 ml per day); HDHP
HUMALOG MIX 75/25	1	QL (2 ml per day); HDHP
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (2 ml per day); HDHP
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL (2 ml per day); HDHP
HUMALOG TEMPO PEN	2	QL (2ml per day); HDHP
HUMULIN 70/30	1	QL (2ml per day); HDHP
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (2ml per day); HDHP
HUMULIN N	1	QL (2ml per day); HDHP
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (2ml per day); HDHP
HUMULIN R	1	QL (2ml per day); HDHP
HUMULIN R U-500 (CONCENTRATED)	4	PA; QL (2ml per day); HDHP
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (2ml per day); HDHP
insulin asp prot & asp flexpen	3	QL (2ml per day); HDHP
insulin aspart flexpen	3	QL (2ml per day); HDHP
insulin aspart injection	3	QL (2ML per day); HDHP
insulin aspart penfill	3	QL (2ml per day); HDHP
insulin aspart prot & aspart	3	QL (2ml per day); HDHP
insulin degludec	3	QL (2 ml per day); AL (Min 1 Years)
insulin degludec flextouch	3	QL (2 ml per day); HDHP; AL (Min 1 Years)
insulin glargine	4	PA; QL (2ml per day); HDHP
insulin glargine max solostar	4	PA; QL (2 ml per day); HDHP
insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml	4	PA; QL (2ml per day); HDHP
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	4	PA; QL (2 ml per day); HDHP
insulin glargine-yfgn	2	QL (2ml per day); HDHP
insulin lispro (1 unit dial)	3	QL (2ml per day); HDHP
insulin lispro injection	1	QL (2ML per day); HDHP
insulin lispro junior kwikpen	3	QL (2ml per day); HDHP
insulin lispro prot & lispro	3	QL (2 ml per day); HDHP
LANTUS	1	QL (2ml per day); HDHP
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (2ml per day); HDHP
LEVEMIR	3	QL (2ml per day)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (2 ml per day); HDHP
LYUMJEV	4	PA; QL (15 ml per month); HDHP

Drug	Status	Notes
LYUMJEV KWIKPEN	4	PA; QL (15 ml per month); HDHP
LYUMJEV TEMPO PEN	4	PA; QL (15 ml per month); HDHP
MERILOG	3	QL (2ml per day); HDHP
MERILOG SOLOSTAR	3	QL (2ml per day); HDHP
NOVOLIN 70/30	3	QL (2ml per day); HDHP
NOVOLIN 70/30 FLEXPEN	3	QL (2ml per day); HDHP
NOVOLIN 70/30 FLEXPEN RELION	3	QL (2ml per day); HDHP
NOVOLIN 70/30 RELION	3	QL (2ml per day); HDHP
NOVOLIN N	3	QL (2ml per day); HDHP
NOVOLIN N FLEXPEN	3	QL (2ml per day); HDHP
NOVOLIN N FLEXPEN RELION	3	QL (2ml per day); HDHP
NOVOLIN N RELION	3	QL (2ml per day); HDHP
NOVOLIN R	3	QL (2ml per day); HDHP
NOVOLIN R FLEXPEN	3	QL (2ml per day); HDHP
NOVOLIN R FLEXPEN RELION	3	QL (2ml per day); HDHP
NOVOLIN R RELION	3	QL (2ml per day); HDHP
NOVOLOG 70/30 FLEXPEN RELION	3	QL (2ml per day); HDHP
NOVOLOG FLEXPEN RELION	3	QL (2 ml per day); HDHP
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (2ml per day); HDHP
NOVOLOG INJECTION	3	QL (2ML per day); HDHP
NOVOLOG MIX 70/30	3	QL (2ml per day); HDHP
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	QL (2ml per day); HDHP
NOVOLOG MIX 70/30 RELION	3	QL (2ml per day); HDHP
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	QL (2ml per day); HDHP
NOVOLOG RELION INJECTION	3	QL (2ML per day); HDHP
REZVOGLAR KWIKPEN	4	PA
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	4	PA; QL (2ml per day); HDHP
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (2 ml per day); HDHP
SEMGLEE SUBCUTANEOUS SOLUTION	4	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
TOUJEO MAX SOLOSTAR	4	PA; QL (2 ml per day); HDHP
TOUJEO SOLOSTAR	4	PA; QL (2 ml per day); HDHP
TRESIBA	4	PA; QL (2ml per day); AL (Min 1 Years)
TRESIBA FLEXTOUCH	4	PA; QL (2ml per day); HDHP; AL (Min 1 Years)
*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***		
MOUNJARO	3	PA; DS (30 day supply max)

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Drug	Status	Notes
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**		
BYDUREON BCISE	2	PA; QL (4 pens per month); DS (30 day supply max)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (2.4ml (60 doses) per month); DS (30 day supply max); AL (Min 18 Years)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (1.2ml (60 doses) per month); DS (30 day supply max); AL (Min 18 Years)
exenatide subcutaneous solution pen-injector 10 mcg/0.04ml	2	PA; QL (2.4ml (60 doses) per month); DS (30 day supply max); AL (Min 18 Years)
exenatide subcutaneous solution pen-injector 5 mcg/0.02ml	2	PA; QL (1.2ml (60 doses) per month); DS (30 day supply max)
liraglutide	3	PA; QL (3 pens per month); DS (30 day supply max); AL (Min 10 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (2 pens per 28 days); DS (30 day supply max)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (1 pen per 28 days); DS (30 day supply max)
OZEMPIC (2 MG/DOSE)	2	PA; QL (1 pen per 28 days); DS (30 day supply max)
RYBELSUS	2	PA; QL (1 tablet per day); DS (30 day supply max)
RYBELSUS (FORMULATION R2)	2	PA; QL (1 tablet per day); DS (30 day supply max)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML	2	PA; QL (4 pens per month); DS (30 day supply max); AL (Min 10 Years)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML	2	PA; QL (4 pens per month); DS (30 day supply max); AL (Min 10 Years)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML	2	PA; QL (4 pens per month); DS (30 day supply max); AL (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (3 pens per month); DS (30 day supply max); AL (Min 10 Years)
Insulin-Incretin Mimetic Combinations**		
SOLIQUA	4	PA; QL (6 pens (20ml) per month); AL (Min 18 Years)
XULTOPHY	4	PA; QL (5 pens per month); AL (Min 18 Years)
Meglitinide Analogues**		
nateglinide	1	QL (3 tablets per day); HDHP
repaglinide	1	HDHP
Progesterone Receptor Antagonists**		
KORLYM	D	PA; DS (30 day supply max)
mifepristone oral tablet 300 mg	D	PA; DS (30 day supply max)
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**		
TRIJARDY XR	2	QL (1 tablet per day); HDHP

Drug	Status	Notes
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**		
GLYXAMBI	2	QL (1 tablet per day); AL (Min 18 Years)
QTERN	4	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
STEGLUJAN	3	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**		
bexagliflozin	3	DS (30 day supply max); ST (Step Therapy required: at least one of each type of drug in both categories for 3 months each in the last 12 months - Farxiga or Xigduo XR and Glyxambi, Jardiance, Synjardy, Synjardy XR, or Trijardy))
BRENZAVVY	3	DS (30 day supply max); ST (Step Therapy required: at least one of each type of drug in both categories for 3 months each in the last 12 months - Farxiga or Xigduo XR and Glyxambi, Jardiance, Synjardy, Synjardy XR, or Trijardy))
dapagliflozin propanediol	3	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 10 Years)
FARXIGA	2	QL (1 tablet per day); HDHP; AL (Min 10 Years)
INVOKANA	3	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
JARDIANCE	2	QL (1 tablet per day); HDHP
STEGLATRO	3	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP

Drug	Status	Notes
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**		
dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg	2	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 10 Years)
dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg	2	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 10 Years)
INVOKAMET	3	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
INVOKAMET XR	3	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
SEGLUROMET	3	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
SYNJARDY	2	HDHP
SYNJARDY XR	2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	2	QL (1 tablet per day); AL (Min 10 Years)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	2	QL (2 tablets per day); AL (Min 10 Years)
Sulfonylurea-Biguanide Combinations**		
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (2 tablets per day); HDHP
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (4 tablets per day); HDHP
glyburide-metformin oral tablet 1.25-250 mg	1	QL (3 tablets per day); HDHP
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	QL (4 tablets per day); HDHP
Sulfonylureas**		
glimepiride oral tablet 1 mg, 2 mg	1	QL (3 tablets per day); HDHP
glimepiride oral tablet 3 mg	VC	EDL Alt (Alternative: Glimepiride 1mg, 2mg or 4mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
glimepiride oral tablet 4 mg	1	QL (2 tablets per day); HDHP
glipizide er	1	HDHP
glipizide oral tablet 10 mg, 5 mg	1	HDHP
glipizide oral tablet 2.5 mg	3	QL (2 tablets per day)
glipizide xl	1	HDHP
GLUCOTROL XL	3	
glyburide micronized	1	HDHP
glyburide oral	1	HDHP
GLYNASE	3	
Sulfonylurea-Thiazolidinedione Combinations**		
DUETACT ORAL TABLET 30-2 MG	VC	EDL Alt (alternative: glimepiride tab 2mg plus pioglitazone hcl tab 30mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 16 Years)
DUETACT ORAL TABLET 30-4 MG	VC	EDL Alt (alternative: glimepiride tab 4mg plus pioglitazone hcl tab 30mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 16 Years)
pioglitazone hcl-glimepiride oral tablet 30-2 mg	VC	EDL Alt (alternative: glimepiride tab 2mg plus pioglitazone hcl tab 30mg); EDL (Tier 1 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 16 Years)
pioglitazone hcl-glimepiride oral tablet 30-4 mg	VC	EDL Alt (alternative: glimepiride tab 4mg plus pioglitazone hcl tab 30mg); EDL (Tier 1 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 16 Years)
Thiazolidinedione-Biguanide Combinations**		
ACTOPLUS MET ORAL TABLET 15-850 MG	4	AL (Min 16 Years)
pioglitazone hcl-metformin hcl	1	QL (3 tablets per day); HDHP; AL (Min 16 Years)
Thiazolidinediones**		
ACTOS	4	QL (1 tablet per day)
pioglitazone hcl	1	QL (1 tablet per day); HDHP
Antidiarrheal/Probiotic Agents		
Antidiarrheal - Chloride Channel Antagonists**		
MYTESI	4	
Antidiarrheal/Probiotic Combinations**		
RESTORA RX	3	
Antiperistaltic Agents**		
diphenoxylate-atropine oral liquid	3	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
LOMOTIL ORAL TABLET	3	
MOTOFEN	3	

Drug	Status	Notes
Antidotes And Specific Antagonists		
Antidotes - Chelating Agents**		
CHEMET	C	PA; DS (30 day supply max)
deferasirox granules	D	PA; DS (30 day supply max)
deferasirox oral packet	D	PA; DS (30 day supply max)
deferasirox oral tablet 180 mg	B	SP; QL (14 tablets per day); DS (30 day supply max)
deferasirox oral tablet 360 mg	B	QL (10 tablets per day); DS (30 day supply max)
deferasirox oral tablet 90 mg	B	QL (28 tablets per day); DS (30 day supply max)
deferasirox oral tablet soluble	D	PA; SP; DS (30 day supply max)
deferiprone	D	PA; DS (30 day supply max)
EXJADE	D	PA; SP; DS (30 day supply max)
FERRIPROX	D	PA; DS (30 day supply max)
FERRIPROX TWICE-A-DAY	D	PA; DS (30 day supply max)
JADENU ORAL TABLET 180 MG	D	PA; SP; DS (30 day supply max)
JADENU ORAL TABLET 360 MG, 90 MG	D	PA; DS (30 day supply max)
JADENU SPRINKLE	D	PA; DS (30 day supply max)
Antidotes And Specific Antagonists**		
RADIOGARDASE	4	QL (18 tablets per day); AL (Min 2 Years)
VISTOGARD	D	PA; QL (4 packets per day); DS (30 day supply max)
Opioid Antagonists**		
KLOXXADO	3	QL (1 box per 30 days); DS (30 day supply max)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	2	QL (1 box per month); DS (30 day supply max)
naltrexone hcl oral	1	
NARCAN	2	QL (1 box per month); DS (30 day supply max)
OPVEE	2	QL (2 bottles per month); DS (30 day supply max)
REXTOVY	2	QL (1 box per month)
VIVITROL	B	DS (30 day supply max)
ZIMHI	4	QL (1ml per 30 days); ST (Step Therapy required: 1 fill in the last 3 months - generic naloxone prefilled syringe); AL (Min 12 Years)

Drug	Status	Notes
Antiemetics		
5-Ht3 Receptor Antagonists**		
ANZEMET ORAL TABLET 50 MG	3	
granisetron hcl oral	1	QL (1 tablet per day)
ondansetron hcl oral solution	1	
ondansetron hcl oral tablet 24 mg	VC	EDL Alt (alternative: ondansetron tab 8mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (4 tablets per day)
ondansetron oral tablet dispersible 16 mg	VC	EDL Alt (Alternative: Ondansetron ODT 4mg or 8mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ondansetron oral tablet dispersible 4 mg, 8 mg	1	QL (4 tablets per day)
SANCUSO	3	QL (20 patches per month)
Antiemetic Combinations**		
AKYNZEO ORAL	4	QL (1 capsule on first day of treatment); ST (Step Therapy required: simultaneous use of BOTH of the following in the last 3 months - ondansetron AND aprepitant); AL (Min 18 Years)
BONJESTA	3	PA
DICLEGIS	3	PA
doxylamine-pyridoxine	3	PA
Antiemetics - Anticholinergic**		
scopolamine	3	QL (10 patches per month)
trimethobenzamide hcl oral	1	
Antiemetics - Miscellaneous**		
dronabinol	4	QL (3 capsules per day)
MARINOL ORAL CAPSULE 10 MG, 5 MG	VC	QL (3 capsules per day)
MARINOL ORAL CAPSULE 2.5 MG	VC	QL (3 capsules per day); EDL Alt (alternative: dronabinol cap 2.5mg, 5mg, or 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SYNDROS	4	PA
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**		
aprepitant oral capsule	3	
EMEND ORAL CAPSULE 80 MG	3	
EMEND ORAL SUSPENSION RECONSTITUTED	3	
EMEND TRIPACK	3	
VARUBI (180 MG DOSE)	4	QL (Maximum of 4 tablets per 28 days); DS (30 day supply max)

Drug	Status	Notes
Antifungals		
Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)**		
BREXAFEMME	4	QL (4 tablets per day, 1 fill per month); DS (30 day supply max); ST (Step Therapy required: 1 fill in the last 3 months - Fluconazole)
Antifungals**		
ANCOBON	3	
flucytosine oral	1	
fulvicin p/g 165	VC	SP; EDL Alt (Alternatives: Griseofulvin Ultramicrosize 125mg and 250mg tablets); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
griseofulvin ultramicrosize oral tablet 165 mg	VC	SP; DS (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); EDL Alt (Alternatives: Griseofulvin Ultramicrosize 125mg and 250mg tablets)
nystatin oral tablet	1	
terbinafine hcl oral	1	QL (1 tablet per day)
Imidazoles**		
ketoconazole oral	1	
Tetrazoles**		
VIVJOA	4	QL (1 fill in 1 year); DS (84 day supply min / 90 day supply max); ST (Step Therapy required: 1 fill in the last 10 days - Fluconazole)
Triazoles**		
CRESEMBA ORAL	D	PA; DS (30 day supply max)
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	
fluconazole oral	1	
itraconazole oral capsule	1	
itraconazole oral solution	3	
NOXAFIL ORAL	4	PA
posaconazole oral	4	PA
SPORANOX ORAL CAPSULE	4	
SPORANOX ORAL SOLUTION	3	
tolsura	VC	QL (4 capsules per day); EDL Alt (alternative: itraconazole cap 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)

Drug	Status	Notes
VFEND	4	
voriconazole oral	1	
Antihistamines		
Antihistamines - Alkylamines**		
RYCLORA ORAL SOLUTION	4	QL (1x 118ml bottle per month)
Antihistamines - Ethanolamines**		
carbinoxamine maleate er	4	QL (4ml per day); DS (30 day supply max); ST (Step Therapy required: 1 month in the last 2 months - carbinoxamine 4mg tab); AL (Min 2 Years)
carbinoxamine maleate oral solution	3	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	VC	EDL Alt (alternative: carbinoxamine maleate tab 4mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
diphenhydramine hcl injection	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	4	QL (4ml per day); DS (30 day supply max); ST (Step Therapy required: 1 month in the last 2 months - carbinoxamine 4mg tab); AL (Min 2 Years)
RYVENT	VC	EDL Alt (alternative: carbinoxamine maleate tab 4mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Antihistamines - Non-Sedating**		
CLARINEX ORAL TABLET	4	QL (1 tablet per day)
desloratadine oral tablet	4	QL (1 tablet per day)
desloratadine oral tablet dispersible	4	
Antihistamines - Phenothiazines**		
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
PROMETHEGAN	1	
Antihistamines - Piperidines**		
cyproheptadine hcl oral	1	
Antihyperlipidemics		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb**		
NEXLIZET	2	QL (1 tablet per day); ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); AL (Min 18 Years)

Drug	Status	Notes
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors**		
NEXLETOL	2	QL (1 tablet per day); ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); AL (Min 18 Years)
Antihyperlipidemics - Misc.**		
icosapent ethyl	3	HDHP
LOVAZA	4	PA; QL (4 capsules per day); AL (Min 18 Years)
omega-3-acid ethyl esters	1	QL (4 capsules per day); HDHP; AL (Min 18 Years)
VASCEPA	4	PA
Bile Acid Sequestrants**		
cholestyramine light	1	HDHP
cholestyramine oral	1	HDHP
colesevelam hcl oral packet	1	QL (1 packet per day); HDHP
colesevelam hcl oral tablet	1	QL (6 tablets per day); HDHP
COLESTID	3	
COLESTID FLAVORED	3	
colestipol hcl	1	HDHP
PREVALITE	1	HDHP
QUESTRAN	3	
QUESTRAN LIGHT ORAL POWDER	3	
WELCHOL ORAL PACKET	2	QL (1 packet per day)
WELCHOL ORAL TABLET	2	QL (6 tablets per day)
Fibric Acid Derivatives**		
fenofibrate micronized oral capsule 130 mg, 200 mg	3	QL (1 capsule per day)
fenofibrate micronized oral capsule 134 mg, 67 mg	1	QL (1 capsule per day)
fenofibrate micronized oral capsule 43 mg, 90 mg	VC	EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fenofibrate oral capsule 134 mg, 67 mg	1	QL (1 capsule per day)
fenofibrate oral capsule 150 mg, 50 mg	VC	EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fenofibrate oral capsule 200 mg	3	QL (1 capsule per day)

Drug	Status	Notes
fenofibrate oral tablet 120 mg	VC	QL (1 tablet per day); EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fenofibrate oral tablet 145 mg	1	QL (1 tablet per day); HDHP
fenofibrate oral tablet 160 mg	1	QL (1 tablet per day)
fenofibrate oral tablet 40 mg, 54 mg	VC	QL (2 tablets per day); EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fenofibrate oral tablet 48 mg	1	QL (2 tablets per day); HDHP
fenofibric acid oral capsule delayed release 135 mg	1	QL (1 tablet per day); HDHP; AL (Min 18 Years)
fenofibric acid oral capsule delayed release 45 mg	1	QL (1 capsule per day); HDHP; AL (Min 18 Years)
fenofibric acid oral tablet 105 mg	3	QL (1 tablet per day)
fenofibric acid oral tablet 35 mg	3	QL (2 tablets per day)
FENOGLIDE ORAL TABLET 120 MG	VC	QL (1 tablet per day); EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
FENOGLIDE ORAL TABLET 40 MG	VC	QL (2 tablets per day); EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
FIBRICOR ORAL TABLET 105 MG	3	QL (1 tablet per day)
FIBRICOR ORAL TABLET 35 MG	3	QL (2 tablets per day)
gemfibrozil oral	1	HDHP
LIPOFEN	VC	EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
LOPID	3	
TRICOR ORAL TABLET 145 MG	VC	QL (1 tablet per day); EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TRICOR ORAL TABLET 48 MG	VC	QL (2 tablets per day); EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG	3	QL (1 tablet per day); AL (Min 18 Years)
TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG	3	QL (1 capsule per day); AL (Min 18 Years)
Hmg Coa Reductase Inhibitors**		
ALTOPREV	3	HDHP
ATORVALIQ	4	QL (15ml per day)
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg	1	QL (45 tablets per month); HDHP
atorvastatin calcium oral tablet 80 mg	1	QL (1 tablet per day); HDHP
CRESTOR	4	QL (1 tablet per day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG	4	HDHP
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG	4	QL (1 capsule per day); HDHP
flolipid oral suspension 20 mg/5ml	VC	EDL Alt (alternative: simvastatin tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
flolipid oral suspension 40 mg/5ml	VC	EDL Alt (alternative: simvastatin tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fluvastatin sodium er	1	QL (1 tablet per day); HDHP
fluvastatin sodium oral capsule 20 mg	1	QL (3 capsules per day); HDHP
fluvastatin sodium oral capsule 40 mg	1	QL (1 capsule per day); HDHP
LESCOL XL	3	QL (1 tablet per day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG	4	QL (45 tablets per month)
LIPITOR ORAL TABLET 80 MG	4	QL (1 tablet per day)
LIVALO	3	PA; QL (1 tablet per day); AL (Min 8 Years)
lovastatin oral tablet 10 mg, 20 mg	1	HDHP
lovastatin oral tablet 40 mg	1	QL (2 tablets per day); HDHP
pitavastatin calcium	3	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); HDHP; AL (Min 8 Years)
pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg	1	QL (1 tablet per day); HDHP
pravastatin sodium oral tablet 40 mg	1	QL (2 tablets per day); HDHP
rosuvastatin calcium oral	1	QL (1 tablet per day); HDHP
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (1 tablet per day); HDHP
simvastatin oral tablet 80 mg	1	PA; QL (1 tablet per day: Covered only for patients who have been stable at this dose for at least 12 months); HDHP
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (1 tablet per day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); HDHP; AL (Min 8 Years)

Drug	Status	Notes
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb**		
ezetimibe-rosuvastatin	3	QL (1 tablet per day); HDHP
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	QL (1 tablet per day); HDHP
ezetimibe-simvastatin oral tablet 10-80 mg	1	PA; QL (1 tablet per day: Covered only for patients who have been stable at this dose for at least 12 months); HDHP
ROSZET	3	QL (1 tablet per day)
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG	3	QL (1 tablet per day)
VYTORIN ORAL TABLET 10-80 MG	3	PA; QL (1 tablet per day: Covered only for patients who have been stable at this dose for at least 12 months)
Intestinal Cholesterol Absorption Inhibitors**		
ezetimibe	1	QL (1 tablet per day); HDHP
ZETIA	4	QL (1 tablet per day)
Microsomal Triglyceride Transfer Protein Inhibitors**		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	D	PA; DS (30 day supply max)
Nicotinic Acid Derivatives**		
niacin (antihyperlipidemic)	3	HDHP
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg	2	QL (2 tablets per day); HDHP
niacin er (antihyperlipidemic) oral tablet extended release 500 mg	2	QL (3 tablets per day); HDHP
NIACOR	3	HDHP
Pcsk9 Inhibitors**		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (1 pen every 2 weeks); DS (30 day supply max); AL (Min 18 Years)
REPATHA	2	PA; QL (2 syringes per month); DS (30 day supply max); AL (Min 13 Years)
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (1 cartridge per 28 days); DS (30 day supply max); AL (Min 13 Years)
REPATHA SURECLICK	2	PA; QL (2 pens per month); DS (30 day supply max); AL (Min 13 Years)
Antihypertensives		
Ace Inhibitor & Calcium Channel Blocker Combinations**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	1	HDHP
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	

Drug	Status	Notes
PRESTALIA ORAL TABLET 14-10 MG	VC	EDL Alt (alternative: perindopril erbumine tab 2mg, 4mg, or 8mg plus amlodipine besylate tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
PRESTALIA ORAL TABLET 3.5-2.5 MG	VC	QL (1 tablet per day); EDL Alt (alternative: perindopril erbumine tab 2mg, 4mg, or 8mg plus amlodipine besylate tab 2.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
PRESTALIA ORAL TABLET 7-5 MG	VC	EDL Alt (alternative: perindopril erbumine tab 2mg, 4mg, or 8mg plus amlodipine besylate tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
trandolapril-verapamil hcl er	4	HDHP
Ace Inhibitors & Thiazide/Thiazide-Like**		
ACCURETIC	4	PA
benazepril-hydrochlorothiazide	1	HDHP
enalapril-hydrochlorothiazide	1	HDHP
fosinopril sodium-hctz	1	HDHP
lisinopril-hydrochlorothiazide	1	HDHP
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	HDHP
quinapril-hydrochlorothiazide oral tablet 20-25 mg	4	
VASERETIC	3	
ZESTORETIC	3	
Ace Inhibitors**		
ACCUPRIL	3	
ALTACE ORAL CAPSULE	3	
benazepril hcl oral	1	HDHP
captopril oral	1	HDHP
enalapril maleate oral solution	3	AL (Max 10 Years)
enalapril maleate oral tablet	1	HDHP
EPANED ORAL SOLUTION	VC	EDL Alt (alternative: Enalapril tab (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fosinopril sodium	1	HDHP
lisinopril oral	1	HDHP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
moexipril hcl	1	HDHP
perindopril erbumine	1	HDHP

Drug	Status	Notes
QBRELIS	3	HDHP
quinapril hcl	1	HDHP
ramipril	1	HDHP
trandolapril	1	HDHP
VASOTEC	3	
ZESTRIL	3	
Agents For Pheochromocytoma**		
DEMSER	D	PA; DS (30 day supply max)
DIBENZYLINE	D	PA; DS (30 day supply max)
metyrosine	D	PA; DS (30 day supply max)
phenoxybenzamine hcl oral	D	PA; DS (30 day supply max)
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**		
amlodipine besylate-valsartan	1	QL (1 tablet per day); HDHP
amlodipine-olmesartan	3	QL (1 tablet per day); HDHP
AZOR	3	QL (1 tablet per day)
EXFORGE	4	QL (1 tablet per day)
telmisartan-amlodipine	1	HDHP
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**		
ATACAND HCT	3	
AVALIDE ORAL TABLET 150-12.5 MG	3	QL (2 tablets per day)
AVALIDE ORAL TABLET 300-12.5 MG	3	QL (1 tablet per day)
BENICAR HCT ORAL TABLET 20-12.5 MG	3	QL (45 tablets per month)
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG	3	QL (1 tablet per day)
candesartan cilexetil-hctz	1	HDHP
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 80-12.5 MG	4	QL (2 tablets per day)
DIOVAN HCT ORAL TABLET 320-12.5 MG, 320-25 MG	4	QL (1 tablet per day)
EDARBYCLOR	3	
HYZAAR	3	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (2 tablets per day); HDHP
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (1 tablet per day); HDHP
losartan potassium-hctz	1	HDHP
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG	3	
MICARDIS HCT ORAL TABLET 80-25 MG	3	QL (1 tablet per day)
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	1	QL (45 tablets per month); HDHP
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	1	QL (1 tablet per day); HDHP
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg	1	HDHP
telmisartan-hctz oral tablet 80-25 mg	1	QL (1 tablet per day); HDHP
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg	1	QL (2 tablets per day); HDHP

Drug	Status	Notes
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg	1	QL (1 tablet per day); HDHP
valsartan-hydrochlorothiazide oral tablet 320-25 mg	1	QL (1 tablet per day)
Angiotensin Ii Receptor Antagonists**		
ARBLI	4	PA
ATACAND	3	
AVAPRO ORAL TABLET 150 MG, 75 MG	3	QL (45 tablets per month)
AVAPRO ORAL TABLET 300 MG	3	QL (1 tablet per day)
BENICAR ORAL TABLET 20 MG	3	QL (45 tablets per month)
BENICAR ORAL TABLET 40 MG	3	QL (1 tablet per day)
BENICAR ORAL TABLET 5 MG	3	QL (3 tablets per day)
candesartan cilexetil	1	HDHP
COZAAR	3	
DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG	4	QL (2 tablets per day)
DIOVAN ORAL TABLET 320 MG	4	QL (1 tablet per day)
EDARBI	3	QL (1 tablet per day); AL (Min 18 Years)
irbesartan oral tablet 150 mg, 75 mg	1	QL (45 tablets per month); HDHP
irbesartan oral tablet 300 mg	1	QL (1 tablet per day); HDHP
losartan potassium oral	1	HDHP
MICARDIS	3	
olmesartan medoxomil oral tablet 20 mg	1	QL (45 tablets per month); HDHP
olmesartan medoxomil oral tablet 40 mg	1	QL (1 tablet per day); HDHP
olmesartan medoxomil oral tablet 5 mg	1	QL (3 tablets per day); HDHP
telmisartan	1	HDHP
valsartan oral solution	VC	EDL Alt (alternative: valsartan tab (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
valsartan oral tablet 160 mg, 40 mg, 80 mg	1	QL (2 tablets per day); HDHP
valsartan oral tablet 320 mg	1	QL (1 tablet per day); HDHP
Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides**		
amlodipine-valsartan-hctz	1	QL (1 tablet per day); HDHP
EXFORGE HCT	4	QL (1 tablet per day)
olmesartan-amlodipine-hctz	3	HDHP
TRIBENZOR	3	
Antiadrenergics - Centrally Acting**		
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
clonidine	1	HDHP

Drug	Status	Notes
clonidine hcl er oral tablet extended release 24 hour	VC	EDL Alt (alternative: clonidine transdermal patch weekly 0.1mg/24hr, 0.2mg/24hr, or 0.3mg/24hr); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
clonidine hcl oral	1	HDHP
guanfacine hcl oral	1	HDHP
methyldopa oral	3	HDHP
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	VC	EDL Alt (alternative: clonidine transdermal patch weekly 0.1mg/24hr, 0.2mg/24hr, or 0.3mg/24hr); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Antiadrenergics - Peripherally Acting**		
CARDURA	3	
doxazosin mesylate oral	1	HDHP
MINIPRESS	3	
prazosin hcl oral	1	HDHP
terazosin hcl oral	1	HDHP
TEZRULY	VC	DS (30 day supply max); EDL Alt (Alternative: terazosin capsules); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Antihypertensives - Misc.**		
VECAMYL	3	HDHP
Beta Blocker & Diuretic Combinations**		
atenolol-chlorthalidone	1	HDHP
bisoprolol-hydrochlorothiazide	1	HDHP
metoprolol-hydrochlorothiazide	1	HDHP
TENORETIC 100	3	
TENORETIC 50	3	
Direct Renin Inhibitors**		
aliskiren fumarate	1	QL (1 tablet per day); HDHP; AL (Min 18 Years)
TEKTURNA	2	QL (1 tablet per day); AL (Min 18 Years)
Endothelin Receptor Antagonists**		
TRYVIO	3	PA
Selective Aldosterone Receptor Antagonists (Saras)**		
eplerenone	1	QL (2 tablets per day); HDHP
INSPRA	3	QL (2 tablets per day)
Vasodilators**		
hydralazine hcl oral	1	HDHP
minoxidil oral	1	HDHP

Drug	Status	Notes
Anti-Infective Agents - Misc.		
Anti-Infective Agents - Misc.**		
AEMCOLO	3	QL (12 tablets for 3 days per 30 days (max 2 fills per year)); DS (30 day supply max)
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	2	QL (150ml per 10 days); DS (Limited to 1 fill per month)
FLAGYL ORAL CAPSULE	3	
IMPAVIDO	D	PA; DS (30 day supply max)
LIKMEZ	3	QL (7.5ml per day, and a limitation of 75ml per 10 days.); DS (Limited to 1 fill per month)
METRONIDAZOLE BENZO+SYRSPEND	2	QL (150ml per 10 days); DS (Limited to 1 fill per month)
metronidazole oral capsule	1	
metronidazole oral tablet 125 mg	VC	EDL Alt (Alternatives: Metronidazole 250mg and 500mg tablets); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT	B	DS (30 day supply max)
pentamidine isethionate inhalation	B	DS (30 day supply max)
tinidazole oral	1	
trimethoprim oral	3	
XIFAXAN	3	PA
Anti-Infective Misc. - Combinations**		
BACTRIM	3	
BACTRIM DS	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
SULFATRIM PEDIATRIC	1	
Antiprotozoal Agents**		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	QL (20ml per day, limited to one fill per month); DS (3 day supply max)
ALINIA ORAL TABLET	3	QL (2 tablets per day: limited to one fill per month); DS (3 day supply max)
atovaquone oral	2	
LAMPIT	3	PA
MEPRON	2	
nitazoxanide oral	3	QL (2 tablets per day: limited to one fill per month); DS (3 day supply max)
Glycopeptides**		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	3	

Drug	Status	Notes
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML	3	QL (300ml per 10 days); DS (10 day supply max)
VANCOCIN ORAL CAPSULE 250 MG	3	
vancomycin hcl oral capsule	1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml	3	QL (300ml per 10 days)
vancomycin hcl oral solution reconstituted 250 mg/5ml	3	QL (300ml per 10 days); DS (10 day supply max)
Leprostatics**		
dapsone oral tablet 100 mg	2	
dapsone oral tablet 25 mg	1	
Lincosamides**		
CLEOCIN ORAL	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
Monobactams**		
CAYSTON	C	PA; DS (30 day supply max)
Oxazolidinones**		
linezolid oral suspension reconstituted	1	QL (60ml per day); DS (28 day supply max)
linezolid oral tablet	1	QL (2 tablets per day; maximum of 28 tablets in 30 days)
SIVEXTRO ORAL	3	PA; QL (1 tablet per day; 6 tablets max per 30 days); AL (Min 18 Years)
ZYVOX ORAL SUSPENSION RECONSTITUTED	4	PA; QL (60ml per day); DS (28 day supply max)
ZYVOX ORAL TABLET	4	PA; QL (2 tablets per day; maximum of 28 tablets in 30 days)
Pleuromutilins**		
XENLETA ORAL	3	PA; QL (2 tablets per day: limited to one fill per month); DS (5 day supply max)
Urinary Anti-Infectives**		
fosfomycin tromethamine	3	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
MONUROL	3	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohyd macro	1	
nitrofurantoin oral suspension 25 mg/5ml	1	

Drug	Status	Notes
nitrofurantoin oral suspension 50 mg/5ml	VC	DS (30 day supply max); EDL Alt (Alternatives: nitrofurantoin macrocrystalline cap 25mg, 50mg or 100mg (generics for MACRODANTIN)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Antimalarials		
Antimalarial Combinations**		
atovaquone-proguanil hcl	1	
COARTEM	3	
MALARONE	3	PA
Antimalarials**		
ARAKODA	4	QL (16 tablets per 90 days); DS (90 day supply max)
chloroquine phosphate oral	3	QL (2 tablets per day); DS (30 day supply max)
DARAPRIM	D	PA; SP; DS (30 day supply max)
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	4	
hydroxychloroquine sulfate oral tablet 200 mg	1	QL (3 tablets per day)
KRINTAFEL	4	DS (90 day supply max)
mefloquine hcl	3	QL (15 tablets per 90 days)
PLAQUENIL	3	QL (3 tablets per day)
primaquine phosphate oral tablet 26.3 (15 base) mg	3	
pyrimethamine oral	D	PA; SP; DS (30 day supply max)
QUALAQUIN	3	
quinine sulfate oral	1	
SOVUNA	VC	EDL Alt (alternative: hydroxychloroquine sulfate tab 200mg or 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Antimyasthenic/Cholinergic Agents		
Antimyasthenic/Cholinergic Agents**		
FIRDAPSE	D	PA; DS (30 day supply max)
MESTINON ORAL SOLUTION	3	
MESTINON ORAL TABLET	3	
MESTINON ORAL TABLET EXTENDED RELEASE	3	
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	3	
pyridostigmine bromide oral tablet 30 mg	3	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterial Agents		
Antimycobacterial Agents**		
cycloserine oral	C	PA; DS (30 day supply max)

Drug	Status	Notes
ethambutol hcl oral	1	
isoniazid oral syrup	3	
isoniazid oral tablet 100 mg	1	QL (2 tablets per day)
isoniazid oral tablet 300 mg	1	QL (1 tablet per day)
isoniazid tablet 100 mg oral	1	QL (2 tablets per day)
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
pretomanid	C	PA; DS (30 day supply max)
PRIFTIN	3	
pyrazinamide oral	4	
rifabutin	1	
rifampin oral	1	
SIRTURO	D	PA; DS (30 day supply max)
TRECATOR	3	
Antineoplastics And Adjunctive Therapies		
Alkylating Agents**		
MYLERAN	1	DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Androgen Biosynthesis Inhibitors**		
abiraterone acetate oral tablet 250 mg, 500 mg	1	PA; QL (4 tablets per day. Only the 250mg NDCs 82249001012 and 82249001112 by Civica are covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
abiraterone acetate tablet 250 mg oral	1	QL (4 tablets per day. Only the 250mg NDCs 82249001012 and 82249001112 by Civica are covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
ABIRTEGA	1	SP; QL (4 tablets per day. Only the 250mg NDCs 82249001012 and 82249001112 by Civica are covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
YONSA	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
ZYTIGA ORAL TABLET 250 MG	1	PA; QL (4 tablets per day Only the 250mg NDC 82249-0010-12 by Civica is covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZYTIGA ORAL TABLET 500 MG	1	PA; QL (4 tablets per day. Only the 250mg NDCs 82249001012 and 82249001112 by Civica are covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antiadrenals*		
LYSODREN	1	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Antiandrogens*		
bicalutamide	1	DS (30 day supply max); CP (Tier 1)
CASODEX	1	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
ERLEADA ORAL TABLET 240 MG	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ERLEADA ORAL TABLET 60 MG	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
EULEXIN	VC	DS (30 day supply max); EDL Alt (Alternative: flutamide 125mg cap); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
NILANDRON	1	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
nilutamide	1	DS (30 day supply max); CP (Tier 1); M
NUBEQA	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
XTANDI	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
Antiestrogens**		
FARESTON	1	QL (1 tablet per day); DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
SOLTAMOX	1	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
tamoxifen citrate oral	$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
toremifene citrate	1	QL (1 tablet per day); DS (30 day supply max); CP (Tier 1)
Antimetabolites**		
azacitidine	1	DS (30 day supply max); CP (Tier 1)
capecitabine	1	DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
cytarabine (pf)	1	DS (30 day supply max); CP (Tier 1)
cytarabine injection solution	1	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
JYLAMVO	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
mercaptopurine oral suspension	1	SP; QL (1x 100ml bottle per month); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
mercaptopurine oral tablet	1	DS (30 day supply max); CP (Tier 1)
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	DS (30 day supply max); CP (Tier 1)
methotrexate sodium (pf) injection solution 1000 mg/40ml	1	DS (30 day supply max); CP (Tier 1)
methotrexate sodium injection solution 1000 mg/40ml	1	DS (30 day supply max); CP (Tier 1)
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
methotrexate sodium injection solution reconstituted	1	DS (30 day supply max); CP (Tier 1)
methotrexate sodium oral	1	DS (30 day supply max); CP (Tier 1)
ONUREG	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
PURIXAN	1	SP; QL (1x 100ml bottle per month); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TABLOID	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
TREXALL	1	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
VIDAZA	1	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XATMEP	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XELODA	1	DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Akt Inhibitors**		
TRUQAP	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Alk Inhibitors**		
ALECENSA	1	PA; QL (8 capsules per day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 18 Years)
ALUNBRIG	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
LORBRENA	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
XALKORI ORAL CAPSULE 200 MG	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 16 Years)
XALKORI ORAL CAPSULE 250 MG	1	PA; QL (2 capsules per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 16 Years)
XALKORI ORAL CAPSULE SPRINKLE	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZYKADIA ORAL TABLET	1	PA; QL (5 tablets per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 16 Years)
Antineoplastic - Anti-Her2 Agents**		
TUKYSA	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
Antineoplastic - Bcl-2 Inhibitors**		
VENCLEXTA ORAL TABLET 10 MG, 50 MG	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VENCLEXTA ORAL TABLET 100 MG	1	PA; SP; DS (30 day supply max)
VENCLEXTA STARTING PACK	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Bcr-Abl Kinase Inhibitors**		
BOSULIF ORAL CAPSULE	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
BOSULIF ORAL TABLET	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
DANZITEN	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
dasatinib oral tablet 100 mg, 140 mg, 80 mg	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
dasatinib oral tablet 20 mg, 50 mg, 70 mg	1	PA; SP; QL (2 tablets per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
GLEEVEC ORAL TABLET 100 MG	1	PA; SP; QL (6 tablets per day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
GLEEVEC ORAL TABLET 400 MG	1	PA; SP; QL (2 tablets per day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
ICLUSIG	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
imatinib mesylate oral tablet 100 mg	1	PA; SP; QL (6 tablets per day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
imatinib mesylate oral tablet 400 mg	1	PA; SP; QL (2 tablets per day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
imkeldi	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
nilotinib d-tartrate	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
nilotinib hcl	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
SCEMBLIX	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	D	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	D	PA; SP; QL (2 tablets per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
TASIGNA	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Braf Kinase Inhibitors**		
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; SP; DS (30 day supply max); CP (Tier 1)
OJEMDA ORAL SUSPENSION RECONSTITUTED	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
OJEMDA ORAL TABLET 100 MG	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TAFINLAR	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZELBORAF	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Btk Inhibitors**		
BRUKINSA	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 1)
CALQUENCE ORAL TABLET	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (4 capsules per day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 18 Years)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
IMBRUVICA ORAL SUSPENSION	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
JAYPIRCA	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Csf1r Kinase Inhibitors**		
ROMVIMZA	D	PA; SP; DS (30 day supply max)
Antineoplastic - Egfr Inhibitors**		
erlotinib hcl	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
EXKIVITY	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
gefitinib	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 1)
GILOTRIF	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
IRESSA	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
LAZCLUZE	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TAGRISSO	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TARCEVA	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VIZIMPRO	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Fgfr Kinase Inhibitors**		
BALVERSA	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LYTGOBI (12 MG DAILY DOSE)	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
LYTGOBI (16 MG DAILY DOSE)	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LYTGOBI (20 MG DAILY DOSE)	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
PEMAZYRE	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Gamma Secretase Inhibitors**		
OGSIVEO	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Hedgehog Pathway Inhibitors**		
DAURISMO	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ERIVEDGE	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ODOMZO	1	PA; QL (1 capsule per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 18 Years)
Antineoplastic - Hif-2-Alpha Inhibitors**		
WELIREG	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Antineoplastic - Histone Deacetylase Inhibitors**		
ZOLINZA	1	PA; QL (4 capsules per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 16 Years)
Antineoplastic - Hormonal And Related Agent Combinations**		
AKEEGA	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Immunomodulators**		
POMALYST	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Kras Inhibitors**		
KRAZATI	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
LUMAKRAS ORAL TABLET 120 MG	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LUMAKRAS ORAL TABLET 240 MG, 320 MG	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Mek Inhibitors**		
COTELLIC	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
GOMEKLI	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
KOSELUGO	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
MEKINIST	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
MEKTOVI	1	PA; SP; DS (30 day supply max); CP (Tier 1)
Antineoplastic - Menin Inhibitors**		
REVUFORJ ORAL TABLET 110 MG, 160 MG	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
REVUFORJ ORAL TABLET 25 MG	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Met Inhibitors**		
TABRECTA	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
TEPMETKO	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Methyltransferase Inhibitors**		
TAZVERIK	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 1)
Antineoplastic - Mtor Kinase Inhibitors**		
AFINITOR	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
AFINITOR DISPERZ	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
everolimus oral tablet soluble	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
TORPENZ	1	PA; SP; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
Antineoplastic - Multikinase Inhibitors**		
CABOMETYX	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
CAPRELSA	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
COMETRIQ (60 MG DAILY DOSE)	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ENSACOVE	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
FOTIVDA ORAL CAPSULE 0.89 MG	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
FOTIVDA ORAL CAPSULE 1.34 MG	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
lapatinib ditosylate	1	PA; QL (5 tablets per day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
NERLYNX	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 1)

Drug	Status	Notes
NEXAVAR	1	PA; QL (4 tablets per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 16 Years)
pazopanib hcl	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
QINLOCK	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
RYDAPT	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
sorafenib tosylate	1	PA; QL (4 tablets per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply); AL (Min 16 Years)
STIVARGA	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
sunitinib malate	1	PA; SP; QL (1 capsule per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
SUTENT	1	PA; SP; QL (1 capsule per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TURALIO ORAL CAPSULE 125 MG	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TYKERB	1	PA; QL (5 tablets per day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VANFLYTA	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VOTRIENT	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
XOSPATA	1	PA; DS (30 day supply max); CP (Tier 1)
Antineoplastic - Pdgfr-Alpha Inhibitors**		
AYVAKIT	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)

Drug	Status	Notes
Antineoplastic - Proteasome Inhibitors**		
NINLARO	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Ret Inhibitors**		
GAVRETO	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
RETEVMO ORAL CAPSULE	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
RETEVMO ORAL TABLET	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors**		
AUGTYRO	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
IBTROZI	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ROZLYTREK	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VITRAKVI	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Xpo1 Inhibitors**		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (60 MG TWICE WEEKLY)	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)

Drug	Status	Notes
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (80 MG TWICE WEEKLY)	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Antineoplastic Antibiotics**		
bleomycin sulfate	1	DS (30 day supply max); CP (Tier 1)
Antineoplastic Combinations**		
AVMAPKI FAKZYNJA CO-PACK	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
DARZALEX FASPRO	1	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
INQOVI	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LONSURF	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 18 Years)
Antineoplastic Enzymes**		
ONCASPAR INJECTION	1	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Antineoplastics Misc.**		
ACTIMMUNE	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ALFERON N	1	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
BESREMI	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
HYDREA	1	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
hydroxyurea oral	1	DS (30 day supply max); CP (Tier 1)
MATULANE	1	DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
SYNRIBO	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Aromatase Inhibitors**		
anastrozole oral	$0	QL (1 tablet per day); ACA (Tier 1 OR coinsurance if ACA does not apply)

Drug	Status	Notes
ARIMIDEX	1	QL (1 tablet per day); DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
AROMASIN	1	QL (1 tablet per day); DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply); F
exemestane	$0	QL (1 tablet per day); ACA (Tier 1 OR coinsurance if ACA does not apply); F
FEMARA	1	QL (1 tablet per day); DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply); F
letrozole oral	$0	QL (1 tablet per day); ACA (Tier 1 OR coinsurance if ACA does not apply); F
Cyclin-Dependent Kinases (Cdk) Inhibitors**		
IBRANCE	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
KISQALI (200 MG DOSE)	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
KISQALI (400 MG DOSE)	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
KISQALI (600 MG DOSE)	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VERZENIO	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Estrogen Receptor Antagonist**		
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
fulvestrant solution prefilled syringe 250 mg/5ml intramuscular	1	PA; CP (Tier 1)
fulvestrant solution prefilled syringe 250 mg/5ml intramuscular	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Estrogens-Antineoplastic**		
EMCYT	1	DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Folic Acid Antagonists Rescue Agents**		
leucovorin calcium oral	1	CP (Tier 1)
Gonadotropin Releasing Hormone (Gnrh) Antagonists**		
FIRMAGON (240 MG DOSE)	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ORGOVYX	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Imidazotetrazines**		
temozolomide	1	PA; SP; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors**		
VORANIGO	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors**		
REZLIDHIA	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TIBSOVO	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Isocitrate Dehydrogenase-2 (Idh2) Inhibitors**		
IDHIFA	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Janus Associated Kinase (Jak) Inhibitors**		
INREBIC	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 1)
JAKAFI	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 1)
OJJAARA	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VONJO	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Lhrh Analogs**		
CAMCEVI	1	QL (one injection per 180 days); DS (167 day supply min / 180 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply); AL (Min 18 Years)

Drug	Status	Notes
ELIGARD SUBCUTANEOUS KIT 22.5 MG	1	SP; QL (1 injection per 90 days (FDA approved only for Prostate Cancer)); DS (84 day supply min / 90 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 30 MG	1	SP; QL (1 injection per 120 days (FDA approved only for Prostate Cancer); x4 copay applies); DS (112 day supply min / 120 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 45 MG	1	SP; QL (1 injection per 180 days (FDA approved only for Prostate Cancer); x6 copay applies); DS (167 day supply min / 180 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	1	QL (1 injection per month (FDA approved only for Prostate Cancer)); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
leuprolide acetate (3 month)	1	QL (1 injection per 90 days (FDA approved only for Prostate Cancer)); DS (84 day supply min / 90 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
leuprolide acetate injection	1	SP; QL (1 injection per month (FDA approved only for Prostate Cancer)); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	D	PA; QL (1 injection per month (FDA approved only for Endometriosis and Fibroids)); DS (30 day supply max); F
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	1	QL (1 injection per month (FDA approved only for Prostate Cancer)); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	D	PA; SP; QL (1 injection per 90 days (FDA approved only for Endometriosis and Fibroids)); DS (84 day supply min / 90 day supply max); F
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	1	SP; QL (1 injection per 90 days (FDA approved only for Prostate Cancer)); DS (84 day supply min / 90 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)

Drug	Status	Notes
LUPRON DEPOT (4-MONTH)	1	SP; QL (1 injection per 120 days (FDA approved only for Prostate Cancer); x4 copay applies); DS (112 day supply min / 120 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
LUPRON DEPOT (6-MONTH)	1	SP; QL (1 injection per 180 days (FDA approved only for Prostate Cancer); x6 copay applies); DS (167 day supply min / 180 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
LUTRATE DEPOT	1	QL (1 injection per 90 days (FDA approved only for Prostate Cancer)); DS (84 day supply min / 90 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
TRELSTAR MIXJECT	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZOLADEX	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Mitotic Inhibitors**		
etoposide oral	1	DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Nitrogen Mustards And Related Analogues**		
cyclophosphamide capsule 25 mg oral	1	SP; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
cyclophosphamide capsule 25 mg oral	1	SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
cyclophosphamide capsule 50 mg oral	1	SP; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
cyclophosphamide capsule 50 mg oral	1	SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
cyclophosphamide injection	1	DS (30 day supply max); CP (Tier 1)
cyclophosphamide oral tablet	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LEUKERAN	1	DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
melphalan	1	DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Nitrosoureas**		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
Ornithine Decarboxylase (Odc) Inhibitors**		
IWILFIN	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**		
COPIKTRA	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ITOVEBI	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
PIQRAY (200 MG DAILY DOSE)	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
PIQRAY (250 MG DAILY DOSE)	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
PIQRAY (300 MG DAILY DOSE)	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZYDELIG	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**		
LYNPARZA ORAL TABLET	1	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
RUBRACA	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZEJULA ORAL TABLET	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Progestins-Antineoplastic**		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1	DS (30 day supply max); CP (Tier 1)
megestrol acetate oral tablet	1	DS (30 day supply max); CP (Tier 1)

Drug	Status	Notes
Retinoids**		
tretinoin oral	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
Selective Estrogen Receptor Degraders**		
ORSERDU	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Selective Retinoid X Receptor Agonists**		
bexarotene oral	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
TARGRETIN ORAL	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Topoisomerase I Inhibitors**		
HYCAMTIN ORAL	1	SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Urinary Tract Protective Agents**		
mesna oral	C	DS (30 day supply max)
MESNEX ORAL	C	DS (30 day supply max)
Vascular Endothelial Growth Factor (Vegf) Inhibitors**		
FRUZAQLA	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
INLYTA	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (10 MG DAILY DOSE)	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (12 MG DAILY DOSE)	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (14 MG DAILY DOSE)	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (18 MG DAILY DOSE)	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
LENVIMA (20 MG DAILY DOSE)	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (24 MG DAILY DOSE)	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (4 MG DAILY DOSE)	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (8 MG DAILY DOSE)	1	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antiparkinson And Related Therapy Agents		
Adenosine Receptor Antagonist**		
NOURIANZ	3	PA
Antiparkinson Anticholinergics**		
benztropine mesylate oral	1	
trihexyphenidyl hcl oral solution	3	
trihexyphenidyl hcl oral tablet	1	
Antiparkinson Dopaminergics**		
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	
amantadine hcl oral tablet	1	
bromocriptine mesylate oral	1	
GOCOVRI	4	PA
INBRIJA	3	PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	3	PA
PARLODEL	3	
Antiparkinson Monoamine Oxidase Inhibitors**		
AZILECT	C	SP; DS (30 day supply max)
rasagiline mesylate oral	A	SP; DS (30 day supply max)
selegiline hcl oral	1	
XADAGO	3	PA
ZELAPAR	VC	QL (2 tablets per day); EDL Alt (alternative: selegiline hcl cap 5mg or selegiline hcl tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Central/Peripheral Comt Inhibitors**		
TASMAR ORAL TABLET 100 MG	3	PA

Drug	Status	Notes
tolcapone	1	PA
Decarboxylase Inhibitors**		
carbidopa oral	1	
LODOSYN	3	
Levodopa Combinations**		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	3	
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	3	QL (8 tablets per day)
CREXONT	3	PA
DHIVY ORAL TABLET 25-100 MG	3	
RYTARY	3	PA
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100	3	QL (8 tablets per day)
STALEVO 125	3	QL (8 tablets per day)
STALEVO 150	3	QL (8 tablets per day)
STALEVO 200	3	QL (8 tablets per day)
STALEVO 50	3	QL (8 tablets per day)
STALEVO 75	3	QL (8 tablets per day)
VYALEV	D	PA; DS (30 day supply max)
Nonergoline Dopamine Receptor Agonists**		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	D	PA; DS (30 day supply max)
apomorphine hcl subcutaneous	D	PA; DS (30 day supply max)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 4.5 MG	3	QL (1 tablet per day)
NEUPRO	C	DS (30 day supply max)
ONAPGO	D	PA; SP; DS (30 day supply max)
pramipexole dihydrochloride	1	
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	2	
pramipexole dihydrochloride er oral tablet extended release 24 hour 4.5 mg	2	QL (1 tablet per day)
ropinirole hcl	1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg	1	QL (6 tablets per day); AL (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 2 mg	1	QL (8 tablets per day); AL (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 4 mg	1	QL (4 tablets per day); AL (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 8 mg	1	QL (3 tablets per day); AL (Min 16 Years)

Drug	Status	Notes
Peripheral Comt Inhibitors**		
COMTAN	3	
entacapone	1	
ONGENTYS	3	PA
Antipsychotics/Antimanic Agents		
Antimanic Agents**		
lithium	1	AL (Min 7 Years)
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
Antipsychotics - Misc.**		
CAPLYTA	4	PA
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	4	QL (3 capsules per day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	4	QL (8 capsules per day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	4	QL (5 capsules per day)
GEODON INTRAMUSCULAR	B	PA; DS (30 day supply max)
GEODON ORAL	3	QL (2 capsules per day)
LATUDA ORAL TABLET 120 MG	4	PA; QL (1 tablet per day); AL (Min 10 Years)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG, 80 MG	4	PA; QL (2 tablets per day); AL (Min 10 Years)
lurasidone hcl oral tablet 120 mg	1	QL (1 tablet per day); AL (Min 10 Years)
lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg	1	QL (2 tablets per day); AL (Min 10 Years)
NUPLAZID ORAL CAPSULE	4	PA
NUPLAZID ORAL TABLET 10 MG	4	PA
VRAYLAR ORAL CAPSULE	3	QL (1 capsule per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); AL (Min 18 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK	3	QL (1 box per 7 days); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); AL (Min 18 Years)
ziprasidone hcl	1	QL (2 capsules per day)
ziprasidone mesylate	A	PA; DS (30 day supply max)
Benzisoxazoles**		
ERZOFRI	B	PA; DS (30 day supply max)

Drug	Status	Notes
FANAPT	4	
FANAPT TITRATION PACK	4	
INVEGA HAFYERA	C	PA; DS (30 day supply max)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 6 MG	4	QL (2 tablets per day); AL (Min 12 Years)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG	4	QL (1 tablet per day); AL (Min 12 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	B	PA; DS (30 day supply max)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	B	PA
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	B	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg	4	QL (2 tablets per day); AL (Min 12 Years)
paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg	4	QL (1 tablet per day); AL (Min 12 Years)
PERSERIS	B	PA; DS (30 day supply max)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	B	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	
risperidone er	B	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
risperidone microspheres er	B	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
risperidone oral solution	1	
risperidone oral tablet	1	
risperidone oral tablet dispersible	4	
RYKINDO	B	PA; DS (30 day supply max)
UZEDY	B	PA; DS (30 day supply max)
Butyrophenones**		
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral	1	
Dibenzodiazepines**		
clozapine oral tablet	1	
clozapine oral tablet dispersible	4	
CLOZARIL	3	
VERSACLOZ	3	
Dibenzo-Oxepino Pyrroles**		
asenapine maleate	4	QL (2 tablets per day)
SAPHRIS	4	QL (2 tablets per day)
SECUADO	3	QL (1 patch per day)

Drug	Status	Notes
Dibenzothiazepines**		
quetiapine fumarate er	1	AL (Min 10 Years)
quetiapine fumarate oral tablet 100 mg, 300 mg, 400 mg	1	QL (2 tablets per day); AL (Min 10 Years)
quetiapine fumarate oral tablet 150 mg	4	QL (2 tablets per day); AL (Min 10 Years)
quetiapine fumarate oral tablet 200 mg, 25 mg, 50 mg	1	QL (3 tablets per day); AL (Min 10 Years)
SEROQUEL ORAL TABLET 100 MG, 300 MG, 400 MG	4	QL (2 tablets per day); AL (Min 10 Years)
SEROQUEL ORAL TABLET 200 MG, 25 MG, 50 MG	4	QL (3 tablets per day); AL (Min 10 Years)
SEROQUEL XR	3	AL (Min 10 Years)
Dibenzoxazepines**		
loxapine succinate oral	1	
Dihydroindolones**		
molindone hcl	3	
Muscarinic Agent - Combinations**		
COBENFY	4	PA
COBENFY STARTER PACK	4	PA
Phenothiazines**		
chlorpromazine hcl injection	3	PA
chlorpromazine hcl oral concentrate	VC	EDL Alt (alternative: chlorpromazine hcl tab 25mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
chlorpromazine hcl oral tablet	1	
COMPRO	1	
fluphenazine decanoate injection	3	PA
fluphenazine hcl injection	3	PA
fluphenazine hcl oral concentrate	3	
fluphenazine hcl oral elixir	3	
fluphenazine hcl oral tablet	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection solution 10 mg/2ml	3	PA
prochlorperazine maleate oral	1	
thioridazine hcl oral	1	
trifluoperazine hcl oral	1	
Quinolinone Derivatives**		
ABILIFY ASIMTUFII	B	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	B	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	B	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ABILIFY ORAL TABLET 10 MG, 2 MG, 5 MG	4	QL (2 tablets per day)

Drug	Status	Notes
ABILIFY ORAL TABLET 15 MG, 20 MG, 30 MG	4	QL (1 tablet per day)
aripiprazole oral solution	1	QL (25ml per day)
aripiprazole oral tablet 10 mg, 2 mg, 5 mg	1	QL (2 tablets per day)
aripiprazole oral tablet 15 mg, 20 mg, 30 mg	1	QL (1 tablet per day)
aripiprazole oral tablet dispersible	4	
ARISTADA	C	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ARISTADA INITIO	C	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
OPIPZA	VC	DS (30 day supply max); EDL Alt (Alternative: aripiprazole solution, dispersible tablets (ODT), and tablets); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
REXULTI ORAL TABLET 0.25 MG	4	QL (2 tablets per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); AL (Min 18 Years)
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL (1 tablet per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); AL (Min 18 Years)
Thienbenzodiazepines**		
olanzapine intramuscular	A	PA; DS (30 day supply max)
olanzapine oral tablet	1	QL (4 tablets per day)
olanzapine oral tablet dispersible 10 mg, 5 mg	1	QL (2 tablets per day)
olanzapine oral tablet dispersible 15 mg, 20 mg	1	QL (1 tablet per day)
ZYPREXA INTRAMUSCULAR	B	PA; DS (30 day supply max)
ZYPREXA ORAL	4	QL (4 tablets per day)
ZYPREXA RELPREVV	B	PA; DS (30 day supply max)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 5 MG	4	QL (2 tablets per day)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG, 20 MG	4	QL (1 tablet per day)
Thioxanthenes**		
thiothixene oral	3	
Antiseptics & Disinfectants		
Antiseptics & Disinfectants**		
formaldehyde external solution 37 %	3	
Antivirals		
Antiretroviral Combinations**		
abacavir sulfate-lamivudine	1	

Drug	Status	Notes
ATRIPLA	2	QL (1 tablet per day); AL (Min 18 Years)
BIKTARVY	3	QL (1 tablet per day)
CIMDUO	2	QL (1 tablet per day)
COMBIVIR	3	
COMPLERA	4	
DELSTRIGO	3	QL (1 tablet per day); AL (Min 12 Years)
DESCOVY	$0	QL (1 tablet per day); ACA (Tier 3 OR coinsurance if ACA does not apply)
DOVATO	3	
efavirenz-emtricitab-tenofo df	2	QL (1 tablet per day); AL (Min 18 Years)
efavirenz-lamivudine-tenofovir	3	QL (1 tablet per day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	3	QL (1 tablet per day)
emtricitabine-tenofovir df oral tablet 200-300 mg	$0	QL (1 tablet per day); ACA (Tier 3 OR coinsurance if ACA does not apply)
emtricitab-rilpivir-tenofov df	2	
EPZICOM	4	
EVOTAZ	3	
GENVOYA	2	
JULUCA	3	PA
KALETRA ORAL SOLUTION	2	
KALETRA ORAL TABLET	2	
lamivudine-zidovudine	1	
lopinavir-ritonavir oral solution	1	
lopinavir-ritonavir oral tablet	2	
ODEFSEY	2	
PREZCOBIX	3	
STRIBILD	2	
SYMFI	3	QL (1 tablet per day)
SYMFI LO	3	QL (1 tablet per day)
SYMTUZA	3	
TRIUMEQ	3	QL (1 tablet per day)
triumeq pd	3	QL (6 tablets per day); AL (Max 10 Years)
TRIZIVIR	3	QL (2 tablets per day)
TRUVADA	4	PA; QL (1 tablet per day)
Antiretrovirals - Capsid Inhibitors*		
SUNLENCA ORAL TABLET	D	PA; SP; DS (30 day supply max)
SUNLENCA ORAL TABLET THERAPY PACK	D	PA; QL (5 tablets per 30 days; with a limit of 1 fill per month); DS (30 day supply max)

Drug	Status	Notes
SUNLENCA SUBCUTANEOUS	D	PA; QL (3ml per 6 months); DS (167 day supply min / 180 day supply max)
YEZTUGO ORAL	D	PA; DS (30 day supply max)
YEZTUGO SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**		
maraviroc	2	QL (2 tablets per day)
SELZENTRY ORAL SOLUTION	4	
SELZENTRY ORAL TABLET	4	QL (2 tablets per day)
Antiretrovirals - Fusion Inhibitors**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	B	PA; DS (30 day supply max)
Antiretrovirals - Gp120-Directed Attachment Inhibitor**		
RUKOBIA	4	PA
Antiretrovirals - Integrase Inhibitors**		
ISENTRESS	2	
ISENTRESS HD	2	
TIVICAY	2	
TIVICAY PD	2	
Antiretrovirals - Protease Inhibitors**		
APTIVUS ORAL CAPSULE	3	
atazanavir sulfate oral capsule 150 mg, 200 mg	2	QL (2 tablets per day)
atazanavir sulfate oral capsule 300 mg	2	QL (1 capsule per day)
darunavir	2	QL (2 tablets per day)
fosamprenavir calcium	2	
LEXIVA	2	
NORVIR ORAL PACKET	2	
NORVIR ORAL TABLET	2	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	2	QL (2 tablets per day)
PREZISTA ORAL TABLET 75 MG	2	QL (6 tablets per day)
REYATAZ ORAL CAPSULE 200 MG	2	QL (2 tablets per day)
REYATAZ ORAL CAPSULE 300 MG	2	QL (1 capsule per day)
REYATAZ ORAL PACKET	2	
ritonavir	2	
VIRACEPT ORAL TABLET	2	
Antiretrovirals - Rti-Non-Nucleoside Analogues**		
EDURANT	2	QL (1 tablet per day)
EDURANT PED	2	QL (6 tablets per day)
efavirenz oral capsule 200 mg	2	QL (1 capsule per day)
efavirenz oral capsule 50 mg	2	QL (2 capsules per day)

Drug	Status	Notes
efavirenz oral tablet	2	QL (1 tablet per day)
etravirine	3	
INTELENCE ORAL TABLET 100 MG, 200 MG	4	
INTELENCE ORAL TABLET 25 MG	3	
nevirapine er oral tablet extended release 24 hour 400 mg	1	
nevirapine oral suspension	2	
nevirapine oral tablet	1	
PIFELTRO	3	QL (1 tablet per day); AL (Min 12 Years)
SUSTIVA ORAL TABLET	3	QL (1 tablet per day)
Antiretrovirals - Rti-Nucleoside Analogues-Purines**		
abacavir sulfate	1	
ZIAGEN ORAL SOLUTION	3	
ZIAGEN ORAL TABLET	4	
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**		
emtricitabine	3	QL (1 capsule per day)
EMTRIVA ORAL CAPSULE	3	QL (1 capsule per day)
EMTRIVA ORAL SOLUTION	2	QL (24ml per day)
EPIVIR ORAL SOLUTION	2	
EPIVIR ORAL TABLET	3	
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 150 mg, 300 mg	1	
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**		
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
zidovudine	1	
Antiretrovirals - Rti-Nucleotide Analogues**		
tenofovir disoproxil fumarate	2	QL (1 tablet per day)
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	2	QL (1 tablet per day)
Antiretrovirals Adjuvants**		
TYBOST	3	QL (1 tablet per day)
Antiviral Combinations**		
PAXLOVID (150/100)	3	QL (4 tablets per day); DS (5 day supply max (limited to 2 fills per year))
PAXLOVID (300/100 & 150/100)	3	QL (3 tablets per day); DS (5 day supply max (limited to 2 fills per year))
PAXLOVID (300/100)	3	QL (6 tablets per day); DS (5 day supply max (limited to 2 fills per year))
Cmv Agents**		
LIVTENCITY	D	PA; DS (30 day supply max)

Drug	Status	Notes
PREVYMIS ORAL PACKET	D	PA; SP; DS (30 day supply max)
PREVYMIS ORAL TABLET	D	PA; DS (30 day supply max)
VALCYTE ORAL SOLUTION RECONSTITUTED	C	PA; DS (30 day supply max)
VALCYTE ORAL TABLET	D	PA; QL (4 tablets per day); DS (30 day supply max)
valganciclovir hcl oral solution reconstituted	A	DS (30 day supply max)
valganciclovir hcl oral tablet	A	QL (4 tablets per day); DS (30 day supply max)
Hepatitis B Agents**		
adefovir dipivoxil	A	DS (30 day supply max)
BARACLUDE ORAL SOLUTION	B	QL (20ml per day); DS (30 day supply max); AL (Min 16 Years)
BARACLUDE ORAL TABLET	D	QL (1 tablet per day); DS (30 day supply max); AL (Min 16 Years)
entecavir	A	QL (1 tablet per day); DS (30 day supply max); AL (Min 16 Years)
lamivudine oral tablet 100 mg	A	DS (30 day supply max)
VEMLIDY	B	PA; QL (1 tablet per day); DS (30 day supply max); AL (Min 18 Years)
Hepatitis C Agent - Combinations**		
EPCLUSA ORAL PACKET	D	PA; DS (30 day supply max)
EPCLUSA ORAL TABLET 200-50 MG	D	PA; SP; DS (30 day supply max)
EPCLUSA ORAL TABLET 400-100 MG	D	PA; QL (1 tablet per day); DS (30 day supply max)
HARVONI ORAL PACKET	C	PA; DS (30 day supply max)
HARVONI ORAL TABLET 45-200 MG	C	PA; DS (30 day supply max)
HARVONI ORAL TABLET 90-400 MG	C	PA; QL (1 tablet per day); DS (30 day supply max)
ledipasvir-sofosbuvir	B	PA; QL (1 tablet per day); DS (30 day supply max)
MAVYRET	B	PA; DS (30 day supply max)
sofosbuvir-velpatasvir	B	PA; QL (1 tablet per day); DS (30 day supply max)
VOSEVI	D	PA; DS (30 day supply max)
ZEPATIER	D	PA; DS (30 day supply max)
Hepatitis C Agents**		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	B	DS (30 day supply max)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	DS (30 day supply max)
ribavirin oral capsule	A	DS (30 day supply max)
ribavirin oral tablet 200 mg	A	DS (30 day supply max)
SOVALDI	D	PA; DS (30 day supply max)

Drug	Status	Notes
Herpes Agents - Purine Analogues**		
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
SITAVIG	3	PA; QL (15 tablets per 90 days); DS (90 day supply max); AL (Min 16 Years)
valacyclovir hcl oral tablet 1 gm	1	QL (4 tablets per day)
valacyclovir hcl oral tablet 500 mg	1	QL (2 tablets per day)
VALTREX ORAL TABLET 1 GM	3	QL (4 tablets per day)
VALTREX ORAL TABLET 500 MG	3	QL (2 tablets per day)
Herpes Agents - Thymidine Analogues**		
famciclovir oral	1	
Influenza Agents**		
rimantadine hcl	3	
Misc. Antivirals**		
LAGEVRIO	2	PA; QL (Paxlovid is the preferred product (does not require PA))
Neuraminidase Inhibitors**		
oseltamivir phosphate oral capsule	1	QL (2 capsules per day); DS (5 day supply max)
oseltamivir phosphate oral suspension reconstituted	1	QL (120ml for 5 days (2x 60ml)); DS (5 day supply max)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (1 inhaler per month)
TAMIFLU ORAL CAPSULE	4	QL (2 capsules per day); DS (5 day supply max)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	4	QL (120ml for 5 days (2x 60ml)); DS (5 day supply max)
Pa Endonuclease Inhibitors**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	4	QL (2 tablets per day, with a limitation of 1 fill per month.)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	QL (2 tablets per day, with a limitation of 1 fill per month.)
Beta Blockers		
Alpha-Beta Blockers**		
carvedilol	1	HDHP
carvedilol phosphate er	4	HDHP
COREG	3	
COREG CR	4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	HDHP
labetalol hcl oral tablet 400 mg	4	

Drug	Status	Notes
Beta Blockers Cardio-Selective**		
acebutolol hcl oral	1	HDHP
atenolol oral	1	HDHP
betaxolol hcl oral tablet 10 mg	1	QL (45 tablets per month); HDHP
betaxolol hcl oral tablet 20 mg	1	QL (1 tablet per day); HDHP
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	HDHP
bisoprolol fumarate oral tablet 2.5 mg	3	
BYSTOLIC	2	
KAPSPARGO SPRINKLE	3	QL (1 capsule per day); ST (Step Therapy required: any of the following for 3 months in the last 12 months - metoprolol succinate tab ER 24HR or Toprol XL tab ER 24HR); AL (Min 6 Years)
LOPRESSOR ORAL	3	
metoprolol succinate er	1	HDHP
metoprolol tartrate oral	1	HDHP
nebivolol hcl	2	HDHP
TENORMIN	3	
TOPROL XL	3	
Beta Blockers Non-Selective**		
BETAPACE AF ORAL TABLET 120 MG	4	
BETAPACE AF ORAL TABLET 160 MG, 80 MG	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	
CORGARD ORAL TABLET 20 MG, 40 MG	3	
HEMANGEOL	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	VC	EDL Alt (alternative: propranolol hcl ER cap 24hour 120mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG	VC	EDL Alt (alternative: propranolol hcl ER cap 24hour 160mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG	VC	EDL Alt (alternative: propranolol hcl ER cap 24hour 60mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG	VC	EDL Alt (alternative: propranolol hcl ER cap 24hour 80mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	VC	EDL Alt (alternative: propranolol hcl ER cap 24hour 120mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG	VC	EDL Alt (alternative: propranolol hcl ER cap 24hour 80mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	VC	EDL Alt (alternative: propranolol hcl ER cap 24hour 120mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG	VC	EDL Alt (alternative: propranolol hcl ER cap 24hour 80mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	HDHP
pindolol	1	HDHP
propranolol hcl er	1	HDHP
propranolol hcl oral	1	HDHP
sotalol hcl (af)	1	
sotalol hcl oral	1	
SOTYLIZE	3	HDHP
timolol maleate oral	2	HDHP
Calcium Channel Blockers		
Calcium Channel Blockers**		
amlodipine besylate oral	1	HDHP
CARDIZEM CD	3	HDHP
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 300 MG, 360 MG, 420 MG	3	QL (1 tablet per day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG	3	QL (2 tablets per day)
CARDIZEM ORAL TABLET 120 MG	3	HDHP
CARDIZEM ORAL TABLET 30 MG, 60 MG	3	
CARTIA XT	1	HDHP
CONJUPRI	4	QL (1 tablet per day); ST (Step Therapy required: 1 fill in the last 3 months - levamlodipine maleate)
diltiazem hcl er beads	1	HDHP
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	HDHP
diltiazem hcl er oral capsule extended release 12 hour	1	HDHP
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg	1	QL (1 tablet per day); HDHP
diltiazem hcl er oral capsule extended release 24 hour 240 mg	1	HDHP
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 300 mg	3	QL (1 tablet per day); HDHP

Drug	Status	Notes
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 360 mg, 420 mg	1	QL (1 tablet per day); HDHP
diltiazem hcl er oral tablet extended release 24 hour 240 mg	1	QL (2 tablets per day); HDHP
diltiazem hcl oral	1	HDHP
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg	1	QL (1 capsule per day); HDHP
dilt-xr oral capsule extended release 24 hour 240 mg	1	HDHP
felodipine er	1	HDHP
isradipine	1	HDHP
KATERZIA	3	QL (5ml per day); AL (Max 10 Years)
levamlodipine maleate	2	QL (1 tablet per day)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 300 MG, 360 MG, 420 MG	1	QL (1 tablet per day); HDHP
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG	1	QL (2 tablets per day); HDHP
nicardipine hcl oral	1	HDHP
nifedipine er	1	HDHP
nifedipine er osmotic release	1	HDHP
nifedipine oral	1	HDHP
nimodipine oral capsule	1	QL (12 capsules per day); DS (14 day supply max)
nimodipine oral solution	3	DS (14 days supply max)
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	1	QL (1 tablet per day); HDHP
nisoldipine er oral tablet extended release 24 hour 20 mg, 25.5 mg, 40 mg	3	QL (1 tablet per day); HDHP
nisoldipine er oral tablet extended release 24 hour 30 mg	3	QL (2 tablets per day); HDHP
NORLIQVA	3	QL (5ml per day); AL (Max 10 Years)
NORVASC	3	
NYMALIZE ORAL SOLUTION 6 MG/ML	3	QL (60ml per day); DS (14 day supply max)
PROCARDIA XL	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	QL (1 tablet per day)
TAZTIA XT	1	HDHP
TIADYLT ER	1	HDHP
TIAZAC	3	
verapamil hcl er capsule extended release 24 hour 200 mg oral	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 360 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg	1	HDHP
verapamil hcl er oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg	1	

Drug	Status	Notes
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	HDHP
verapamil hcl oral	1	HDHP
VERELAN	3	
VERELAN PM	3	
Cardiotonics		
Cardiac Glycosides**		
DIGOX	1	
digoxin oral solution	3	
digoxin oral tablet 125 mcg, 250 mcg	1	
digoxin oral tablet 62.5 mcg	2	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	2	
Cardiovascular Agents - Misc.		
Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb**		
amlodipine-atorvastatin oral tablet 10-10 mg	VC	EDL Alt (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 10-20 mg	VC	EDL Alt (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 10-40 mg	VC	EDL Alt (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 10-80 mg	VC	QL (1 tablet per day); EDL Alt (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 80mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 2.5-10 mg	VC	EDL Alt (alternative: amlodipine besylate tab 2.5mg plus atorvastatin calcium tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 2.5-20 mg	VC	EDL Alt (alternative: amlodipine besylate tab 2.5mg plus atorvastatin calcium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 2.5-40 mg	VC	EDL Alt (alternative: amlodipine besylate tab 2.5mg plus atorvastatin calcium tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
amlodipine-atorvastatin oral tablet 5-10 mg	VC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 5-20 mg	VC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 5-40 mg	VC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 5-80 mg	VC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 80mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CADUET ORAL TABLET 10-10 MG	VC	EDL Alt (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CADUET ORAL TABLET 10-20 MG, 10-40 MG	VC	EDL Alt (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CADUET ORAL TABLET 10-80 MG	VC	QL (1 tablet per day); EDL Alt (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CADUET ORAL TABLET 5-10 MG	VC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CADUET ORAL TABLET 5-20 MG	VC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CADUET ORAL TABLET 5-40 MG	VC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CADUET ORAL TABLET 5-80 MG	VC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 80mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Cardiac Myosin Inhibitors**		
CAMZYOS	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
Cardiovascular Anti-Inflammatory/Immune Modulators**		
LODOCO	VC	EDL Alt (Alternative: colchicine 0.6mg capsule); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Cardiovascular Sglt2 Inhibitors*		
INPEFA	3	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in both categories for 3 months each in the last 12 months - Farxiga or Xigduo XR and Glyxambi, Jardiance, Synjardy, Synjardy XR, or Trijardy)); AL (Min 18 Years)
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**		
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL (3 capsules per day); ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol.); AL (Max 6 Years)
ENTRESTO ORAL TABLET	3	QL (2 tablets per day); ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol)
sacubitril-valsartan	3	QL (2 tablets per day); ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol.)
Nitrate & Vasodilator Combinations**		
BIDIL	3	QL (6 tablets per day); AL (Min 16 Years)
isosorb dinitrate-hydralazine	3	QL (6 tablets per day); AL (Min 16 Years)
Pde Inhibitor-Endothelin Recptor Antagonist Combinations**		
OPSYNVI	D	PA; DS (30 day supply max)
Prostaglandin - Impotence Agents**		
CAVERJECT IMPULSE	VC	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG	VC	QL (6 vials per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG	VC	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
EDEX INTRACAVERNOSAL KIT 40 MCG	VC	QL (6 pellets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M

Drug	Status	Notes
MUSE URETHRAL PELLET 1000 MCG, 250 MCG, 500 MCG	VC	QL (6 pellets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
Prostaglandin Vasodilators**		
ORENITRAM	D	PA; DS (30 day supply max)
ORENITRAM MONTH 1	D	PA; DS (30 day supply max)
ORENITRAM MONTH 2	D	PA; DS (30 day supply max)
ORENITRAM MONTH 3	D	PA; DS (30 day supply max)
TYVASO	D	PA; DS (30 day supply max)
TYVASO DPI INSTITUTIONAL KIT	D	PA; DS (30 day supply max)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	D	PA; DS (30 day supply max)
TYVASO DPI TITRATION KIT	D	PA; DS (30 day supply max)
TYVASO REFILL KIT	D	PA; DS (30 day supply max)
TYVASO STARTER KIT	D	PA; DS (30 day supply max)
VENTAVIS	D	PA; DS (30 day supply max)
YUTREPIA	D	PA; SP; DS (30 day suppply max)
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)**		
ADEMPAS	D	PA; QL (3 tablets per day); DS (30 day supply max); AL (Min 18 Years)
Pulmonary Hypertension - Activin Signaling Inhibitor**		
WINREVAIR	D	PA; DS (30 day supply max)
Pulmonary Hypertension - Endothelin Receptor Antagonists**		
ambrisentan	A	PA; QL (1 tablet per day); DS (30 day supply max); AL (Min 18 Years)
bosentan	D	PA; QL (2 tablets per day); DS (30 day supply max)
LETAIRIS	D	PA; QL (1 tablet per day); DS (30 day supply max); AL (Min 18 Years)
OPSUMIT	D	PA; DS (30 day supply max)
TRACLEER ORAL TABLET	D	PA; QL (2 tablets per day); DS (30 day supply max)
TRACLEER ORAL TABLET SOLUBLE	D	PA; DS (30 day supply max)
Pulmonary Hypertension - Phosphodiesterase Inhibitors**		
ADCIRCA	D	PA; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
ALYQ	C	PA; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)

Drug	Status	Notes
LIQREV	VC	DS (30 day supply max); EDL Alt (alternative: sildenafil citrate suspension 10mg/ml (generic for Revatio)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
REVATIO ORAL SUSPENSION RECONSTITUTED	D	PA; QL (6 ml per day); DS (30 day supply max); AL (Min 18 Years)
REVATIO ORAL TABLET	D	PA; QL (3 tablets per day); DS (30 day supply max); AL (Min 18 Years)
sildenafil citrate oral suspension reconstituted	C	QL (6 ml per day); DS (30 day supply max); ST (Step Therapy required: 1 fill in the last 6 months - sildenafil citrate 20mg tablet); AL (Min 18 Years)
sildenafil citrate oral tablet 20 mg	A	QL (3 tablets per day); DS (30 day supply max); AL (Min 18 Years)
tadalafil (pah)	C	PA; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
TADLIQ	D	PA; SP; DS (30 day supply max)
Pulmonary Hypertension - Prostacyclin Receptor Agonist**		
UPTRAVI ORAL	D	PA; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
UPTRAVI TITRATION	D	PA; DS (30 day supply max); AL (Min 18 Years)
Selective Cgmp Phosphodiesterase Type 5 Inhibitors**		
avanafil	VC	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance))
CIALIS ORAL TABLET 10 MG, 20 MG	VC	QL (8 tablets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M; AL (Min 18 Years)
CIALIS ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (1 tablet per day); M; AL (Min 18 Years)
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	VC	QL (8 tablets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
STENDRA	VC	QL (8 tablets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
tadalafil oral tablet 10 mg, 20 mg	VC	QL (8 tablets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M; AL (Min 18 Years)
tadalafil oral tablet 2.5 mg, 5 mg	3	QL (1 tablet per day); M; AL (Min 18 Years)

Drug	Status	Notes
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	VC	QL (8 tablets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
vardenafil hcl oral tablet dispersible	VC	QL (8 tablets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
VIAGRA	VC	QL (8 tablets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
Sinus Node Inhibitors*		
CORLANOR	3	PA
ivabradine hcl	3	PA
Transthyretin Stabilizers**		
ATTRUBY	D	PA; DS (30 day supply max)
VYNDAMAX	D	PA; DS (30 day supply max)
VYNDAQEL	D	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)**		
VERQUVO	3	PA; QL (1 tablet per day)
Cephalosporins		
Cephalosporins - 1St Generation**		
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefadroxil oral tablet	3	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	VC	EDL Alt (alternative: cephalexin cap 250mg plus cephalexin cap 500mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	3	
Cephalosporins - 2Nd Generation**		
cefaclor er	3	
cefaclor oral capsule	3	QL (3 capsules per day, 1 fill per month); DS (10 day supply max)
cefaclor oral suspension reconstituted 125 mg/5ml, 375 mg/5ml	3	
cefprozil	1	
cefuroxime axetil oral tablet	1	
Cephalosporins - 3Rd Generation**		
cefdinir	1	

Drug	Status	Notes
cefixime oral capsule	3	
cefixime oral suspension reconstituted	1	
cefpodoxime proxetil	1	
Contraceptives		
Biphasic Contraceptives - Oral**		
AZURETTE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KARIVA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LO LOESTRIN FE	$0	QL (28 tablets per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
PIMTREA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SIMLIYA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
viorele	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VOLNEA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Combination Contraceptives - Oral**		
AFIRMELLE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ALTAVERA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
alyacen 1/35	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
APRI	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUBRA EQ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
AUROVELA 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AVERI	4	PA; QL (28 tablets per month); F
AVIANE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AYUNA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BALCOLTRA	VC	QL (28 tablets per month); EDL Alt (alternative: Vienva tab 0.1mg-20mcg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); F
BALZIVA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BEYAZ	VC	QL (28 tablets per month); EDL Alt (alternative: drospiren-eth estrad-levomefol tab 3-0.02-0.451mg, Safyral tab 3-0.03-0.451mg, Tydemy tab 3-0.03-0.451mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); F
BLISOVI 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BLISOVI FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BLISOVI FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
briellyn	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CHARLOTTE 24 FE	3	QL (28 tablets per month); F

Drug	Status	Notes
CHATEAL EQ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CRYSELLE-28	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CYRED EQ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DASETTA 1/35 (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DELYLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	4	QL (28 tablets per month); F
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	3	QL (28 tablets per month); F
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	QL (28 tablets per month); F
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ELINEST	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ESTARYLLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ethynodiol diac-eth estradiol	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FALMINA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FEIRZA 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FEIRZA 1/20	$0	QL (28 tablets per month); F
FEMLYV	4	QL (28 tablets per month); F
FINZALA	3	QL (28 tablets per month); F
GALBRIELA	3	QL (28 tablets per month); F
GEMMILY	4	QL (28 capsules per month); F

Drug	Status	Notes
HAILEY 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ISIBLOOM	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JASMIEL	1	QL (28 tablets per month); F
JOYEAUX	VC	QL (28 tablets per month); EDL Alt (alternative: Vienva tab 0.1mg-20mcg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); F
JULEBER	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL FE 24	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KAITLIB FE	3	QL (28 tablets per month); F
KALLIGA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KELNOR 1/35	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KELNOR 1/50	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
KURVELO	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LAYOLIS FE	3	QL (28 tablets per month); F
LESSINA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
levonorgest-eth estradiol-iron	VC	QL (28 tablets per month); EDL Alt (alternative: Vienva tab 0.1mg-20mcg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); F
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEVORA 0.15/30 (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LOESTRIN 1.5/30 (21)	4	QL (28 tablets per month); F
LOESTRIN 1/20 (21)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LOESTRIN FE 1.5/30	4	QL (28 tablets per month); F
LOESTRIN FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LORYNA	1	QL (28 tablets per month); F
LOW-OGESTREL	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LO-ZUMANDIMINE	1	QL (28 tablets per month); F
LUTERA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
marlissa	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MERZEE	4	QL (28 tablets per month); F
MICROGESTIN 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MILI	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MINASTRIN 24 FE	VC	QL (28 tablets per month); EDL Alt (alternative: norethin ace-eth estrad-fe chew tab 1mg-20mcg(24), Mibelas 24 FE tab 1mg-20mcg(24), Charlotte 24 FE tab 1mg-20mcg(24), norethin ace-eth estrad FE 24 tab 1/20, Aurovela 24 1/20, Blisovi 24 1/20, Hailey 24 1/20, Junel FE 24 1/20, Larin 24 FE 1/20, Microgestin 24 1/20, Tarina 24 FE 1/20); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); F
MINZOYA	VC	QL (28 tablets per month); F
MONO-LINYAH	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NECON 0.5/35 (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NEXTSTELLIS	4	QL (1 tablet per day); F
NIKKI	1	QL (28 tablets per month); F
norethin ace-eth estrad-fe oral capsule	4	QL (28 capsules per month); F
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norethin ace-eth estrad-fe oral tablet chewable	3	QL (28 tablets per month); F

Drug	Status	Notes
norethindrone acet-ethinyl est oral tablet	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	3	QL (28 tablets per month); F
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 0.5/35 (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 1/35 (21)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 1/35 (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NYLIA 1/35	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
OCELLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ORSYTHIA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PHILITH	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PORTIA-28	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
RECLIPSEN	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SAFYRAL	3	QL (28 tablets per month); F
SPRINTEC 28	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SRONYX	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SYEDA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
TARINA 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TARINA FE 1/20 EQ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TAYSOFY	4	QL (28 capsules per month); F
TAYTULLA	4	QL (28 capsules per month); F
TURQOZ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TYBLUME ORAL TABLET CHEWABLE	$0	QL (28 tablets per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
TYDEMY	3	QL (28 tablets per month); F
VALTYA 1/50	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VESTURA	1	QL (28 tablets per month); F
VIENVA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VYFEMLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VYLIBRA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
WERA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
WYMZYA FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
XELRIA FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
YASMIN 28	4	QL (28 tablets per month); F
YAZ	VC	QL (28 tablets per month); EDL Alt (alternative: drospirenone-ethinyl estradiol tab 3-0.02mg, Jasmiel tab 3-0.02mg, Lo-Zumandimine tab 3-0.02mg, Nikki tab 3-0.02mg, Loryna tab 3-0.02mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); F
ZUMANDIMINE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
Combination Contraceptives - Transdermal**		
norelgestromin-eth estradiol	$0	QL (3 patches per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
TWIRLA	4	QL (3 patches per month); F
XULANE	$0	QL (3 patches per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
ZAFEMY	$0	QL (3 patches per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
Combination Contraceptives - Vaginal**		
ANNOVERA	4	PA; QL (1 ring per year. 12 copays apply.); DS (365 day supply must be billed); F
ELURYNG	$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENILLORING	$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
etonogestrel-ethinyl estradiol	$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HALOETTE	$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NUVARING	3	QL (1 vaginal ring per month); F
Continuous Contraceptives - Oral**		
AMETHYST	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Emergency Contraceptives**		
AFTERA	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CURAE	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ECONTRA ONE-STEP	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ELLA	3	QL (3 tablets per month); F

Drug	Status	Notes
levonorgestrel oral tablet 1.5 mg	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MY CHOICE	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MY WAY	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NEW DAY	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
OPCICON ONE-STEP	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
OPTION 2	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PLAN B ONE-STEP	3	QL (3 tablets per month)
REACT	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TAKE ACTION	$0	QL (3 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Extended-Cycle Contraceptives - Oral**		
AMETHIA	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ASHLYNA	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CAMRESE	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CAMRESE LO	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DAYSEE	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
INTROVALE	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JAIMIESS	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
JOLESSA	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
levonorgest-eth est & eth est	1	QL (91 tablets per 91 days); F
levonorgest-eth estrad 91-day	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LOJAIMIESS	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
RIVELSA	1	QL (91 tablets per 91 days); F
ROSYRAH	1	QL (91 tablets per 91 days)
SETLAKIN	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SIMPESSE	$0	QL (91 tablets per 91 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Four Phase Contraceptives - Oral**		
NATAZIA	3	QL (28 tablets per month); F
Progestin Contraceptives - Injectable**		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL (1 injection per 90 days); DS (90 day supply max); F
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL (1 injection per 90 days); DS (90 day supply max)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	QL (1 injection per 90 days); DS (90 day supply max); F
medroxyprogesterone acetate intramuscular	$0	QL (1 injection per 90 days); DS (90 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Progestin Contraceptives - Oral**		
CAMILA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DEBLITANE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
EMZAHH	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ERRIN	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HEATHER	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
INCASSIA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JENCYCLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LYLEQ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LYZA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MELEYA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORA-BE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norethindrone oral	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORLYDA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORLYROC	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SHAROBEL	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SLYND	4	QL (28 tablets per month); ST (Step Therapy required: 3 months in the last 6 months - norethindrone); F
Triphasic Contraceptives - Oral**		
alyacen 7/7/7	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ARANELLE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DASETTA 7/7/7	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENPRESSE-28	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEENA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
LEVONEST	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norethindron-ethinyl estrad-fe	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	$0	QL (28 tablets per month); F
norgestim-eth estrad triphasic	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 7/7/7	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NYLIA 7/7/7	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ORTHO TRI-CYCLEN LO	4	QL (28 tablets per month); F
PIRMELLA 7/7/7	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TILIA FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI FEMYNOR	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-ESTARYLLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LEGEST FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LINYAH	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-ESTARYLLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-MARZIA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-MILI	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
TRI-LO-SPRINTEC	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-MILI	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRINESSA (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-NYMYO	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-SPRINTEC	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRIVORA (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-VYLIBRA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-VYLIBRA LO	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VELIVET	$0	QL (28 tablets per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
XARAH FE	$0	QL (28 tablets per month); F
Corticosteroids		
Glucocorticosteroids*		
AGAMREE	D	PA; DS (30 day supply max)
ALKINDI SPRINKLE	VC	EDL Alt (alternative: hydrocortisone tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
budesonide er oral tablet extended release 24 hour	3	
budesonide oral	1	QL (3 capsules per day)
CORTEF	3	
deflazacort oral suspension	D	PA; SP; DS (30 day supply max)
deflazacort oral tablet	C	PA; SP; DS (30 day supply max)
dexabliss	VC	EDL Alt (alternative: dexamethasone tab 0.75mg or 1.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DEXAMETHASONE INTENSOL	3	
dexamethasone oral elixir	1	
dexamethasone oral solution	3	

Drug	Status	Notes
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	VC	EDL Alt (alternative: dexamethasone tab 0.75mg or 1.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
EMFLAZA	D	PA; SP; DS (30 day supply max)
EOHILIA	D	PA; DS (30 day supply max)
HEMADY	VC	EDL Alt (alternative: dexamethasone tab (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
HIDEX 6-DAY	VC	EDL Alt (alternative: dexamethasone tab 0.75mg or 1.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
hydrocortisone oral	1	
hydrocortisone sod suc (pf)	3	
KHINDIVI	D	PA; SP; DS (30 day supply max)
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
ORAPRED ODT	2	
ORTIKOS	4	QL (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - budesonide cap 3mg DR); AL (Min 8 Years)
PEDIAPRED	3	
prednisolone oral solution	VC	EDL Alt (Alternative: prednisolone sodium phosphate oral solution 15 mg/5ml); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
prednisolone oral tablet	VC	EDL Alt (alternative: prednisolone solution 25mg/5ml, Medrol 32mg, methylpred 32mg, prednisolone solution 20mg/5ml); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml	3	
prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	
PREDNISONE INTENSOL	2	
prednisone oral	1	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG	VC	EDL Alt (alternative: prednisone tab 1mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
RAYOS ORAL TABLET DELAYED RELEASE 2 MG	VC	EDL Alt (alternative: prednisone tab 1mg or 2.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RAYOS ORAL TABLET DELAYED RELEASE 5 MG	VC	EDL Alt (alternative: prednisone tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SOLU-CORTEF	3	
TAPERDEX 12-DAY	VC	EDL Alt (alternative: dexamethasone tab 0.75mg or 1.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TAPERDEX 6-DAY	VC	EDL Alt (alternative: dexamethasone tab 0.75mg or 1.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	VC	EDL Alt (alternative: dexamethasone tab 0.75mg or 1.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TARPEYO	D	PA; DS (30 day supply max)
UCERIS ORAL	3	
Mineralocorticoids*		
fludrocortisone acetate oral	1	
***Cough/Cold/Allergy**		
Antitussive - Nonnarcotic*		
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	VC	EDL Alt (alternative: benzonatate cap 100mg or benzonatate cap 200mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Antitussive - Opioid*		
HYCODAN ORAL SOLUTION	3	QL (150ml per 10 days. 1 fill per month.); DS (10 day supply max)
HYCODAN ORAL TABLET	3	QL (9 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydrocodone bit-homatrop mbr oral solution	1	QL (150ml per 10 days. 1 fill per month.); DS (10 day supply max)
hydrocodone bit-homatrop mbr oral tablet	1	QL (9 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydromet oral solution	1	QL (150ml per 10 days. 1 fill per month.); DS (10 day supply max)

Drug	Status	Notes
Decongestant & Antihistamine**		
CLARINEX-D 12 HOUR	4	QL (2 tablets per day); ST (Step Therapy required: any of the following in the last 1 month - Desloratadine 5mg tabs or 2.5mg/5mg ODT tabs)
promethazine vc	1	QL (30ml per day); DS (10 day supply max)
promethazine-phenylephrine	1	QL (30ml per day); DS (10 day supply max)
Decongestant W/ Expectorant**		
GILPHEX TR ORAL TABLET 10-388 MG	3	
Misc. Respiratory Inhalants**		
HYPERSAL	3	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
Mucolytics**		
acetylcysteine inhalation	1	
Non-Narc Antitussive-Antihistamine**		
promethazine-dm oral syrup	1	
Non-Narc Antitussive-Decongestant-Antihistamine**		
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	1	
bromphen-pseudoeph-dm	1	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
Opioid Antitussive-Antihistamine**		
hydrocod poli-chlorphe poli er	3	QL (120 ML limit per 7 days); DS (Limited to 1 fill per month); AL (Min 18 Years)
promethazine-codeine	1	QL (150ml per 10 days. 1 fill per month.); DS (10 day supply max)
TUXARIN ER	VC	EDL Alt (alternative: codeine sulfate tab 60mg plus chlorpheniramine (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Opioid Antitussive-Decongestant-Antihistamine**		
promethazine vc/codeine	1	QL (150ml per 10 days. 1 fill per month.); DS (10 day supply max)
Dermatologicals		
Acne Antibiotics**		
ACZONE	VC	QL (60gm per month); EDL Alt (alternative: dapsone gel 5% or 7.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
AMZEEQ	4	QL (1gm per day); ST (Step Therapy required: BOTH of the following in the last 3 months - minocycline hcl cap 100mg AND tretinoin gel 0.04%); AL (Min 9 Years)

Drug	Status	Notes
CLEOCIN-T EXTERNAL LOTION	VC	EDL Alt (alternative: clindamycin phosphate lotion 1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CLINDACIN	1	QL (1x 50gm can per month)
CLINDACIN ETZ EXTERNAL SWAB	1	
CLINDACIN-P	1	
CLINDAGEL	VC	EDL Alt (alternative: clindamycin phosphate gel 1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
clindamycin phos (once-daily)	1	
clindamycin phos (twice-daily)	1	
clindamycin phosphate external foam	1	QL (1x 50gm can per month)
clindamycin phosphate external gel 1 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
dapsone external gel 5 %	3	QL (60gm per month)
dapsone external gel 7.5 %	3	QL (1x 60gm tube per month)
ery	3	
ERYGEL	4	
erythromycin external gel	1	
erythromycin external solution	1	
KLARON	VC	EDL Alt (alternative: sulfacetamide sodium lotion 10% (acne)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
sulfacetamide sodium (acne)	1	
Acne Combinations		
ACANYA	VC	EDL Alt (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 2.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
adapalene-benzoyl peroxide external gel	VC	EDL Alt (alternative: adapalene gel 0.1% (OTC) plus benzoyl peroxide gel 2.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
bp 10-1	1	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-5 %	VC	EDL Alt (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 2.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	VC	EDL Alt (Alternative : clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
clindamycin phos-benzoyl perox external gel 1-5 %	1	
clindamycin-tretinoin	VC	EDL Alt (alternative: clindamycin phosphate gel 1% plus tretinoin gel 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
EPIDUO	VC	EDL Alt (alternative: adapalene gel 0.1% (OTC) plus benzoyl peroxide gel 2.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
EPIDUO FORTE	VC	EDL Alt (alternative: adapalene gel 0.1% (OTC) plus benzoyl peroxide gel 2.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
NEUAC EXTERNAL GEL	VC	EDL Alt (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ONEXTON	VC	EDL Alt (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TWYNEO	VC	EDL Alt (alternative: tretinoin plus benzoyl peroxide (OTC) taken separately); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
VELTIN	VC	EDL Alt (alternative: clindamycin phosphate gel 1% plus tretinoin gel 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ZIANA	VC	EDL Alt (alternative: clindamycin phosphate gel 1% plus tretinoin gel 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Acne Products		
ABSORICA	VC	EDL Alt (alternative: accutane, amnesteem, claravis, isotretinoin, myorisan, or zenatane caps (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ABSORICA LD	VC	EDL Alt (alternative: Amnesteem, Claravis, isotretinoin, Myorisan, or Zenatane); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ACCUTANE	4	

Drug	Status	Notes
AKLIEF	3	QL (45gm per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 12 months - tretinoin 0.1% or 0.05% AND tazarotene 0.1%); AL (Min 9 Years)
ALTRENO	4	QL (45gm per month)
AMNESTEEM	4	
ARAZLO	VC	EDL Alt (alternative: tazarotene cream 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ATRALIN	VC	EDL Alt (alternative: tretinoin gel 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
AVITA EXTERNAL CREAM	VC	EDL Alt (alternative: tretinoin cream 0.025%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
AZELEX	VC	EDL Alt (alternative: azelaic acid gel 15%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CLARAVIS	4	
FABIOR	VC	EDL Alt (alternative: tazarotene cream 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
isotretinoin oral	4	
RETIN-A EXTERNAL CREAM 0.025 %	VC	EDL Alt (alternative: tretinoin cream 0.025%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RETIN-A EXTERNAL CREAM 0.05 %	VC	EDL Alt (alternative: tretinoin cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RETIN-A EXTERNAL CREAM 0.1 %	VC	EDL Alt (alternative: tretinoin cream 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RETIN-A EXTERNAL GEL 0.01 %	VC	EDL Alt (alternative: tretinoin gel 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RETIN-A EXTERNAL GEL 0.025 %	VC	EDL Alt (alternative: tretinoin gel 0.025%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RETIN-A MICRO EXTERNAL GEL 0.04 %	VC	EDL Alt (alternative: tretinoin gel 0.04%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RETIN-A MICRO EXTERNAL GEL 0.1 %	VC	EDL Alt (alternative: tretinoin gel 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
RETIN-A MICRO PUMP	VC	EDL Alt (alternative: tretinoin gel 0.025%, 0.04%, 0.05%, or 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tazarotene external foam	VC	EDL Alt (alternative: tazarotene cream 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tretinoin external	1	
tretinoin microsphere external gel 0.04 %, 0.1 %	1	
tretinoin microsphere external gel 0.08 %	VC	EDL Alt (alternative: tretinoin gel 0.025%, 0.04%, 0.05%, or 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tretinoin microsphere pump external gel 0.04 %, 0.1 %	1	
tretinoin microsphere pump external gel 0.08 %	VC	EDL Alt (alternative: tretinoin gel 0.025%, 0.04%, 0.05%, or 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
WINLEVI	4	QL (1x 60gm tube per month); DS (30 day supply max); ST (Step Therapy required: 60 days trial of the following in the last 12 months - tazarotene gel 0.05%, tazarotene cream 0.1%, tretinoin cream 0.1%, or tretinoin cream 0.05%); AL (Min 12 Years)
zaclir cleansing external lotion 8 %	3	
ZENATANE	4	
Agents For External Genital And Perianal Warts**		
VEREGEN	3	QL (1x 30gm tube per month)
Alopecia Agents - Janus Kinus (Jak) Inhibitors**		
LEQSELVI	D	PA; SP; DS (30 day supply max)
LITFULO	D	PA; SP; DS (30 day supply max)
Antibiotic Steroid Combinations - Topical**		
NEO-SYNALAR EXTERNAL CREAM	VC	EDL Alt (alternative: neomycin-bacitracin-polymyxin ointment plus fluocinonide ointment 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Antibiotics - Topical**		
ALTABAX	3	QL (1gm per day)
gentamicin sulfate external	1	
mupirocin calcium	VC	EDL Alt (alternative: mupirocin ointment 2%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
mupirocin external	1	

Drug	Status	Notes
XEPI	3	QL (1x 30gm tube/box per month); ST (Step Therapy required: 3 months in the last 12 months - mupirocin ointment 2%); AL (Min 2 Years)
Antifungals - Topical Combinations**		
clotrimazole-betamethasone	1	
nystatin-triamcinolone	1	
Antifungals - Topical**		
CICLODAN EXTERNAL SOLUTION	1	
ciclopirox external	1	
ciclopirox olamine external	1	
KLAYESTA	1	
LOPROX EXTERNAL SUSPENSION	4	
naftifine hcl external cream 1 %	1	
naftifine hcl external cream 2 %	3	
naftifine hcl external gel 2 %	3	
NAFTIN EXTERNAL GEL	3	
NYAMYC	1	
nystatin external	1	
NYSTOP	1	
Antineoplastic Alkylating Agents - Topical**		
VALCHLOR	D	PA; DS (30 day supply max); AL (Min 18 Years)
Antineoplastic Antimetabolites - Topical**		
CARAC	4	PA; QL (1gm per day); DS (30 day supply max); AL (Min 18 Years)
EFUDEX EXTERNAL CREAM	4	PA; QL (1x 40gm tube per month); DS (30 day supply max); AL (Min 18 Years)
fluorouracil external cream 0.5 %	4	PA; QL (1gm per day); DS (30 day supply max); AL (Min 18 Years)
fluorouracil external cream 5 %	1	QL (1x 40gm tube per month); DS (30 day supply max); AL (Min 18 Years)
fluorouracil external solution 2 %	4	DS (30 day supply max)
fluorouracil external solution 5 %	3	QL (10ml per month); DS (30 day supply max); AL (Min 18 Years)
TOLAK	2	QL (1 40gm tube per month.)
Antineoplastic Or Premalignant Lesions - Topical Nsaid's**		
diclofenac sodium external gel 3 %	2	QL (1x 100gm tube per month); DS (30 day supply max); AL (Min 18 Years)
Antineoplastic Retinoids - Topical**		
PANRETIN	D	PA; DS (30 day supply max)

Drug	Status	Notes
Antipruritics - Topical**		
doxepin hcl external	4	QL (1x 45gm tube per month); ST (Step Therapy required: 2 of the following in the last 6 months - fluocinolone, triamcinolone, betamethasone dipropionate)
PRUDOXIN	4	PA; QL (1x 45gm tube per month)
ZONALON	4	PA; QL (1x 45gm tube per month)
Antipsoriatics - Systemic**		
acitretin	1	
BIMZELX	D	PA; DS (30 day supply max)
COSENTYX (300 MG DOSE)	D	PA; DS (30 day supply max)
COSENTYX SENSOREADY (300 MG)	D	PA; DS (30 day supply max)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	D	PA; DS (30 day supply max)
COSENTYX SUBCUTANEOUS	D	PA; DS (30 day supply max)
COSENTYX UNOREADY	D	PA; SP; DS (30 day supply max)
IMULDOSA SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
methoxsalen rapid	C	QL (1 capsule per day); DS (30 day supply max); AL (Min 18 Years)
OTULFI SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
PYZCHIVA SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
SELARSDI SUBCUTANEOUS	D	PA; DS (30 day supply max)
SILIQ	D	PA; DS (30 day supply max)
SKYRIZI PEN	B	PA; DS (30 day supply max)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
SOTYKTU	D	PA; SP; DS (30 day supply max)
SPEVIGO SUBCUTANEOUS	D	PA; DS (30 day supply max)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	D	PA; DS (30 day supply max)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
STEQEYMA SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	C	PA; DS (30 day supply max)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML	C	PA; SP; DS (30 day supply max)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	C	PA; DS (30 day supply max)
TREMFYA ONE-PRESS	B	PA; DS (30 day supply max)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	B	PA; DS (30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	B	PA; DS (30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; DS (30 day supply max)

Drug	Status	Notes
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	B	PA; DS (30 day supply max)
ustekinumab subcutaneous	D	PA; DS (30 day supply max)
ustekinumab-aekn	D	PA; DS (30 day supply max)
WEZLANA SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
YESINTEK SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
Antipsoriatics**		
calcipotriene external cream	3	QL (120gm per month)
calcipotriene external foam	VC	QL (1x 120gm can per 30 days); EDL Alt (Alternative: calcipotriene 0.005% cream or solution); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
calcipotriene external ointment	1	
calcipotriene external solution	3	QL (1x 120ml bottle per month)
CALCITRENE	1	
calcitriol external	4	QL (1x 100gm tube per month)
SORILUX	VC	QL (1x 120gm can per 30 days); EDL Alt (Alternative: calcipotriene 0.005% cream or solution); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
tazarotene external cream 0.05 %	3	QL (1gm per day); DS (30 day supply max)
tazarotene external cream 0.1 %	1	QL (1gm per day); DS (30 day supply max)
tazarotene external gel 0.05 %	3	
tazarotene external gel 0.1 %	3	QL (1gm per day); DS (30 day supply max)
TAZORAC EXTERNAL CREAM 0.05 %	3	PA; QL (1gm per day); DS (30 day supply max)
TAZORAC EXTERNAL CREAM 0.1 %	3	QL (1gm per day); DS (30 day supply max)
TAZORAC EXTERNAL GEL 0.05 %	3	
TAZORAC EXTERNAL GEL 0.1 %	3	QL (1gm per day); DS (30 day supply max)
VECTICAL	4	QL (1x 100gm tube per month)
VTAMA	3	PA
ZITHRANOL	4	QL (1x 85gm tube per month); AL (Min 12 Years)
Antiseborrheic Combinations**		
sodium sulfacetamide-bakuchiol liquid 10 % external	3	
Antiseborrheic Products**		
selenium sulfide external lotion	1	
Antiviral Topical Combinations**		
XERESE	3	
Antivirals - Topical**		
acyclovir external cream	3	

Drug	Status	Notes
acyclovir external ointment	1	
DENAVIR	3	
penciclovir	3	
ZELSUVMI	D	PA; DS (30 day supply max)
ZOVIRAX EXTERNAL	3	
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors**		
CIBINQO	D	PA; SP; DS (30 day supply max)
OPZELURA	D	PA; QL (60gm per month); DS (30 day supply max)
Atopic Dermatitis - Monoclonal Antibodies**		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	B	PA; SP; DS (30 day supply max)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	B	PA; DS (30 day supply max)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; DS (30 day supply max)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
EBGLYSS	D	PA; DS (30 day supply max)
Burn Products**		
mafenide acetate external	3	PA
SILVADENE	3	
silver sulfadiazine external	1	
SSD	1	
SULFAMYLON	3	
Cauterizing Agents**		
silver nitrate external solution 0.5 %	3	
Corticosteroids - Topical**		
alclometasone dipropionate	1	
amcinonide external lotion	3	
amcinonide external ointment	VC	EDL Alt (Alternative: fluocinolone, triamcinolone, betamethasone diporprionate); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
APEXICON E	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	3	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external	1	

Drug	Status	Notes
betamethasone valerate external	1	
BRYHALI	3	QL (1x 60gm tube per month)
CAPEX	3	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	1	QL (1x 100gm can per month); AL (Min 12 Years)
clobetasol propionate external cream 0.025 %	VC	EDL Alt (Alternative: Clobetasol Propionate Cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not applyv)
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	AL (Min 18 Years)
clobetasol propionate external lotion	3	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX EXTERNAL LOTION	4	
CLOBEX EXTERNAL SHAMPOO	3	
CLOBEX SPRAY	VC	EDL Alt (alternative: clobetasol spray 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
clocortolone pivalate	4	QL (1x 45gm tube per month)
CLODAN EXTERNAL SHAMPOO	1	
CLODERM	4	QL (1x 45gm tube per month)
CORDRAN EXTERNAL CREAM 0.05 %	4	QL (4gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
CORDRAN EXTERNAL LOTION	4	PA; QL (4gm per day); DS (30 day supply max)
CORDRAN EXTERNAL TAPE	4	QL (1 box per month); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
DERMA-SMOOTHE/FS BODY	3	
DERMA-SMOOTHE/FS SCALP	3	
desonide external cream	1	

Drug	Status	Notes
desonide external gel	VC	QL (max 60 grams per 30 days); EDL Alt (Alternative: desonide cream or ointment); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
desonide external lotion	1	
desonide external ointment	1	
DESOWEN EXTERNAL CREAM	VC	EDL Alt (alternative: desonide cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
desoximetasone external cream	1	
desoximetasone external gel	1	
desoximetasone external liquid	VC	EDL Alt (alternative: desoximetasone ointment 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
desoximetasone external ointment 0.05 %	VC	EDL Alt (alternative: desoximetasone ointment 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
desoximetasone external ointment 0.25 %	1	
diflorasone diacetate external	4	QL (2gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
DIPROLENE EXTERNAL OINTMENT	3	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	1	QL (1x 120gm tube per month)
fluocinonide external gel	1	QL (60gm per month)
fluocinonide external ointment	1	
fluocinonide external solution	1	
flurandrenolide external cream	4	QL (4gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
flurandrenolide external lotion	4	QL (4gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
fluticasone propionate external	1	

Drug	Status	Notes
halcinonide external cream	3	QL (2gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
halcinonide external solution	VC	EDL Alt (Alternative: Halcinonide Cream 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
halobetasol propionate external cream	1	QL (1gm per day)
halobetasol propionate external foam	VC	EDL Alt (alternative: halobetasol ointment 0.05% or halobetasol cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
halobetasol propionate external ointment	1	QL (1gm per day)
HALOG	VC	QL (2gm per day); DS (30 day supply max); EDL Alt (alternative: halcinonide cream 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
hydrocortisone butyr lipo base	VC	EDL Alt (alternative: hydrocortisone butyrate solution 0.1% or hydrocortisone butyrate lotion 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
hydrocortisone butyrate external cream	3	QL (15gm with fill limit of 1 fill per month); DS (10 day supply max)
hydrocortisone butyrate external lotion	3	QL (1x 59ml bottle per month)
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	3	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone external solution 2.5 %	3	
hydrocortisone valerate	1	
IMPOYZ	VC	EDL Alt (alternative: clobetasol propionate cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
KENALOG EXTERNAL	3	
LEXETTE	VC	EDL Alt (alternative: halobetasol ointment 0.05% or halobetasol cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
LOCOID EXTERNAL LOTION	3	QL (1x 59ml bottle per month)

Drug	Status	Notes
LOCOID LIPOCREAM	VC	EDL Alt (alternative: hydrocortisone butyrate solution 0.1% or hydrocortisone butyrate lotion 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
mometasone furoate external	1	
NUCORT	3	QL (2ml per day)
OLUX-E	3	QL (1x 100gm can per month); AL (Min 12 Years)
PANDEL	3	
SERNIVO	3	QL (1x 120ml bottle per month); AL (Min 18 Years)
SYNALAR EXTERNAL CREAM	VC	EDL Alt (alternative: fluocinolone acetonide cream 0.025%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SYNALAR EXTERNAL OINTMENT	VC	EDL Alt (alternative: fluocinolone acetonide ointment 0.025%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SYNALAR EXTERNAL SOLUTION	VC	EDL Alt (alternative: fluocinolone acetonide solution 0.01% or fluocinonide cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TEXACORT	3	
TOPICORT EXTERNAL CREAM	3	
TOPICORT EXTERNAL GEL	3	
TOPICORT EXTERNAL OINTMENT 0.05 %	VC	EDL Alt (alternative: desoximetasone ointment 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TOPICORT EXTERNAL OINTMENT 0.25 %	3	
TOPICORT SPRAY	VC	EDL Alt (alternative: desoximetasone ointment 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TOVET EXTERNAL FOAM	1	QL (1x 100gm can per month); AL (Min 12 Years)
triamcinolone acetonide external aerosol solution	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	VC	EDL Alt (alternative: triamcinolone acetonide cream 0.025%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TRIDERM EXTERNAL CREAM 0.5 %	1	

Drug	Status	Notes
ULTRAVATE EXTERNAL LOTION	VC	QL (2 ml per day); EDL Alt (alternative: halobetasol ointment 0.05% or halobetasol cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
VANOS	VC	EDL Alt (alternative: fluocinonide cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
VERDESO	VC	EDL Alt (alternative: desonide cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Emollient/Keratolytic Agents**		
CEM-UREA	3	
HYDRO 40	3	
UMECTA MOUSSE	3	
urea external cream 45 %	3	
Enzymes - Topical**		
SANTYL	3	
Imidazole-Related Antifungals - Topical**		
clotrimazole external solution	1	
econazole nitrate external	1	
ECOZA	3	
ERTACZO	4	QL (1x 60gm tube per month); DS (28 day supply max)
EXELDERM	3	
JUBLIA	4	PA; QL (24ml per month); AL (Min 18 Years)
ketoconazole external cream	1	
ketoconazole external foam	VC	EDL Alt (alternative: ketoconazole cream 2% or ketoconazole shampoo 2%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ketoconazole external shampoo 2 %	1	
KETODAN EXTERNAL FOAM	VC	EDL Alt (alternative: ketoconazole cream 2% or ketoconazole shampoo 2%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
luliconazole	VC	QL (1x 60gm tube per month); DS (30 day supply max); EDL Alt (alternative: clotrimazole cream 1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)

Drug	Status	Notes
LUZU	VC	QL (6gm per month); DS (30 day supply max); EDL Alt (alternative: clotrimazole cream 1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
oxiconazole nitrate	1	QL (1x 30gm tube per month); DS (30 day supply max)
OXISTAT EXTERNAL CREAM	3	QL (1x 30gm tube per month); DS (30 day supply max)
OXISTAT EXTERNAL LOTION	VC	EDL Alt (alternative: oxiconazole cream 1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
sulconazole nitrate	3	
Immunomodulators Imidazoquinolinamines - Topical**		
imiquimod external cream 3.75 %	VC	EDL Alt (alternative: imiquimod cream 5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
imiquimod external cream 5 %	1	QL (24 packets per month); AL (Min 12 Years)
imiquimod pump	VC	EDL Alt (alternative: imiquimod cream 5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ZYCLARA	VC	EDL Alt (alternative: imiquimod cream 5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ZYCLARA PUMP	VC	EDL Alt (alternative: imiquimod cream 5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Interleukin-31 Receptor Antagonists - Systemic**		
NEMLUVIO	D	PA; SP; DS (30 day supply max)
Keratolytic/Antimitotic/Vesicant Agents**		
CONDYLOX EXTERNAL GEL	2	PA
podofilox external gel	2	
podofilox external solution	1	
Keratolytic/Antimitotic/Vesicant Combinations**		
GORDOFILM	3	
pyrogallic acid	3	
Liniments**		
methyl salicylate external liquid	3	
Local Anesthetics - Topical**		
lidocaine hcl urethral/mucosal external prefilled syringe	1	
Macrolide Immunosuppressants - Topical**		
ELIDEL	4	PA; QL (1 30gm tube per month. Max 2 refills in 6 mo.); DS (30 day supply max); AL (Min 2 Years)

Drug	Status	Notes
HYFTOR	D	PA; DS (30 day supply max)
pimecrolimus	3	QL (1 30gm tube per month. Max 2 refills in 6 mo.); DS (30 day supply max); AL (Min 2 Years)
tacrolimus external ointment 0.03 %	1	QL (60gm per month); DS (30 day supply max); AL (Min 2 Years)
tacrolimus external ointment 0.1 %	1	QL (60gm per month); DS (30 day supply max); AL (Min 16 Years)
Microtubule Inhibitors - Topical**		
KLISYRI	4	QL (5 packets per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 6 months - fluorouracil 5% AND imiquimod 5% (generic for Aldara)); AL (Min 18 Years)
KLISYRI (250 MG)	4	QL (5 packets per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 6 months - fluorouracil 5% AND imiquimod 5% (generic for Aldara)); AL (Min 18 Years)
KLISYRI (350 MG)	4	QL (5 packets per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 6 months - fluorouracil 5% AND imiquimod 5% (generic for Aldara)); AL (Min 18 Years)
Oxaborole-Related Antifungals - Topical**		
KERYDIN	4	PA
tavaborole	4	PA
Phosphodiesterase 4 (Pde4) Inhibitors - Topical**		
EUCRISA	3	PA; QL (2gm per day); AL (Min 3 Months)
ZORYVE	3	PA
Rosacea Agents**		
azelaic acid external	2	QL (1x 50gm tube per month)
brimonidine tartrate external	3	PA
doxycycline	VC	QL (1 capsule per day); EDL Alt (alternative: doxycycline hyclate tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 9 Years)
EMROSI	VC	EDL Alt (Alternatives: Minocycline HCL Capsule or Tablet 50mg, 75mg or 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
FINACEA EXTERNAL FOAM	VC	EDL Alt (alternative: azelaic acid gel 15%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
FINACEA EXTERNAL GEL	3	

Drug	Status	Notes
ivermectin external cream	4	QL (1x 45gm tube per month); ST (Step Therapy required: any of the following for 2 months in the last 6 months - metronidazole cream 0.75%, metronidazole gel 0.75% or 1%, or metronidazole lotion 0.75%)
METROCREAM	VC	EDL Alt (alternative: metronidazole cream 0.75%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
METROGEL EXTERNAL GEL	VC	QL (1x 45gm tube or 1x 60gm tube per month); EDL Alt (alternative: metronidazole gel 1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 16 Years)
METROLOTION	VC	EDL Alt (alternative: metronidazole lotion 0.75%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	1	QL (1x 45gm tube or 1x 60gm tube per month); AL (Min 16 Years)
metronidazole external lotion	1	
MIRVASO	4	PA
NORITATE	VC	EDL Alt (alternative: metronidazole cream 0.75%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ORACEA	VC	QL (1 capsule per day); EDL Alt (alternative: doxycycline hyclate tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 9 Years)
RHOFADE	4	PA; QL (1x 30gm tube per month)
SOOLANTRA	4	PA; QL (1x 45gm tube per month)
ZILXI	4	QL (1x 30gm can per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - minocycline hcl cap 100mg AND tretinoin gel 0.04%); AL (Min 18 Years)
Scabicides & Pediculicides*		
CROTAN	3	PA
malathion external	3	QL (1x 59ml bottle per month)
NATROBA	4	PA
OVIDE	4	PA; QL (1x 59ml bottle per month)
permethrin external cream	1	
PRURADIK	3	PA
spinosad	4	PA

Drug	Status	Notes
Steroid-Local Anesthetic Combinations**		
CORTANE-B EXTERNAL	3	
EPIFOAM	3	
PRAMOSONE EXTERNAL CREAM 1-1 %	3	
PRAMOSONE EXTERNAL LOTION	3	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 %	3	
Topical Anesthetic Combinations**		
CETACAINE EXTERNAL AEROSOL	3	
Topical Selective Retinoid X Receptor Agonists**		
bexarotene external	D	PA; QL (120gm per month); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); AL (Min 18 Years)
TARGRETIN EXTERNAL	D	PA; QL (60gm per month); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); AL (Min 18 Years)
Topical Steroid Combinations**		
calcipotriene-betameth diprop external ointment	3	QL (1x 60gm tube per month); AL (Min 16 Years)
calcipotriene-betameth diprop external suspension	3	QL (1x 60gm bottle per month); AL (Min 18 Years)
DUOBRII	VC	EDL Alt (alternative: Tazorac (tazarotene) plus halobetasol); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ENSTILAR	VC	EDL Alt (alternative: calcipotriene cream 0.005% plus betamethasone dipropionate cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TACLONEX EXTERNAL OINTMENT	3	QL (1x 60gm tube per month); AL (Min 16 Years)
TACLONEX EXTERNAL SUSPENSION	3	QL (1x 60gm bottle per month); AL (Min 18 Years)
WYNZORA	VC	EDL Alt (alternative: calcipotriene/betamethasone dispropionate external ointment 0.005-0.064); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Wound Care - Growth Factor Agents**		
REGRANEX	4	PA
Wound Dressings**		
FILSUVEZ	D	PA; DS (30 day supply max)

Drug	Status	Notes
Diagnostic Products		
*Diagnostic Drugs***		
METOPIRONE	B	PA; DS (30 day supply max)
*Diagnostic Tests***		
ACCU-CHEK AVIVA PLUS IN VITRO	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ACCU-CHEK GUIDE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ACCU-CHEK SMARTVIEW	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ACCUTREND GLUCOSE	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ADVANCE INTUITION TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ADVANCE MICRO-DRAW TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ADVOCATE REDI-CODE IN VITRO	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ADVOCATE REDI-CODE+ TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ADVOCATE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
AGAMATRIX AMP TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
AGAMATRIX JAZZ TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
AGAMATRIX PRESTO TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ALBUSTIX	1	
ASSURE 3 TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE 4 TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE II	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE II CHECK	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE PLATINUM	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE PRISM MULTI TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE PRO TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
BIOTEL CARE TEST STRIPS	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
blood glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
blood glucose test strips 333	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
BLULINK GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
CAREONE BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CARESENS N GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CARETOUCH TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CHEMSTRIP K	3	QL (100 per month); DS (30 day supply max)
CHEMSTRIP MICRAL	1	
CLEVER CHEK AUTO-CODE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHEK AUTO-CODE VOICE IN VITRO	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHEK TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHOICE AUTO-CODE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHOICE MICRO TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHOICE NO CODING	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHOICE TALK SYSTEM IN VITRO	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CONTOUR NEXT TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
CONTOUR PLUS TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CONTOUR TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
COOL BLOOD GLUCOSE TEST STRIPS	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CVS ADVANCED GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
cvs glucose meter test strips	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
cvs true metrix glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
D-CARE BLOOD GLUCOSE	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
DIATHRIVE BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
DIATHRIVE GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
DIATHRIVE+ GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
DUO-CARE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASY MAX BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
easy plus ii glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASY STEP TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
easy talk blood glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
easy talk plus ii test strips	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASY TOUCH TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
easy trak blood glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
easy trak ii glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASYGLUCO IN VITRO	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASYMAX 15 TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASYMAX TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASYPRO BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
EASYPRO PLUS IN VITRO	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
element compact test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ELEMENT TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EMBRACE BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EMBRACE EVO BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EMBRACE PRO GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EMBRACE TALK GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	4	PA; QL (200 per month); DS (30 day supply max)
eq blood glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EVOLUTION AUTOCODE IN VITRO	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FIFTY50 GLUCOSE TEST 2.0	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA 6 CONNECT IN VITRO	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA 6 CONNECT/GTEL TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
FORA D40/G31 BLOOD GLUCOSE	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA G20 BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA GD20 TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA GD50 BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA GTEL BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA GTEL BLOOD KETONE TEST	3	
FORA TEST N'GO ADV-VOICE-6 CON	3	
FORA TN'G ADVANCE PRO IN VITRO	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA TN'G/TN'G VOICE	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA V10 BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA V30A BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORACARE GD40 TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORACARE PREMIUM V10 TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORACARE TEST N GO TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
FREESTYLE INSULINX TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FREESTYLE LITE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FREESTYLE PRECISION NEO TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FREESTYLE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ge100 blood glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GENULTIMATE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ght test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCO PERFECT 3 TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCARD 01 SENSOR PLUS	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCARD EXPRESSION TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCARD SHINE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCARD VITAL TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
GLUCOCARD X-SENSOR	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCOM TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCONAVII BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
glucose meter test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
gnp easy touch glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GNP TRUE METRIX GLUCOSE STRIPS	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GNP TRUETRACK SMART SYSTEM IN VITRO	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GNP TRUETRACK TEST STRIPS	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GOJJI BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GOJJI BLOOD KETONE TEST	3	
GOJJI BLOOD TEST STRIP/LANCETS	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
goodsense blood glucose in vitro	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
HW EMBRACE PRO GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
HW EMBRACE TALK GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
IGLUCOSE TEST STRIPS	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
IHEALTH BLOOD GLUCOSE TEST STR	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
IN TOUCH BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
INFINITY BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
INFINITY VOICE IN VITRO STRIP	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ketone test	3	QL (100 per month); DS (30 day supply max)
KETOSTIX	3	QL (100 per month); DS (30 day supply max)
kroger blood glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
KROGER HEALTHPRO GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
kroger premium glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
meijer blood glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
meijer essential glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
MEIJER TRUETEST TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MEIJER TRUETRACK TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MICRODOT TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MM BLULINK GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MM EASY TOUCH GLUCOSE	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MYGLUCOHEALTH TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
NEUTEK 2TEK TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
NOVA MAX GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
NOVA MAX PLUS KETONE TEST	3	
one drop test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ONETOUCH ULTRA BLUE TEST	1	QL (200 per month); DS (30 day supply max)
ONETOUCH ULTRA IN VITRO STRIP	1	QL (200 per month); DS (30 day supply max)
ONETOUCH ULTRA TEST	1	QL (200 per month); DS (30 day supply max)
ONETOUCH VERIO IN VITRO STRIP	1	QL (200 per month); DS (30 day supply max)
OPTIUMEZ TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
PHARMACIST CHOICE AUTOCODE	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
pharmacist choice no coding	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PIP BLOOD GLUCOSE TEST STRIP	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
POCKETCHEM EZ TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
POGO AUTOMATIC TEST CARTRIDGES	4	QL (10 boxes per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PRECISION XTRA BLOOD GLUCOSE	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PRECISION XTRA KETONE	3	
premium blood glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
pro voice v8/v9 glucose	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PRODIGY NO CODING BLOOD GLUC IN VITRO	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PTS PANELS EGLU TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
QUICK TOUCH BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
QUICKTEK TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
QUINTET AC BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
QUINTET BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
REFUAH PLUS BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION CONFIRM/MICRO TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION GLUCOSE TEST STRIPS	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION KETONE TEST	3	QL (100 per month); DS (30 day supply max)
RELION PREMIER TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION PRIME TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION TRUE METRIX TEST STRIPS	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION ULTIMA TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
REXALL BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GS100 BLOOD GLUCOSE	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GS300 BLOOD GLUCOSE	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GS550 BLOOD GLUCOSE	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GT333 GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
SMART SENSE PREMIUM TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
SMART SENSE VALUE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
SMARTEST BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
SOLUS V2 TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
SUPREME TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
tgt blood glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
true focus blood glucose strip	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
TRUE METRIX BLOOD GLUCOSE TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
TRUE METRIX PRO BLOOD GLUCOSE	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
TRUETEST TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
TRUETRACK TEST	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
UNISTRIP1 GENERIC	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
verasens blood glucose test	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
VIVAGUARD INO TEST STRIPS	4	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
Multiple Urine Tests		
CHEMSTRIP UGK	3	
CVS KETONE CARE	3	
KETO-DIASTIX	3	
Digestive Aids		
Digestive Enzymes		
CREON	2	PA; QL (12 capsules per day)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	PA; QL (12 capsules per day)
PERTZYE	3	PA; QL (12 capsules per day)
SUCRAID	D	PA; DS (30 day supply max)
VIOKACE ORAL TABLET 10440-39150 UNIT	3	PA; QL (12 capsules per day)
VIOKACE ORAL TABLET 20880-78300 UNIT	3	PA; QL (12 tablets per day)

Drug	Status	Notes
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	2	PA; QL (12 capsules per day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	2	PA
Diuretics		
Carbonic Anhydrase Inhibitors*		
acetazolamide er	1	
acetazolamide oral	1	
dichlorphenamide	D	PA; QL (4 tablets per day); DS (30 day supply max); AL (Min 18 Years)
KEVEYIS	D	PA; QL (4 tablets per day); DS (30 day supply max); AL (Min 18 Years)
methazolamide oral	1	
ORMALVI	D	PA; QL (4 tablets per day); DS (30 day supply max); AL (Min 18 Years)
Diuretic Combinations*		
amiloride-hydrochlorothiazide	1	
MAXZIDE	3	
MAXZIDE-25	3	
spironolactone-hctz	1	HDHP
triamterene-hctz oral capsule 37.5-25 mg	1	HDHP
triamterene-hctz oral tablet	1	HDHP
Loop Diuretics*		
bumetanide oral	1	HDHP
BUMEX ORAL TABLET 0.5 MG	3	
EDECRIN	3	
ethacrynic acid oral	1	
furosemide injection solution 10 mg/ml	1	HDHP
furosemide oral solution 10 mg/ml	1	HDHP
furosemide oral solution 8 mg/ml	3	HDHP
furosemide oral tablet	1	HDHP
LASIX	3	
SOAANZ ORAL TABLET 40 MG, 60 MG	VC	EDL Alt (alternative: Torsemide 5mg, 10mg, 20mg or 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SOAANZ TABLET 20 MG ORAL	VC	EDL Alt (alternative: Torsemide 5mg, 10mg, 20mg or 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
torsemide oral	1	HDHP

Drug	Status	Notes
Potassium Sparing Diuretics**		
ALDACTONE	3	
amiloride hcl oral	1	
CAROSPIR	VC	EDL Alt (alternative: spironolactone tab 25mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DYRENIUM	3	
spironolactone oral suspension	VC	EDL Alt (alternative: spironolactone tab 25mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
spironolactone oral tablet	1	HDHP
triamterene oral	3	
Thiazides And Thiazide-Like Diuretics**		
chlorthalidone oral tablet 25 mg, 50 mg	1	HDHP
DIURIL	3	HDHP
HEMICLOR	3	HDHP
hydrochlorothiazide oral	1	HDHP
indapamide oral	1	HDHP
INZIRQO	VC	EDL Alt (Alternative: Hydrochlorothiazide tablets and capsules); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
metolazone	1	HDHP
THALITONE	3	HDHP
Endocrine And Metabolic Agents - Misc.		
Atp-Sensitive Potassium Channel Activators**		
VYKAT XR	D	PA; SP; DS (30 day supply max)
Bisphosphonates**		
ACTONEL ORAL TABLET 150 MG	3	QL (1 tablet per month)
ACTONEL ORAL TABLET 35 MG	4	QL (4 tablets per month)
alendronate sodium oral solution	3	QL (10.72ml per day); HDHP
alendronate sodium oral tablet 10 mg, 5 mg	1	QL (1 tablet per day); HDHP
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 tablets per month); HDHP
ATELVIA	VC	QL (4 tablets per month); EDL Alt (alternative: alendronate sodium tab 70mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
BINOSTO	VC	QL (4 tablets per month); EDL Alt (alternative: alendronate sodium tab 70mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
FOSAMAX ORAL TABLET 70 MG	3	QL (4 tablets per month); HDHP

Drug	Status	Notes
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT	VC	QL (4 tablets per month); EDL Alt (alternative: alendronate sodium tab 70mg plus vitamin d3 (cholecalciferol) tab 2000unit); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
FOSAMAX PLUS D ORAL TABLET 70-5600 MG-UNIT	VC	QL (4 tablets per month); EDL Alt (alternative: alendronate sodium tab 70mg plus vitamin d3 (cholecalciferol) tab 5000unit); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ibandronate sodium oral	1	QL (1 tablet per month); HDHP
risedronate sodium oral tablet 150 mg	1	QL (1 tablet per month); HDHP
risedronate sodium oral tablet 30 mg, 5 mg	1	HDHP
risedronate sodium oral tablet 35 mg	1	QL (4 tablets per month); HDHP
risedronate sodium oral tablet delayed release	VC	QL (4 tablets per month); EDL Alt (alternative: alendronate sodium tab 70mg); EDL (Tier 1 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Calcimimetic Agents**		
cinacalcet hcl oral tablet 30 mg, 60 mg	C	QL (5 tablets per day); DS (30 day supply max)
cinacalcet hcl oral tablet 90 mg	C	QL (4 tablets per day); DS (30 day supply max)
SENSIPAR ORAL TABLET 30 MG, 60 MG	C	QL (5 tablets per day); DS (30 day supply max)
SENSIPAR ORAL TABLET 90 MG	C	QL (4 tablets per day); DS (30 day supply max)
Calcitonins**		
calcitonin (salmon) injection	3	HDHP
calcitonin (salmon) nasal	1	QL (1x 3.37ml bottle per month); HDHP; AL (Min 16 Years)
MIACALCIN INJECTION	3	
Carnitine Replenisher - Agents**		
CARNITOR ORAL	3	
CARNITOR SF	3	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor**		
XPHOZAH	D	PA; DS (30 day supply max)
Corticotropin**		
ACTHAR	D	PA; DS (30 day supply max)
ACTHAR GEL	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
CORTROPHIN	D	PA; DS (30 day supply max)
CORTROPHIN GEL	D	PA; SP; DS (30 day supply max)
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag		
CRENESSITY	D	PA; DS (30 day supply max)
Cortisol Synthesis Inhibitors**		
ISTURISA ORAL TABLET 1 MG, 5 MG	C	PA; DS (30 day supply max)
RECORLEV	D	PA; DS (30 day supply max)
Dopamine Receptor Agonists**		
cabergoline	1	
Fabry Disease - Agents**		
GALAFOLD	D	PA; DS (30 day supply max)
Gaa Deficiency Treatment - Agents**		
OPFOLDA	3	PA
Gnrh/Lhrh Antagonists**		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	VC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	VC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
ORILISSA	3	PA; F
Growth Hormone Receptor Antagonists**		
SOMAVERT	C	PA; DS (30 day supply max)
Growth Hormone Releasing Hormones (Ghrh)**		
EGRIFTA SV	D	PA; DS (30 day supply max)
Growth Hormones**		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	B	PA; DS (30 day supply max)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	B	PA; DS (30 day supply max)
HUMATROPE INJECTION CARTRIDGE	D	PA; SP; DS (30 day supply max)
NGENLA	D	PA; DS (30 day supply max)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; DS (30 day supply max)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	D	PA; DS (30 day supply max)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	D	PA; DS (30 day supply max)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	D	PA; DS (30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	B	PA; DS (30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	B	PA; DS (30 day supply max)
SAIZEN	D	PA; DS (30 day supply max)

Drug	Status	Notes
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	B	PA; DS (30 day supply max)
SKYTROFA	D	PA; DS (30 day supply max)
SOGROYA	D	PA; DS (30 day supply max)
ZOMACTON	D	PA; DS (30 day supply max)
ZORBTIVE	C	PA; DS (30 day supply max)
Hereditary Orotic Aciduria Treatment - Agents*		
XURIDEN	D	PA; DS (30 day supply max)
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents**		
nitisinone	D	PA; DS (30 day supply max)
NITYR	D	PA; DS (30 day supply max)
ORFADIN	D	PA; DS (30 day supply max)
Homocystinuria Treatment - Agents**		
betaine	C	DS (30 day supply max)
CYSTADANE	C	DS (30 day supply max)
Hyperammonemia Treatment - Agents**		
CARBAGLU ORAL TABLET SOLUBLE	D	PA; SP; DS (30 day supply max)
carglumic acid oral tablet soluble	D	PA; SP; DS (30 day supply max)
Hyperparathyroid Treatment - Vitamin D Analogs**		
calcitriol oral	1	
doxercalciferol oral	C	DS (30 day supply max)
paricalcitol oral capsule 1 mcg, 2 mcg	1	QL (1 capsule per day); AL (Min 18 Years)
paricalcitol oral capsule 4 mcg	1	QL (12 capsules per month); AL (Min 18 Years)
RAYALDEE	4	PA
ROCALTROL	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	QL (1 capsule per day); AL (Min 18 Years)
Hypoparathyroid Treatment - Parathyroid Hormone Analogs**		
YORVIPATH	D	PA; DS (30 day supply max)
Hypophosphatasia (Hpp) Agents**		
STRENSIQ	D	PA; DS (30 day supply max)
Insulin-Like Growth Factors (Somatomedins)**		
INCRELEX	D	PA; DS (30 day supply max)
Leptin Analogues**		
MYALEPT	D	PA; DS (30 day supply max)
Lhrh/Gnrh Agonist Analog Pituitary Suppressants**		
LUPRON DEPOT-PED (1-MONTH)	D	PA; QL (1 injection per month (FDA approved only for Central Precocious Puberty [CPP])); DS (30 day supply max)

Drug	Status	Notes
LUPRON DEPOT-PED (3-MONTH)	D	PA; QL (1 injection per 90 days (FDA approved only for Central Precocious Puberty [CPP])); DS (84 day supply min / 90 day supply max)
LUPRON DEPOT-PED (6-MONTH)	D	PA; SP; QL (1 injection per 180 days (FDA approved only for Central Precocious Puberty (CPP)); DS (172 day supply min / 180 day supply max)
SYNAREL	C	PA; DS (30 day supply max)
Lipoprotein Lipase Deficiency (Lpld) Deficiency - Agents**		
TRYNGOLZA	D	PA; DS (30 day supply max)
Natriuretic Peptides**		
VOXZOGO	D	PA; DS (30 day supply max)
Neurokinin 3 (Nk3) Receptor Antagonists**		
VEOZAH	3	PA
Non-Steroidal Mineralocorticoid Receptor Antagonists**		
KERENDIA	4	PA; QL (1 tablet per day)
Ovulation Stimulants-Gonadotropins**		
chorionic gonadotropin intramuscular	VC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOLLISTIM AQ SUBCUTANEOUS	VC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F	VC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F RFF	VC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	VC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
MENOPUR	VC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
NOVAREL	VC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
OVIDREL	VC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
PREGNYL	VC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))

Drug	Status	Notes
Ovulation Stimulants-Synthetic**		
CLOMID	VC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
Parathyroid Hormone And Derivatives**		
BONSITY	D	PA; DS (30 day supply max)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML, 600 MCG/2.4ML	D	PA; DS (30 day supply max)
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 600 mcg/2.4ml	D	PA; DS (30 day supply max)
teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml	B	PA; DS (30 day supply max)
TYMLOS	B	PA; DS (30 day supply max)
Phenylketonuria Treatment - Agents**		
JAVYGTOR	D	PA; DS (30 day supply max)
KUVAN ORAL PACKET	D	PA; DS (30 day supply max)
KUVAN ORAL TABLET	D	PA; DS (30 day supply max)
PALYNZIQ	C	PA; DS (30 day supply max)
sapropterin dihydrochloride oral packet	D	PA; DS (30 day supply max)
sapropterin dihydrochloride oral tablet	D	PA; DS (30 day supply max)
Rank Ligand (Rankl) Inhibitors**		
JUBBONTI	D	PA; DS (30 day supply max)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; QL (1 prefilled syringe per 180 days; x6 copay applies); DS (167 day supply min / 180 day supply max); AL (Min 18 Years)
STOBOCLO	D	PA; QL (1 prefilled syringe per 180 days; x6 copay applies); DS (167 day supply min / 180 day supply max); AL (Max 18 Years)
Selective Estrogen Receptor Modulators (Serms)**		
EVISTA	1	PA; QL (1 tablet per day); DS (30 day supply max)
OSPHENA	4	PA
raloxifene hcl	1	QL (1 tablet per day)
Selective Vasopressin V2-Receptor Antagonists**		
JYNARQUE	D	PA; DS (30 day supply max)
SAMSCA	C	PA; DS (30 day supply max)
tolvaptan	C	PA; DS (30 day supply max)
Somatostatic Agents**		
MYCAPSSA	D	PA; DS (30 day supply max)
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	A	PA; DS (30 day supply max)
octreotide acetate intramuscular	D	PA; DS (30 day supply max)
octreotide acetate subcutaneous	A	PA; DS (30 day supply max)

Drug	Status	Notes
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	D	PA; DS (30 day supply max)
SANDOSTATIN LAR DEPOT	D	PA; DS (30 day supply max)
Urea Cycle Disorder - Agents**		
BUPHENYL ORAL POWDER 3 GM/TSP	VC	DS (30 day supply max); EDL Alt (alternative: sodium phenylbutyrate oral tab 500mg or sodium phenylbutyrate oral powder 3gm/teaspoonful); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
BUPHENYL ORAL TABLET	VC	DS (30 day supply max); EDL Alt (alternative: sodium phenylbutyrate oral tab 500mg or sodium phenylbutyrate oral powder 3gm/teaspoonful); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
OLPRUVA (2 GM DOSE)	D	PA; DS (30 day supply max)
OLPRUVA (3 GM DOSE)	D	PA; DS (30 day supply max)
OLPRUVA (4 GM DOSE)	D	PA; DS (30 day supply max)
OLPRUVA (5 GM DOSE)	D	PA; DS (30 day supply max)
OLPRUVA (6 GM DOSE)	D	PA; DS (30 day supply max)
OLPRUVA (6.67 GM DOSE)	D	PA; DS (30 day supply max)
PHEBURANE	VC	DS (30 day supply max); EDL Alt (alternative: sodium phenylbutyrate oral tab 500mg or sodium phenylbutyrate oral powder 3gm/teaspoonful); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RAVICTI	D	PA; DS (30 day supply max)
sodium phenylbutyrate oral powder 3 gm/tsp	A	DS (30 day supply max)
sodium phenylbutyrate oral tablet	B	DS (30 day supply max)
Vasopressin**		
DDAVP ORAL TABLET 0.1 MG	3	QL (8 tablets per day)
DDAVP ORAL TABLET 0.2 MG	3	QL (4 tablets per day)
desmopressin ace spray refrig	1	
desmopressin acetate oral tablet 0.1 mg	1	QL (8 tablets per day)
desmopressin acetate oral tablet 0.2 mg	1	QL (4 tablets per day)
desmopressin acetate spray	1	QL (3x 5ml bottles per month)
NOCDURNA	3	PA
Estrogens		
Estrogen & Progestin**		
ABIGALE LO	1	QL (1 tablet per day); F
ACTIVELLA ORAL TABLET 1-0.5 MG	3	QL (28 tablets per month); F
AMABELZ ORAL TABLET 0.5-0.1 MG	1	QL (1 tablet per day); F

Drug	Status	Notes
AMABELZ ORAL TABLET 1-0.5 MG	1	QL (28 tablets per month); F
ANGELIQ ORAL TABLET 0.25-0.5 MG	3	
ANGELIQ ORAL TABLET 0.5-1 MG	3	QL (28 tablets per month); F; AL (Min 18 Years)
BIJUVA ORAL CAPSULE 0.5-100 MG	3	PA
BIJUVA ORAL CAPSULE 1-100 MG	VC	EDL Alt (alternative: progesterone micronized cap 100mg plus estradiol 1mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CLIMARA PRO	3	QL (4 patches per month); F
COMBIPATCH	3	F
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	1	QL (1 tablet per day); F
estradiol-norethindrone acet oral tablet 1-0.5 mg	1	QL (28 tablets per month); F
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG	1	QL (28 tablets per month); F; AL (Min 18 Years)
FYAVOLV ORAL TABLET 1-5 MG-MCG	1	F
JINTELI	1	F
MIMVEY	1	QL (28 tablets per month); F
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	1	QL (28 tablets per month); F; AL (Min 18 Years)
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	1	F
PREMPHASE	2	QL (1 tablet per day); F
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG	2	QL (1 tablet per day); F
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	2	QL (2 tablets per day); F
Estrogen-Progestin-Gnrh Antagonist**		
MYFEMBREE	4	PA; QL (1 tablet per day)
ORIAHNN	4	PA
Estrogens**		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL (2 patches per week)
CLIMARA	3	QL (4 patches per month); F
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
DIVIGEL	3	QL (1 packet per day); F; AL (Min 18 Years)
DOTTI	1	QL (2 patches per week)
ELESTRIN	3	
ESTRACE ORAL	3	
estradiol oral	1	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	QL (1 packet per day); F; AL (Min 18 Years)
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	

Drug	Status	Notes
estradiol transdermal patch twice weekly	1	QL (2 patches per week)
estradiol transdermal patch weekly	1	QL (4 patches per month); F
estradiol valerate intramuscular oil 10 mg/ml	3	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	
ESTROGEL	3	
EVAMIST	3	F
LYLLANA	1	QL (2 patches per week)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	
MENOSTAR	3	QL (4 patches per month); F
MINIVELLE	3	QL (2 patches per week)
PREMARIN INJECTION	3	
PREMARIN ORAL	2	
VIVELLE-DOT	3	QL (2 patches per week)
Estrogen-Selective Estrogen Receptor Modulator Comb**		
DUAVEE	3	PA; QL (1 tablet per day); F; AL (Min 18 Years)
Fluoroquinolones		
Fluoroquinolones**		
BAXDELA ORAL	4	PA
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	QL (2 tablets per day)
ciprofloxacin hcl oral tablet 100 mg	3	QL (2 tablets per day)
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	QL (2 tablets per day)
LEVAQUIN ORAL TABLET 750 MG	3	
levofloxacin oral solution	3	
levofloxacin oral tablet 250 mg	1	QL (3 tablets per day)
levofloxacin oral tablet 500 mg, 750 mg	1	QL (1 tablet per day)
moxifloxacin hcl oral	1	
ofloxacin oral tablet 300 mg	3	QL (2 tablets per day)
ofloxacin oral tablet 400 mg	1	QL (2 tablets per day)
Gastrointestinal Agents - Misc.		
5-Ht4 Receptor Agonists**		
MOTEGRITY	4	PA
prucalopride succinate	4	PA
Bile Acid Synthesis Disorder Agents**		
CHOLBAM	C	PA; DS (30 day supply max)
Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists**		
TRULANCE	3	QL (2 tablets per day); ST (Step Therapy required: 1 fill in the last 6 months - Linzess); AL (Min 18 Years)

Drug	Status	Notes
Farnesoid X Receptor (Fxr) Agonists**		
OCALIVA	D	PA; DS (30 day supply max)
Gallstone Solubilizing Agents**		
CHENODAL	D	PA; SP; DS (30 day supply max)
CTEXLI	D	PA; SP; DS (30 day supply max)
RELTONE	VC	EDL Alt (alternative: Ursodiol oral cap 300mg or oral tab 250mg or 500mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
URSO 250	3	
URSO FORTE	3	
ursodiol oral capsule 200 mg, 400 mg	VC	EDL Alt (alternative: Ursodiol oral cap 300mg or oral tab 250mg or 500mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
Gastrointestinal Antiallergy Agents**		
cromolyn sodium oral	1	
GASTROCROM	3	
Gastrointestinal Chloride Channel Activators**		
AMITIZA	4	QL (2 capsules per day); ST (Step Therapy required: BOTH of the following in the last 6 mnths - generic lubiprostone AND Linzess); AL (Min 18 Years)
lubiprostone	2	QL (2 capsules per day); AL (Min 18 Years)
Gastrointestinal Stimulants**		
GIMOTI	VC	DS (30 day supply max); EDL Alt (alternative: metoclopramide ODT, solution or tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible 5 mg	3	
REGLAN ORAL	3	
Glucagon-Like Peptide-2 (Glp-2) Analogs**		
GATTEX	D	PA; DS (30 day supply max)
Hepatotropics - Thyroid Hormone Receptor-Beta Agonists**		
REZDIFFRA	D	PA; SP; DS (30 day supply max)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	2	QL (1 capsule per day); AL (Min 18 Years)
LINZESS ORAL CAPSULE 72 MCG	2	QL (1 capsule per day); AL (Min 6 Years)

Drug	Status	Notes
Ibs Agent - Mu-Opioid Receptor Agonists**		
VIBERZI	3	PA; QL (2 tablets per day); AL (Min 18 Years)
Ibs Agent - Selective 5-Ht3 Receptor Antagonists**		
alosetron hcl	4	QL (2 tablets per day); F; AL (Min 18 Years)
LOTRONEX	4	QL (2 tablets per day); F; AL (Min 18 Years)
Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor**		
IBSRELA	4	PA
Ileal Bile Acid Transporter (Ibat) Inhibitors**		
BYLVAY	D	PA; DS (30 day supply max)
BYLVAY (PELLETS)	D	PA; DS (30 day supply max)
LIVMARLI	D	PA; DS (30 day supply max)
Inflammatory Bowel Agents**		
APRISO	3	QL (4 capsules per day)
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
CANASA	2	QL (1 suppository per day)
COLAZAL	3	
DELZICOL	2	
DIPENTUM	2	QL (4 capsules per day)
LIALDA	4	QL (4 tablets per day); AL (Min 18 Years)
mesalamine er oral capsule extended release 24 hour	3	QL (4 capsules per day)
mesalamine oral capsule delayed release	2	
mesalamine oral tablet delayed release 1.2 gm	3	QL (4 tablets per day); AL (Min 18 Years)
mesalamine oral tablet delayed release 800 mg	4	QL (6 tablets per day)
mesalamine rectal enema	3	QL (60ml per day)
mesalamine rectal suppository	2	QL (1 suppository per day)
PENTASA	2	
SFROWASA	3	
sulfasalazine oral	1	
Integrin Receptor Antagonists**		
ENTYVIO PEN	C	PA; DS (30 day supply max)
ENTYVIO SUBCUTANEOUS	C	PA; DS (30 day supply max)
Interleukin Antagonists**		
OMVOH (300 MG DOSE)	D	PA; SP; DS (30 day supply max)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day suppply max)

Drug	Status	Notes
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	B	PA; SP; DS (30 day supply max)
TREMFYA CROHNS INDUCTION	B	PA; SP; DS (30 day supply max)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	B	PA; DS (30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	B	PA; SP; DS (30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	B	PA; SP; DS (30 day supply max)
Intestinal Acidifiers**		
enulose	1	
generlac	1	
Live Fecal Microbiota (Human)*		
VOWST	D	PA; DS (30 day supply max)
Peripheral Opioid Receptor Antagonists**		
MOVANTIK	2	QL (1 tablet per day); AL (Min 18 Years)
RELISTOR ORAL	3	PA; QL (3 tablets per day); AL (Min 18 Years)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	C	PA; DS (30 day supply max)
SYMPROIC	4	PA
Peroxisome Proliferator-Activated Receptor Agonists**		
IQIRVO	D	PA; DS (30 day supply max)
LIVDELZI	D	PA; DS (30 day supply max)
Phosphate Binder Agents**		
AURYXIA	3	PA
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
ferric citrate oral	3	PA
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	D	QL (3 tablets per day); DS (30 day supply max); AL (Min 16 Years)
lanthanum carbonate	B	QL (3 tablets per day); DS (30 day supply max); AL (Min 16 Years)
RENAGEL ORAL TABLET 800 MG	3	QL (17.5 tablets per day)
RENVELA ORAL PACKET 0.8 GM	3	QL (15 packets per day)
RENVELA ORAL PACKET 2.4 GM	3	QL (5 packets per day)
RENVELA ORAL TABLET	3	QL (15 tablets per day)
sevelamer carbonate oral packet 0.8 gm	3	QL (15 packets per day)
sevelamer carbonate oral packet 2.4 gm	3	QL (5 packets per day)
sevelamer carbonate oral tablet	1	QL (15 tablets per day)
sevelamer hcl oral tablet 400 mg	3	QL (35 tablets per day)
sevelamer hcl oral tablet 800 mg	1	QL (17.5 tablets per day)

Drug	Status	Notes
VELPHORO	4	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)**		
VELSIPITY	D	PA; DS (30 day supply max)
Tryptophan Hydroxylase Inhibitors**		
XERMELO	D	PA; DS (30 day supply max)
Tumor Necrosis Factor Alpha Blockers**		
CIMZIA (2 SYRINGE)	B	PA; DS (30 day supply max)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; DS (30 day supply max)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	B	PA; DS (30 day supply max)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; DS (30 day supply max)
CIMZIA-STARTER	B	PA; DS (30 day supply max)
ZYMFENTRA (1 PEN)	D	PA; DS (30 day supply max)
ZYMFENTRA (2 PEN)	D	PA; DS (30 day supply max)
ZYMFENTRA (2 SYRINGE)	D	PA; DS (30 day supply max)
Genitourinary Agents - Miscellaneous		
5-Alpha Reductase Inhibitors**		
AVODART	3	QL (1 capsule per day); M
dutasteride oral	1	QL (1 capsule per day); M
finasteride oral tablet 5 mg	1	QL (1 tablet per day)
PROSCAR	3	QL (1 tablet per day)
Alpha 1-Adrenoceptor Antagonists**		
alfuzosin hcl er	1	QL (1 tablet per day)
CARDURA XL	4	
FLOMAX	3	
RAPAFLO	3	
silodosin	3	
tamsulosin hcl	1	
UROXATRAL	3	QL (1 tablet per day)
Citrates**		
potassium citrate er	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
Cystinosis Agents**		
CYSTAGON	C	DS (30 day supply max)
PROCYSBI	C	PA; DS (30 day supply max)
Genitourinary Irrigants**		
ARGYLE STERILE SALINE	1	
CURITY STERILE SALINE	1	

Drug	Status	Notes
glycine urologic	1	
RENACIDIN	3	
sodium chloride irrigation solution 0.9 %	1	
sorbitol irrigation solution 3 %	3	
Igan Agents - Endothelin & Angiotensin Ii Receptor Antag**		
FILSPARI	D	PA; DS (30 day supply max)
Igan Agents - Endothelin Receptor Antagonist**		
VANRAFIA	D	PA; SP; DS (30 day supply max)
Interstitial Cystitis Agents**		
ELMIRON	3	QL (3 capsules per day)
Phosphates**		
K-PHOS NO 2	3	
Prostatic Hypertrophy Agent Combinations**		
dutasteride-tamsulosin hcl	1	M
ENTADFI	VC	EDL Alt (alternative: finasteride tab and tadalafil tab taken separately); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
JALYN	3	M
Small Interfering Ribonucleic Acid Agents (Sirna)**		
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
Urinary Stone Agents**		
LITHOSTAT	3	
THIOLA	D	PA; DS (30 day supply max)
THIOLA EC	D	PA; DS (30 day supply max)
tiopronin oral	D	PA; DS (30 day supply max)
VENXXIVA	D	PA; DS (30 day supply max)
Gout Agents		
Gout Agent Combinations**		
colchicine-probenecid	1	
Gout Agents**		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	VC	EDL Alt (alternative: allopurinol tab 100mg or 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
colchicine oral capsule	VC	EDL Alt (alternative: colchicine 0.6mg tablet); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
colchicine oral tablet	3	
COLCRYS	3	

Drug	Status	Notes
febuxostat	4	QL (1 tablet per day); ST (Step Therapy required: any of the following for 3 months in the last 6 months - allopurinol 100mg or 300mg tab); AL (Min 18 Years)
GLOPERBA	3	QL (5ml per day); AL (Min 18 Years)
MITIGARE	VC	EDL Alt (alternative: colchicine 0.6mg tablet); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ULORIC	4	PA; QL (1 tablet per day); AL (Min 18 Years)
Uricosurics**		
probenecid oral	1	
Hematological Agents - Misc.		
Antihemophilic Products - Antithrombin-Directed Sirna**		
QFITLIA	D	PA; DS (30 day supply max)
Antihemophilic Products - Monoclonal Antibodies**		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 60 MG/1.5ML	D	PA; SP; DS (30 day supply max)
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/3ML	D	PA; DS (30 day supply max)
HEMLIBRA	D	PA; SP; DS (30 day supply max)
HYMPAVZI	D	PA; DS (30 day supply max)
Anti-Von Willebrand Factor Agents**		
CABLIVI	A	PA; DS (30 day supply max)
Bradykinin B2 Receptor Antagonists**		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; QL (NDCs by Eugia US (633230574**) and Fresenius (551500351**) are preferred); DS (30 day supply max)
icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous	B	PA; DS (30 day supply max)
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	D	PA; QL (NDCs by Eugia US (633230574**) and Fresenius (551500351**) are preferred); DS (30 day supply max)
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; QL (NDCs by Eugia US (633230574**) and Fresenius (551500351**) are preferred); DS (30 day supply max)
C1 Esterase Inhibitors**		
BERINERT	D	PA; SP; DS (30 day supply max)
CINRYZE	D	PA; DS (30 day supply max)
HAEGARDA	D	PA; DS (30 day supply max)
RUCONEST	D	PA; DS (30 day supply max)
Complement C3 Inhibitors**		
EMPAVELI	D	PA; DS (30 day supply max)

Drug	Status	Notes
Complement C5 Inhibitors**		
ZILBRYSQ	D	PA; DS (30 day supply max)
Complement C5a Receptor Inhibitors**		
TAVNEOS	D	PA; DS (30 day supply max)
Complement Factor B Inhibitors**		
FABHALTA	D	PA; DS (30 day supply max)
Complement Factor D Inhibitors**		
VOYDEYA	D	PA; DS (30 day supply max)
Direct-Acting P2y12 Inhibitors**		
BRILINTA ORAL TABLET 60 MG	2	HDHP
BRILINTA ORAL TABLET 90 MG	4	PA
ticagrelor	2	HDHP
Hematorheologic Agents**		
pentoxifylline er	1	
Phosphodiesterase Iii Inhibitors**		
cilostazol	1	QL (2 tablets per day)
Plasma Factor Xiia Inhibitors - Monoclonal Antibodies**		
ANDEMBRY	D	PA; DS (30 day supply max)
Plasma Kallikrein Inhibitors - Monoclonal Antibodies**		
TAKHZYRO SUBCUTANEOUS SOLUTION	D	PA; DS (30 day supply max)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	D	PA; SP; DS (30 day supply max)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	D	PA; DS (30 day supply max)
Plasma Kallikrein Inhibitors**		
KALBITOR	D	PA; DS (30 day supply max)
ORLADEYO	D	PA; DS (30 day supply max)
Platelet Aggregation Inhibitor Combinations**		
aspirin-dipyridamole er	1	HDHP
Platelet Aggregation Inhibitors**		
dipyridamole oral	1	HDHP
Protease-Activated Receptor-1 (Par-1) Antagonists**		
ZONTIVITY	2	QL (1 tablet per day); AL (Min 16 Years)
Pyruvate Kinase Activators**		
PYRUKYND	D	PA; DS (30 day supply max)
PYRUKYND TAPER PACK	D	PA; DS (30 day supply max)
Quinazoline Agents**		
AGRYLIN	3	
anagrelide hcl	1	

Drug	Status	Notes
Spleen Tyrosine Kinase (Syk) Inhibitors**		
TAVALISSE	C	PA; SP; DS (30 day supply max)
Thienopyridine Derivatives**		
clopidogrel bisulfate oral tablet 300 mg	1	QL (1 tablet per month); DS (30 day supply max); HDHP
clopidogrel bisulfate oral tablet 75 mg	1	QL (1 tablet per day); HDHP
EFFIENT	3	QL (1 tablet per day); AL (Min 16 Years)
PLAVIX ORAL TABLET 75 MG	4	QL (1 tablet per day)
prasugrel hcl	1	QL (1 tablet per day); HDHP; AL (Min 16 Years)
Hematopoietic Agents		
Agents For Gaucher Disease**		
CERDELGA	D	PA; DS (30 day supply max)
miglustat	D	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
YARGESA	D	PA; SP; DS (30 day supply max)
ZAVESCA	D	PA; SP; DS (30 day supply max)
Amino Acids**		
ENDARI	VC	EDL Alt (alternative: glutamine powder packet (OTC), glutamine cap 500mg (OTC) or Lglutamine tab 500mg (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
l-glutamine oral packet	VC	EDL Alt (alternative: glutamine powder packet (OTC), glutamine cap 500mg (OTC) or Lglutamine tab 500mg (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Cobalamins**		
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal	3	
DODEX	1	
NASCOBAL	3	PA
Cxcr4 Receptor Antagonist**		
XOLREMDI	D	PA; DS (30 day supply max)
Cytotoxic Agents**		
DROXIA	B	QL (1 capsule per day); DS (30 day supply max); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - Siklos 100mg or 1000mg tab AND hydroxyurea 500mg cap); AL (Min 18 Years)
SIKLOS ORAL TABLET 100 MG	B	QL (10 tablets per day); DS (30 day supply max); AL (Min 2 Years)

Drug	Status	Notes
SIKLOS ORAL TABLET 1000 MG	B	QL (1 tablet per day); DS (30 day supply max); AL (Min 2 Years)
XROMI	3	
Folic Acid/Folates**		
folic acid oral tablet 1 mg	$0	QL (2 tablets per day); ACA (Tier 1 OR coinsurance if ACA does not apply)
Granulocyte Colony-Stimulating Factors (G-Csf)**		
FULPHILA	B	PA; QL (0.086 ml per day); DS (14 day supply max)
NEULASTA ONPRO	C	PA; QL (2 syringes per 14 days); DS (14 day supply max)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	C	PA; QL (2 syringes per 14 days); DS (14 day supply max)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	C	PA; QL (10ml); DS (8 day supply min / 10 day supply max)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML	C	PA; QL (16ml); DS (8 day supply min / 10 day supply max)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	C	PA; QL (5 syringes per 10 days); DS (8 day supply min / 10 day supply max)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	C	PA; QL (8 syringes per 10 days); DS (8 day supply min / 10 day supply max)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	B	PA; QL (1ml per day); DS (8 day supply min / 10 day supply max)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	B	PA; QL (1.6ml per day); DS (8 day supply min / 10 day supply max)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	B	PA; SP; QL (0.5ml per day); DS (8 day supply min / 10 day supply max)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	B	PA; SP; QL (0.8ml per day); DS (8 day supply min / 10 day supply max)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	SP; DS (30 day supply max)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	D	QL (0.5ml per day); DS (10 day supply max)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	D	QL (0.8ml per day); DS (10 day supply max)
Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)**		
LEUKINE INJECTION SOLUTION RECONSTITUTED	D	DS (30 day supply max)
Hemoglobin S (Hbs) Polymerization Inhibitors**		
OXBRYTA ORAL TABLET 300 MG	VC	DS (30 day supply max); EDL Alt (alternative: Oxbryta tab 500mg or soluble tab 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
OXBRYTA ORAL TABLET 500 MG	D	PA; DS (30 day supply max)
OXBRYTA ORAL TABLET SOLUBLE	D	PA; DS (30 day supply max)

Drug	Status	Notes
Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors**		
JESDUVROQ	3	PA
VAFSEO	D	PA; DS (30 day supply max)
Iron**		
SPATONE PUR-ABSORB IRON ORAL SOLUTION	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Max 1 Years)
Thrombopoietin (Tpo) Receptor Agonists**		
ALVAIZ	D	PA; DS (30 day supply max)
DOPTELET ORAL TABLET 20 MG	C	PA; SP; DS (30 day supply max)
eltrombopag olamine oral packet 12.5 mg	C	PA; DS (30 day supply max)
eltrombopag olamine oral packet 25 mg	C	PA
eltrombopag olamine oral tablet	C	PA; DS (30 day supply max)
MULPLETA	C	PA; DS (30 day supply max)
NPLATE	D	PA; DS (30 day supply max)
PROMACTA ORAL PACKET	C	PA; SP; DS (30 day supply max)
PROMACTA ORAL TABLET	C	PA; DS (30 day supply max)
Hemostatics		
Hemostatics - Systemic**		
aminocaproic acid oral solution	4	
aminocaproic acid oral tablet	4	
tranexamic acid oral	1	F
Hypnotics/Sedatives/Sleep Disorder Agents		
Antihistamine Hypnotics**		
eq sleep-aid	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
Barbiturate Hypnotics**		
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet	1	
Benzodiazepine Hypnotics**		
DORAL	3	QL (There a limitation of 1 fill of any hypnotic per 30 days); DS (30 day supply max)
estazolam	1	QL (1 tablet per day, with a limitation of one fill of any hypnotic per 30 days); DS (30 day supply max); AL (Min 18 Years)
HALCION	3	QL (2 tablets per day, with a limitation of one fill of any hypnotic per 30 days); DS (30 day supply max); AL (Min 18 Years)

Drug	Status	Notes
midazolam hcl oral	1	QL (10ml per day, with a limitation of one fill of any hypnotic per 30 days); DS (30 day supply max); AL (Min 6 Years and Max 16 Years)
quazepam	4	PA; QL (There a limitation of 1 fill of any hypnotic per 30 days); DS (30 day supply max)
RESTORIL	3	QL (1 capsule per day, with a limitation of one fill of any hypnotic per 30 days); DS (30 day supply max); AL (Min 18 Years)
temazepam	1	QL (1 capsule per day, with a limitation of one fill of any hypnotic per 30 days); DS (30 day supply max); AL (Min 18 Years)
triazolam oral tablet 0.125 mg	3	QL (1 tablet per day, with a limitation of one fill of any hypnotic per 30 days); DS (30 day supply max); AL (Min 18 Years)
triazolam oral tablet 0.25 mg	1	QL (2 tablets per day, with a limitation of one fill of any hypnotic per 30 days); DS (30 day supply max); AL (Min 18 Years)
Hypnotics - Tricyclic Agents**		
doxepin hcl oral tablet 3 mg	4	QL (1 tablet per day); ST (Step Therapy required: 3 months in the last 12 months - doxepin hcl 10mg capsule); AL (Min 18 Years)
doxepin hcl oral tablet 6 mg	4	QL (1 tablet per day); ST (Step Therapy required: 3 months in the last 12 months - doxepin hcl 10mg cap); AL (Min 18 Years)
SILENOR	VC	QL (1 tablet per day); EDL Alt (alternative: doxepin cap 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
Non-Benzodiazepine - Gaba-Receptor Modulators**		
AMBIEN CR	4	PA; QL (1 tablet per day, with a limitation of 1 fill of any hypnotic per 30 days); DS (30 day supply max)
AMBIEN ORAL TABLET 10 MG	4	PA; QL (1 tablet per day, with a limitation of 1 fill of any hypnotic per 30 days); DS (30 day supply max)
AMBIEN ORAL TABLET 5 MG	3	PA; QL (1 tablet per day, with a limitation of 1 fill of any hypnotic per 30 days); DS (30 day supply max)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG	VC	EDL Alt (alternative: zolpidem tartrate tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 5 MG	VC	EDL Alt (alternative: zolpidem tartrate tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)

Drug	Status	Notes
eszopiclone oral tablet 1 mg, 2 mg	1	QL (1 tablet per day, with a limitation of 1 fill of any hypnotic per 30 days); DS (30 day supply max); AL (Min 18 Years)
eszopiclone oral tablet 3 mg	1	QL (1 tablet per day, with a limitation of one fill of any hypnotic per 30 days); DS (30 day supply max); AL (Min 18 Years)
LUNESTA ORAL TABLET 1 MG, 2 MG	4	QL (1 tablet per day, with a limitation of 1 fill of any hypnotic per 30 days); DS (30 day supply max); AL (Min 18 Years)
LUNESTA ORAL TABLET 3 MG	4	QL (1 tablet per day, with a limitation of one fill of any hypnotic per 30 days); DS (30 day supply max); AL (Min 18 Years)
zaleplon oral capsule 10 mg	1	QL (2 capsules per day, with a limitation of one fill of any hypnotic per 30 days); DS (30 day supply max)
zaleplon oral capsule 5 mg	1	QL (3 capsules per day, with a limitation of one fill of any hypnotic per 30 days); DS (30 day supply max)
zolpidem tartrate er	1	QL (1 tablet per day, with a limitation of 1 fill of any hypnotic per 30 days); DS (30 day supply max)
zolpidem tartrate oral capsule	VC	EDL Alt (alternative: zolpidem tartrate tab 5mg or 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
zolpidem tartrate oral tablet	1	QL (1 tablet per day, with a limitation of 1 fill of any hypnotic per 30 days); DS (30 day supply max)
zolpidem tartrate sublingual	VC	EDL Alt (alternative: zolpidem tartrate tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
Orexin Receptor Antagonists**		
BELSOMRA	4	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 6 months - eszopiclone tab, zaleplon cap, or rozerem tab); AL (Min 18 Years)
DAYVIGO	4	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 6 months - eszopiclone tab, zaleplon cap, or rozerem tab); AL (Min 18 Years)
QUVIVIQ	4	QL (1 tablet per day); ST (Step Therapy required: 3 of the following for 1 month each in the last 12 months - eszopiclone, ramelteon, zaleplon, or zolpidem)
Selective Melatonin Receptor Agonists**		
HETLIOZ	D	PA; QL (1 tablet per day); DS (30 day supply max); AL (Min 18 Years)
HETLIOZ LQ	D	PA; DS (30 day supply max)

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Drug	Status	Notes
ramelteon	3	QL (1 tablet per day); AL (Min 18 Years)
ROZEREM	3	QL (1 tablet per day); AL (Min 18 Years)
tasimelteon	D	PA; QL (1 tablet per day); DS (30 day supply max); AL (Min 18 Years)
Laxatives		
Bowel Evacuant Combinations*		
CLENPIQ	3	
GAVILYTE-G	$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
MOVIPREP	4	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	3	
peg 3350-kcl-na bicarb-nacl	$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
peg-3350/electrolytes	$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
peg-3350/electrolytes/ascorbat	3	
peg-kcl-nacl-nasulf-na asc-c	4	
PLENVU	3	
SUFLAVE	4	
SUPREP BOWEL PREP KIT	3	
Laxatives - Miscellaneous*		
constulose	1	
KRISTALOSE	VC	EDL Alt (alternative: lactulose oral solution); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
lactulose oral packet	VC	EDL Alt (alternative: lactulose oral solution); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
lactulose oral solution 10 gm/15ml	1	
Macrolides		
Azithromycin*		
azithromycin oral packet	3	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
ZITHROMAX ORAL PACKET	4	QL (3 packets per month)
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Clarithromycin*		
clarithromycin er	1	QL (2 tablets per day)

Drug	Status	Notes
clarithromycin oral suspension reconstituted	3	QL (10ml per day)
clarithromycin oral tablet 250 mg	1	
clarithromycin oral tablet 500 mg	1	QL (3 tablets per day)
Erythromycins**		
E.E.S. 400 ORAL TABLET	3	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
erythromycin base oral capsule delayed release particles	3	QL (4 capsules per day)
erythromycin base oral tablet	3	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin ethylsuccinate oral tablet	3	
erythromycin oral	3	
Fidaxomicin**		
DIFICID ORAL SUSPENSION RECONSTITUTED	4	PA
DIFICID ORAL TABLET	4	PA; QL (4 tablets per day); DS (28 day supply max)
Medical Devices And Supplies		
Cervical Caps**		
FEMCAP	$0	QL (3 cervical caps per month); DS (30 day supply max); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
Condoms - Female**		
FC2 FEMALE CONDOM	$0	QL (1 box of 12 per month); DS (30 day supply max); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
Condoms - Male**		
aimsco lubricated	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
condoms	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
DUREX EXTRA SENSITIVE THIN	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
DUREX REALFEEL	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F

Drug	Status	Notes
DUREX TROPICAL	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
FANTASY LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
FANTASY LUBRICATED/SPERMICIDE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
KAMELEON LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
KIMONO COLORS	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
KIMONO MAXX-LARGE FLARE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono micro thin	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono micro thin plus	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono plus	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono ps	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono ps plus	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono sensation	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono sensation plus	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
KIMONO SPECIAL	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
K-Y ME & YOU EXTRA LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F

Drug	Status	Notes
K-Y ME & YOU INTENSE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
maxx	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
maxx plus	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
REALITY LATEX CONDOMS	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
REALITY LATEX/ULTRA TEXTURED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
REALITY LATEX/ULTRA THIN	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TROJAN ENZ	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TROJAN ULTRA RIBBED LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TROJAN ULTRA THIN	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TROJAN ULTRA THIN/SPERMICIDAL	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
true cover	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX COLOR CONDOMS + LUBE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUB/RIBBED/STUDDED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUB/SPERMICIDE EX ST	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUB/SPERMICIDE XL	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F

Drug	Status	Notes
TRUSTEX LUBRICATED EX LARGE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUBRICATED EXTRA ST	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX LUBRICATED/SPERMICIDE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX NATURAL CONDOMS + LUBE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX NON-LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX RIA LUB/SPERMICIDE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX RIA LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX RIA NON-LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TRUSTEX-NONOXYNOL-9/RIB/STUD	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
Diaphragms		
CAYA	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
OMNIFLEX DIAPHRAGM	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 60	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 65	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 70	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 75	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 80	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 85	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 90	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 95	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
Glucose Monitoring Test Supplies		
ACCU-CHEK FASTCLIX LANCETS	1	QL (204 per month); DS (30 day supply max)
ACCU-CHEK SAFE-T PRO LANCETS	1	QL (204 per month); DS (30 day supply max)
ACCU-CHEK SOFTCLIX LANCETS	1	QL (204 per month); DS (30 day supply max)
acti-lance 28g	1	QL (204 per month); DS (30 day supply max)
acti-lance lite lancets 28g	1	QL (204 per month); DS (30 day supply max)
acti-lance special lancets 17g	1	QL (204 per month); DS (30 day supply max)
acti-lance universal 23g	1	QL (204 per month); DS (30 day supply max)
advanced mobile lancet	1	QL (204 per month); DS (30 day supply max)
ADVOCATE LANCETS	1	QL (204 per month); DS (30 day supply max)
ADVOCATE LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
ADVOCATE SAFETY LANCETS	1	QL (204 per month); DS (30 day supply max)
ADVOCATE SAFETY LANCETS 21G	1	QL (204 per month); DS (30 day supply max)
ADVOCATE SAFETY LANCETS 23G	1	QL (204 per month); DS (30 day supply max)
ADVOCATE SAFETY LANCETS 26G	1	QL (204 per month); DS (30 day supply max)
ADVOCATE SAFETY LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
AGAMATRIX ULTRA-THIN LANCETS	1	QL (204 per month); DS (30 day supply max)
aimsco twist lancets 32g	1	QL (204 per month); DS (30 day supply max)
AIMSCO TWIST LANCETS 33G	1	QL (204 per month); DS (30 day supply max)

Drug	Status	Notes
AQUALANCE LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
assure comfort lancets 28g	1	QL (204 per month); DS (30 day supply max)
ASSURE HAEMOLANCE PLUS HIGH	1	QL (200 per month); DS (30 day supply max)
ASSURE HAEMOLANCE PLUS LOW	1	QL (200 per month); DS (30 day supply max)
ASSURE HAEMOLANCE PLUS MICRO	1	QL (200 per month); DS (30 day supply max)
ASSURE HAEMOLANCE PLUS NORMAL	1	QL (200 per month); DS (30 day supply max)
ASSURE HAEMOLANCE PLUS PED	1	QL (200 per month); DS (30 day supply max)
ASSURE LANCE LANCETS	1	QL (204 per month); DS (30 day supply max)
ASSURE LANCE LANCETS 21G	1	QL (204 per month); DS (30 day supply max)
ASSURE LANCE PLUS SAFETY 25G	1	QL (204 per month); DS (30 day supply max)
ASSURE LANCE PLUS SAFETY 30G	1	QL (204 per month); DS (30 day supply max)
ASSURE LANCE SAFETY LANCET 28G	1	QL (204 per month); DS (30 day supply max)
aurora lancet super thin 30g	1	QL (204 per month); DS (30 day supply max)
aurora lancet thin 23g	1	QL (204 per month); DS (30 day supply max)
AUTOLET PLATFORMS	1	QL (200 per month); DS (30 day supply max)
BD MICROTAINER LANCETS	1	QL (204 per month); DS (30 day supply max)
CAREONE LANCET SUPER THIN 30G	1	QL (204 per month); DS (30 day supply max)
careone lancet thin 23g	1	QL (204 per month); DS (30 day supply max)
CARESENS LANCETS	1	QL (204 per month); DS (30 day supply max)
CARESENS LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
CARETOUCH SAFETY LANCETS	1	QL (204 per month); DS (30 day supply max)
CARETOUCH SAFETY LANCETS 26G	1	QL (204 per month); DS (30 day supply max)
CARETOUCH TWIST LANCETS 28G	1	QL (204 per month); DS (30 day supply max)

Drug	Status	Notes
CARETOUCH TWIST LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
CARETOUCH TWIST LANCETS 33G	1	QL (204 per month); DS (30 day supply max)
CARETOUCH TWIST MC LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
CHOSEN LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
CHOSEN SAFETY LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
CLEANLET LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
CLEVER CHEK LANCETS	1	QL (204 per month); DS (30 day supply max)
CLEVER CHOICE COMFORT EZ	1	QL (204 per month); DS (30 day supply max)
CLEVER CHOICE LANCETS 21G	1	QL (204 per month); DS (30 day supply max)
CLEVER CHOICE LANCETS 23G	1	QL (204 per month); DS (30 day supply max)
CLEVER CHOICE LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
COAGUCHEK LANCETS	1	QL (204 per month); DS (30 day supply max)
comfort assured lancets 28g	1	QL (204 per month); DS (30 day supply max)
comfort assured lancets 33g	1	QL (204 per month); DS (30 day supply max)
COMFORT TOUCH LANCETS 31G	1	QL (204 per month); DS (30 day supply max)
COMFORT TOUCH PLUS LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
COMFORT TOUCH PLUS LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
COMFORT TOUCH TWIST LANCET 30G	1	QL (204 per month); DS (30 day supply max)
cvs lancets 21g	1	QL (204 per month); DS (30 day supply max)
cvs lancets micro thin 33g	1	QL (204 per month); DS (30 day supply max)
cvs lancets original	1	QL (204 per month); DS (30 day supply max)
cvs lancets thin 26g	1	QL (204 per month); DS (30 day supply max)
cvs lancets ultra thin 30g	1	QL (204 per month); DS (30 day supply max)

Drug	Status	Notes
cvs lancets ultra-thin 30g	1	QL (204 per month); DS (30 day supply max)
cvs ultra thin lancets	1	QL (204 per month); DS (30 day supply max)
DEXCOM G6 RECEIVER	2	PA; QL (1 receiver per lifetime. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.)
DEXCOM G6 SENSOR	2	PA; QL (3 sensors per month. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); DS (30 day supply max)
DEXCOM G6 TRANSMITTER	2	PA; QL (1 transmitter (1 box) per 90 days. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.)
DEXCOM G7 RECEIVER	2	PA; QL (1 receiver per lifetime. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.)
DEXCOM G7 SENSOR	2	PA; QL (3 sensors per month. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); DS (30 day supply max)
DIATHRIVE LANCET ULTRA THIN 30	1	QL (204 per month); DS (30 day supply max)
DIATHRIVE LANCETS	1	QL (204 per month); DS (30 day supply max)
DROPLET LANCETS ULTRA THIN 30G	1	QL (204 per month); DS (30 day supply max)
DROPLET PERSONAL LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
DROPSAFE ACTI-LANCE 23G	1	QL (204 per month); DS (30 day supply max)
drug mart lancets thin 26g	1	QL (204 per month); DS (30 day supply max)
DRUG MART ON-THE-GO LANCET 30G	1	QL (204 per month); DS (30 day supply max)
DRUG MART UNILET LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
DRUG MART UNILET LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
DRUG MART UNILET LANCETS 33G	1	QL (204 per month); DS (30 day supply max)

Drug	Status	Notes
easy comfort lancets	1	QL (204 per month); DS (30 day supply max)
easy comfort lancets twist top	1	QL (204 per month); DS (30 day supply max)
EASY TOUCH LANCETS 21G	1	QL (204 per month); DS (30 day supply max)
EASY TOUCH LANCETS 23G	1	QL (204 per month); DS (30 day supply max)
EASY TOUCH LANCETS 26G	1	QL (204 per month); DS (30 day supply max)
EASY TOUCH LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
EASY TOUCH LANCETS 28G/TWIST	1	QL (204 per month); DS (30 day supply max)
EASY TOUCH LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
EASY TOUCH LANCETS 30G/TWIST	1	QL (204 per month); DS (30 day supply max)
EASY TOUCH LANCETS 32G	1	QL (204 per month); DS (30 day supply max)
EASY TOUCH LANCETS 32G/TWIST	1	QL (204 per month); DS (30 day supply max)
EASY TOUCH LANCETS 33G/TWIST	1	QL (204 per month); DS (30 day supply max)
EASY TOUCH SAFETY LANCETS 21G	1	QL (204 per month); DS (30 day supply max)
EASY TOUCH SAFETY LANCETS 23G	1	QL (204 per month); DS (30 day supply max)
EASY TOUCH SAFETY LANCETS 26G	1	QL (204 per month); DS (30 day supply max)
EASY TOUCH SAFETY LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
EMBRACE LANCETS ULTRA THIN 30G	1	QL (204 per month); DS (30 day supply max)
EMBRACE PRESSURE ACTIVATED 21G	1	QL (204 per month); DS (30 day supply max)
EMBRACE PRESSURE ACTIVATED 28G	1	QL (204 per month); DS (30 day supply max)
eql color lancets 21g	1	QL (204 per month); DS (30 day supply max)
eql color lancets micro 33g	1	QL (204 per month); DS (30 day supply max)
eql super thin lancets 30g	1	QL (204 per month); DS (30 day supply max)
eql thin lancets 26g	1	QL (204 per month); DS (30 day supply max)

Drug	Status	Notes
E-Z JECT LANCET MICRO-THIN 33G	1	QL (204 per month); DS (30 day supply max)
E-Z JECT LANCET SUPER THIN 30G	1	QL (204 per month); DS (30 day supply max)
E-Z JECT LANCETS	1	QL (204 per month); DS (30 day supply max)
E-Z JECT LANCETS 21G	1	QL (204 per month); DS (30 day supply max)
E-Z JECT LANCETS THIN 26G	1	QL (204 per month); DS (30 day supply max)
EZ-LETS LANCETS 21G	1	QL (204 per month); DS (30 day supply max)
EZ-LETS LANCETS 26G	1	QL (204 per month); DS (30 day supply max)
EZ-LETS LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
EZ-LETS LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
FIFTY50 SAFETY SEAL LANCETS	1	QL (204 per month); DS (30 day supply max)
FIFTY50 UNILET LANCETS 33G	1	QL (204 per month); DS (30 day supply max)
FINE 30	1	QL (200 per month); DS (30 day supply max)
FINGERSTIX LANCETS	1	QL (204 per month); DS (30 day supply max)
FORA LANCETS	1	QL (204 per month); DS (30 day supply max)
FREESTYLE LANCETS	1	QL (204 per month); DS (30 day supply max)
FREESTYLE LIBRE 14 DAY READER	2	PA; QL (1 reader per lifetime. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.)
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL (2 sensors per 28 days. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); DS (28 day supply max)
FREESTYLE LIBRE 2 PLUS SENSOR	2	PA; QL (2 sensors per 30 days. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); DS (30 day supply max)
FREESTYLE LIBRE 2 READER	2	PA; QL (1 reader per lifetime. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.)

Drug	Status	Notes
FREESTYLE LIBRE 2 SENSOR	2	PA; QL (2 sensors per 28 days. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); DS (28 day supply max)
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA; QL (2 sensors per 30 days. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); DS (30 day supply max)
FREESTYLE LIBRE 3 READER	2	PA; QL (1 reader per lifetime. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.)
FREESTYLE LIBRE 3 SENSOR	2	PA; QL (2 sensors per 28 days. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); DS (28 day supply max)
FREESTYLE LIBRE READER	2	PA; QL (1 reader per lifetime. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.)
FREESTYLE UNISTICK II LANCETS	1	QL (204 per month); DS (30 day supply max)
GENTEEL BUTTERFLY TOUCH LANCET	1	QL (204 per month); DS (30 day supply max)
GENTEEL CONTACT TIPS (BLUE)	1	QL (200 per month); DS (30 day supply max)
GENTEEL CONTACT TIPS (CLEAR)	1	QL (200 per month); DS (30 day supply max)
GENTEEL CONTACT TIPS (GREEN)	1	QL (200 per month); DS (30 day supply max)
GENTEEL CONTACT TIPS (ORANGE)	1	QL (200 per month); DS (30 day supply max)
GENTEEL CONTACT TIPS (RAINBOW)	1	QL (200 per month); DS (30 day supply max)
GENTEEL CONTACT TIPS (VIOLET)	1	QL (200 per month); DS (30 day supply max)
GENTEEL CONTACT TIPS (YELLOW)	1	QL (200 per month); DS (30 day supply max)
GENTEEL NOZZLES	1	QL (200 per month); DS (30 day supply max)
GENTLE-LET GP LANCETS	1	QL (200 per month); DS (30 day supply max)
GENTLE-LET LANCETS	1	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
GENTLE-LET PLATFORMS	1	QL (200 per month); DS (30 day supply max)
global inject ease lancets 28g	1	QL (204 per month); DS (30 day supply max)
global inject ease lancets 30g	1	QL (204 per month); DS (30 day supply max)
GLUCOCOM LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
GLUCOCOM LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
GLUCOCOM LANCETS 33G	1	QL (204 per month); DS (30 day supply max)
gnp lancets 21g	1	QL (204 per month); DS (30 day supply max)
gnp lancets thin 26g	1	QL (204 per month); DS (30 day supply max)
gnp sterile lancets 28g	1	QL (204 per month); DS (30 day supply max)
gnp sterile lancets 30g	1	QL (204 per month); DS (30 day supply max)
gnp sterile lancets 33g	1	QL (204 per month); DS (30 day supply max)
GOJJI STERILE LANCETS	1	QL (204 per month); DS (30 day supply max)
goodsense color lancets 33g	1	QL (204 per month); DS (30 day supply max)
goodsense lancets 26g univ	1	QL (204 per month); DS (30 day supply max)
goodsense lancets 30g	1	QL (204 per month); DS (30 day supply max)
goodsense lancets 30g univ	1	QL (204 per month); DS (30 day supply max)
goodsense lancets 33g	1	QL (204 per month); DS (30 day supply max)
goodsense lancets 33g univ	1	QL (204 per month); DS (30 day supply max)
HAEMOLANCE	1	QL (204 per month); DS (30 day supply max)
HAEMOLANCE LOW FLOW LANCETS	1	QL (204 per month); DS (30 day supply max)
HAEMOLANCE PLUS	1	QL (204 per month); DS (30 day supply max)
HAEMOLANCE PLUS HIGH FLOW	1	QL (204 per month); DS (30 day supply max)
HAEMOLANCE PLUS LOW FLOW	1	QL (204 per month); DS (30 day supply max)

Drug	Status	Notes
HAEMOLANCE PLUS MAX FLOW	1	QL (204 per month); DS (30 day supply max)
HAEMOLANCE PLUS PEDIATRIC FLOW	1	QL (204 per month); DS (30 day supply max)
h-e-b incontrol lancets 28g	1	QL (204 per month); DS (30 day supply max)
h-e-b incontrol lancets 30g	1	QL (204 per month); DS (30 day supply max)
h-e-b incontrol lancets 33g	1	QL (204 per month); DS (30 day supply max)
HY-VEE LANCETS	1	QL (204 per month); DS (30 day supply max)
hy-vee thin lancets	1	QL (204 per month); DS (30 day supply max)
IN TOUCH STERILE LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
kinney lancets	1	QL (204 per month); DS (30 day supply max)
kinney thin lancets	1	QL (204 per month); DS (30 day supply max)
KROGER HEALTHPRO LANCET 26G	1	QL (204 per month); DS (30 day supply max)
kroger lancets	1	QL (204 per month); DS (30 day supply max)
kroger lancets 21g	1	QL (204 per month); DS (30 day supply max)
kroger lancets micro thin 33g	1	QL (204 per month); DS (30 day supply max)
kroger lancets super thin	1	QL (204 per month); DS (30 day supply max)
kroger lancets thin	1	QL (204 per month); DS (30 day supply max)
kroger lancets thin 26g	1	QL (204 per month); DS (30 day supply max)
kroger lancets ultrathin 30g	1	QL (204 per month); DS (30 day supply max)
lancet transporter case	1	QL (200 per month); DS (30 day supply max)
lancets	1	QL (204 per month); DS (30 day supply max)
lancets 28g thin	1	QL (204 per month); DS (30 day suppply max)
lancets 30g	1	QL (204 per month); DS (30 day supply max)
lancets 33g	1	QL (204 per month); DS (30 day supply max)

Drug	Status	Notes
lancets micro thin 33g	1	QL (204 per month); DS (30 day supply max)
LANCETS SUPER THIN	1	QL (204 per month); DS (30 day supply max)
lancets super thin 28g	1	QL (204 per month); DS (30 day supply max)
lancets thin	1	QL (204 per month); DS (30 day supply max)
LANCETS ULTRA THIN	1	QL (204 per month); DS (30 day supply max)
lancets ultra thin 30g	1	QL (204 per month); DS (30 day supply max)
LIBERTY MEDICAL LANCETS	1	QL (204 per month); DS (30 day supply max)
lite touch lancets	1	QL (204 per month); DS (30 day supply max)
LITETOUCH LANCETS	1	QL (204 per month); DS (30 day supply max)
live better lancet super thin	1	QL (204 per month); DS (30 day supply max)
longs lancets standard	1	QL (204 per month); DS (30 day supply max)
longs lancets thin	1	QL (204 per month); DS (30 day supply max)
longs lancets ultra thin	1	QL (204 per month); DS (30 day supply max)
medichoice safety lancet	1	QL (204 per month); DS (30 day supply max)
medichoice safety lancet extra	1	QL (204 per month); DS (30 day supply max)
medichoice safety lancet norm	1	QL (204 per month); DS (30 day supply max)
MEDLANCE EXTRA 21G	1	QL (200 per month); DS (30 day supply max)
MEDLANCE LITE 25G	1	QL (200 per month); DS (30 day supply max)
MEDLANCE PLUS EXTRA 21G	1	QL (204 per month); DS (30 day supply max)
MEDLANCE PLUS LANCETS	1	QL (200 per month); DS (30 day supply max)
MEDLANCE PLUS LITE 25G	1	QL (204 per month); DS (30 day supply max)
MEDLANCE PLUS SPECIAL 0.8MM	1	QL (204 per month); DS (30 day supply max)
MEDLANCE PLUS SUPERLITE 30G	1	QL (204 per month); DS (30 day supply max)

Drug	Status	Notes
MEDLANCE PLUS UNIVERSAL 21G	1	QL (204 per month); DS (30 day supply max)
MEDLANCE UNIVERSAL 21G	1	QL (200 per month); DS (30 day supply max)
MEIJER LANCETS	1	QL (204 per month); DS (30 day supply max)
MEIJER LANCETS THIN	1	QL (204 per month); DS (30 day supply max)
MEIJER LANCETS UNIVERSAL 21G	1	QL (204 per month); DS (30 day supply max)
MEIJER LANCETS UNIVERSAL 30G	1	QL (204 per month); DS (30 day supply max)
MEIJER LANCETS UNIVERSAL 33G	1	QL (204 per month); DS (30 day supply max)
MEIJER SUPER THIN LANCETS	1	QL (204 per month); DS (30 day supply max)
MICROLET LANCETS	1	QL (204 per month); DS (30 day supply max)
MM TWIST LANCETS	1	QL (204 per month); DS (30 day supply max)
mobile lancets 30g	1	QL (204 per month); DS (30 day suppply max)
MONOLET LANCETS	1	QL (204 per month); DS (30 day supply max)
MONOLET OPD LANCETS	1	QL (204 per month); DS (30 day supply max)
MONOLETTOR SAFETY LANCETS	1	QL (204 per month); DS (30 day supply max)
mpd safety lancet 21g	1	QL (200 per month); DS (30 day supply max)
mpd safety lancet 23g	1	QL (200 per month); DS (30 day supply max)
mpd safety lancet 28g	1	QL (200 per month); DS (30 day supply max)
mpd safety lancet 30g	1	QL (200 per month); DS (30 day supply max)
MYGLUCOHEALTH LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
NOVA SAFETY LANCETS 23G	1	QL (204 per month); DS (30 day supply max)
NOVA SAFETY LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
NOVA SUREFLEX LANCETS	1	QL (204 per month); DS (30 day supply max)
ONETOUCH DELICA PLUS LANCET30G	1	QL (204 per month); DS (30 day supply max)

Drug	Status	Notes
ONETOUCH DELICA PLUS LANCET33G	1	QL (204 per month); DS (30 day supply max)
ONETOUCH DELICA SAFETY LANCING	1	QL (204 per month)
ONETOUCH ULTRASOFT 2 LANCETS	1	QL (204 per month); DS (30 day supply max)
ONETOUCH VERIO FLEX SYSTEM KIT	$0	QL (Not a benefit through the retail pharmacy. Call 1-800-364-4767 for a no-cost OneTouch meter. 1 per 36 months. Program limits apply.)
ONETOUCH VERIO REFLECT	$0	QL (Not a benefit through the retail pharmacy. Call 1-800-364-4767 for a no-cost OneTouch meter. 1 per 36 months. Program limits apply.)
PERFECT LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
PERFECT LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
PERFECT POINT SAFETY LANCETS	1	QL (204 per month); DS (30 day suppply max)
PHARMACIST CHOICE LANCETS	1	QL (204 per month); DS (30 day supply max)
PHARMACY COUNTER LANCETS	1	QL (204 per month); DS (30 day supply max)
pip lancets 28g	1	QL (204 per month); DS (30 day supply max)
pip lancets 30g	1	QL (204 per month); DS (30 day supply max)
PRECISION THINS GP LANCETS	1	QL (200 per month); DS (30 day supply max)
preferred plus lancets colored	1	QL (204 per month); DS (30 day supply max)
preferred plus lancets thin	1	QL (204 per month); DS (30 day supply max)
pro comfort lancets 30g	1	QL (204 per month); DS (30 day supply max)
pro comfort lancets 31g	1	QL (204 per month); DS (30 day supply max)
pro comfort safety lancets 30g	1	QL (204 per month); DS (30 day supply max)
PRODIGY LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
PRODIGY SAFETY LANCETS 26G	1	QL (204 per month); DS (30 day supply max)
PRODIGY TWIST TOP LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
PSS SELECT GP LANCETS	1	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
PSS SELECT PLATFORMS	1	QL (200 per month); DS (30 day supply max)
PSS SELECT SAFETY LANCETS	1	QL (200 per month); DS (30 day supply max)
pure comfort lancets 30g	1	QL (204 per month); DS (30 day supply max)
px lancets microthin 33g	1	QL (204 per month); DS (30 day supply max)
px lancets ultra thin 28g	1	QL (204 per month); DS (30 day supply max)
qc lancets super thin 30g	1	QL (204 per month); DS (30 day supply max)
qc lancets ultra thin	1	QL (204 per month); DS (30 day supply max)
qc unilet lancets 28g	1	QL (204 per month); DS (30 day supply max)
qc unilet lancets micro thin	1	QL (204 per month); DS (30 day supply max)
RA E-ZJECT LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
RA E-ZJECT LANCETS THIN 26G	1	QL (204 per month); DS (30 day supply max)
RA E-ZJECT LANCETS THIN 28G	1	QL (204 per month); DS (30 day supply max)
RA E-ZJECT LANCETS ULTRA THIN	1	QL (204 per month); DS (30 day supply max)
READYLANCE SAFETY LANCETS	1	QL (204 per month); DS (30 day supply max)
reality lancets	1	QL (204 per month); DS (30 day supply max)
reality trigger lancets	1	QL (204 per month); DS (30 day supply max)
RELION LANCET DEVICES 30G	1	QL (204 per month)
RELION LANCETS	1	QL (204 per month)
RELION LANCETS MICRO-THIN 33G	1	QL (204 per month); DS (30 day supply max)
RELION LANCETS THIN 26G	1	QL (204 per month); DS (30 day supply max)
RELION LANCETS ULTRA-THIN 30G	1	QL (204 per month); DS (30 day supply max)
RELION ULTRA THIN LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
RELION ULTRA THIN PLUS LANCETS	1	QL (204 per month); DS (30 day supply max)
REXALL LANCETS ULTRA THIN 30G	1	QL (204 per month); DS (30 day supply max)

Drug	Status	Notes
RIGHTEST ALTERNATE SITE ADAPT	1	QL (200 per month); DS (30 day supply max)
RIGHTEST GL300 LANCETS	1	QL (204 per month); DS (30 day supply max)
SAFE-T-LANCE	1	QL (200 per month); DS (30 day supply max)
SAFE-T-LANCE PLUS	1	QL (200 per month); DS (30 day supply max)
safety lancet 30g/pressure act	1	QL (204 per month); DS (30 day supply max)
SAFETY LANCETS	1	QL (204 per month); DS (30 day supply max)
SAFETY LANCETS 21G	1	QL (204 per month); DS (30 day supply max)
SAFETY LANCETS 23G	1	QL (204 per month); DS (30 day supply max)
safety lancets 28g	1	QL (204 per month); DS (30 day supply max)
saps health plus lancets	1	QL (204 per month); DS (30 day supply max)
saps health twist top lancets	1	QL (204 per month); DS (30 day supply max)
saps twist top lancets	1	QL (204 per month); DS (30 day supply max)
sapscare twist top lancets	1	QL (204 per month); DS (30 day supply max)
sb lancets thin	1	QL (204 per month); DS (30 day supply max)
sb lancets ultra thin	1	QL (204 per month); DS (30 day supply max)
SINGLE-LET	1	QL (204 per month); DS (30 day supply max)
sm lancets 33g	1	QL (204 per month); DS (30 day supply max)
SMART SENSE COLOR LANCETS 33G	1	QL (204 per month); DS (30 day supply max)
SMART SENSE STANDARD LANCETS	1	QL (204 per month); DS (30 day supply max)
SMART SENSE SUPER THIN LANCETS	1	QL (204 per month); DS (30 day supply max)
SMART SENSE THIN LANCETS 26G	1	QL (204 per month); DS (30 day supply max)
SMARTEST LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
SOLUS V2 LANCETS 28G	1	QL (204 per month); DS (30 day supply max)

Drug	Status	Notes
SOLUS V2 TWIST LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
STERILANCE PA	1	QL (200 per month); DS (30 day supply max)
STERILANCE TL	1	QL (204 per month); DS (30 day supply max)
super thin lancets	1	QL (204 per month); DS (30 day supply max)
sure comfort lancets 18g	1	QL (204 per month); DS (30 day supply max)
sure comfort lancets 21g	1	QL (204 per month); DS (30 day supply max)
sure comfort lancets 23g	1	QL (204 per month); DS (30 day supply max)
sure comfort lancets 28g	1	QL (204 per month); DS (30 day supply max)
sure comfort lancets 30g	1	QL (204 per month); DS (30 day supply max)
SURELITE LANCETS	1	QL (204 per month); DS (30 day supply max)
TECHLITE AST LANCETS	1	QL (204 per month); DS (30 day supply max)
TECHLITE LANCETS	1	QL (204 per month); DS (30 day supply max)
TECHLITE LANCETS 26G	1	QL (204 per month); DS (30 day supply max)
TECHLITE LANCETS 30G	1	QL (200 per month); DS (30 day supply max)
tgt lancet micro thin 33g	1	QL (204 per month); DS (30 day supply max)
tgt lancet thin 26g	1	QL (204 per month); DS (30 day supply max)
tgt lancet ultra thin 30g	1	QL (204 per month); DS (30 day supply max)
THINLETS GP LANCETS	1	QL (200 per month); DS (30 day supply max)
todays health thin lancets 28g	1	QL (204 per month); DS (30 day supply max)
todays health thin lancets 30g	1	QL (204 per month); DS (30 day supply max)
topcare lancets micro-thin 33g	1	QL (204 per month); DS (30 day supply max)
TRAVEL LANCETS ADVANCED 28G	1	QL (204 per month); DS (30 day supply max)
true comfort safety lancets	1	QL (204 per month); DS (30 day supply max)

Drug	Status	Notes
true comfort twist top lancets	1	QL (204 per month); DS (30 day supply max)
TRUEPLUS LANCETS 26G	1	QL (204 per month); DS (30 day supply max)
TRUEPLUS LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
TRUEPLUS LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
TRUEPLUS LANCETS 33G	1	QL (204 per month); DS (30 day supply max)
TRUEPLUS SAFETY LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
twist top lancets 30g	1	QL (204 per month); DS (30 day supply max)
ULTILET CLASSIC LANCETS	1	QL (204 per month); DS (30 day supply max)
ULTILET LANCETS	1	QL (204 per month); DS (30 day supply max)
ULTILET SAFETY LANCETS	1	QL (204 per month); DS (30 day supply max)
ULTILET SAFETY LANCETS 23G	1	QL (204 per month); DS (30 day supply max)
ultra thin lancets 31g	1	QL (204 per month); DS (30 day supply max)
ultra-care lancets 30g	1	QL (204 per month); DS (30 day supply max)
ULTRA-THIN II AUTO LANCET	1	QL (204 per month); DS (30 day supply max)
ULTRA-THIN II LANCETS	1	QL (204 per month); DS (30 day supply max)
UNILET COMFORTOUCH LANCET	1	QL (204 per month); DS (30 day supply max)
UNILET EXCELITE	1	QL (204 per month); DS (30 day supply max)
UNILET EXCELITE II	1	QL (204 per month); DS (30 day supply max)
UNILET G.P. LANCET	1	QL (204 per month); DS (30 day supply max)
UNILET G.P. SUPERLITE LANCET	1	QL (204 per month); DS (30 day supply max)
UNILET GP 28 ULTRA THIN	1	QL (204 per month); DS (30 day supply max)
UNILET LANCET	1	QL (204 per month); DS (30 day supply max)
UNILET MICRO-THIN 33G	1	QL (204 per month); DS (30 day supply max)

Drug	Status	Notes
UNILET SUPERLITE LANCET	1	QL (204 per month); DS (30 day supply max)
UNILET SUPER-THIN 30G	1	QL (204 per month); DS (30 day supply max)
UNILET ULTRA-THIN 28G	1	QL (204 per month); DS (30 day supply max)
UNISTIK 1	1	QL (200 per month); DS (30 day supply max)
UNISTIK 2	1	QL (200 per month); DS (30 day supply max)
UNISTIK 2 COMFORT	1	QL (200 per month); DS (30 day supply max)
UNISTIK 2 EXTRA	1	QL (200 per month); DS (30 day supply max)
UNISTIK 2 NEONATAL	1	QL (200 per month); DS (30 day supply max)
UNISTIK 2 NORMAL	1	QL (200 per month); DS (30 day supply max)
UNISTIK 2 SUPER	1	QL (200 per month); DS (30 day supply max)
UNISTIK 3	1	QL (200 per month); DS (30 day supply max)
UNISTIK 3 COMFORT	1	QL (200 per month); DS (30 day supply max)
UNISTIK 3 EXTRA	1	QL (200 per month); DS (30 day supply max)
UNISTIK 3 GENTLE	1	QL (204 per month); DS (30 day supply max)
UNISTIK 3 NEONATAL	1	QL (200 per month); DS (30 day supply max)
UNISTIK 3 NORMAL	1	QL (200 per month); DS (30 day supply max)
UNISTIK CZT COMFORT	1	QL (200 per month); DS (30 day supply max)
UNISTIK CZT NORMAL	1	QL (200 per month); DS (30 day supply max)
UNISTIK NORMAL	1	QL (200 per month); DS (30 day supply max)
UNISTIK PRO SAFETY LANCET	1	QL (204 per month); DS (30 day supply max)
UNISTIK SAFETY LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
UNISTIK SAFETY LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
UNISTIK TOUCH SAFETY LANC 21G	1	QL (204 per month); DS (30 day supply max)

Drug	Status	Notes
UNISTIK TOUCH SAFETY LANC 23G	1	QL (204 per month); DS (30 day supply max)
UNISTIK TOUCH SAFETY LANC 28G	1	QL (204 per month); DS (30 day supply max)
UNISTIK TOUCH SAFETY LANC 30G	1	QL (204 per month); DS (30 day supply max)
UNIVERSAL 1 LANCETS THIN 26G	1	QL (204 per month); DS (30 day supply max)
UNIVERSAL 1 LANCETS THIN 33G	1	QL (204 per month); DS (30 day supply max)
UNIVERSAL 1 LANCETS ULTRA THIN	1	QL (204 per month); DS (30 day supply max)
value plus lancet standard 21g	1	QL (204 per month); DS (30 day supply max)
value plus lancets super thin	1	QL (204 per month); DS (30 day supply max)
value plus lancets thin 26g	1	QL (204 per month); DS (30 day supply max)
VERIFINE SAFE LANCET MINI 21G	1	QL (204 per month); DS (30 day supply max)
VERIFINE SAFE LANCET MINI 23G	1	QL (204 per month); DS (30 day supply max)
VERIFINE SAFE LANCET MINI 28G	1	QL (204 per month); DS (30 day supply max)
VERIFINE SAFE LANCET MINI 30G	1	QL (204 per month); DS (30 day supply max)
VERIFINE UNIVERSAL LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
VERIFINE UNIVERSAL LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
VERIFINE UNIVERSAL LANCETS 33G	1	QL (204 per month); DS (30 day supply max)
VIVAGUARD LANCETS	1	QL (204 per month); DS (30 day supply max)
VIVAGUARD LANCETS 30G	1	QL (204 per month); DS (30 day supply max)
VIVAGUARD SAFETY LANCETS 28G	1	QL (204 per month); DS (30 day supply max)
WALGREENS LANCETS	1	QL (204 per month); DS (30 day supply max)
walgreens lancets micro thin	1	QL (204 per month); DS (30 day supply max)
walgreens lancets super thin	1	QL (204 per month); DS (30 day supply max)
WALGREENS THIN LANCETS	1	QL (204 per month); DS (30 day supply max)

Drug	Status	Notes
WALGREENS ULTRA THIN LANCETS	1	QL (204 per month); DS (30 day supply max)
zevrx twist top lancets 30g	1	QL (204 per month); DS (30 day supply max)
Insulin Administration Supplies**		
OMNIPOD 5 DEXG7G6 INTRO GEN 5	4	PA
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	PA; QL (10 pods/cartridges per month. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); DS (30 day supply max)
OMNIPOD 5 G7 INTRO (GEN 5)	4	PA
OMNIPOD 5 G7 PODS (GEN 5)	4	PA; QL (10 pods/cartridges per month. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); DS (30 day supply max)
OMNIPOD 5 LIBRE2 PLUS G6	4	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	PA; QL (10 pods/cartridges per month. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); DS (30 day supply max)
OMNIPOD CLASSIC PODS (GEN 3)	4	PA; QL (10 pods/cartridges per month. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); DS (30 day supply max)
OMNIPOD DASH PODS (GEN 4)	4	PA; QL (10 pods/cartridges per month. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); DS (30 day supply max)
Needles & Syringes**		
1st tier unifine pentips	1	QL (200 per month); DS (30 day supply max)
1st tier unifine pentips plus	1	QL (200 per month); DS (30 day supply max)
ABOUTTIME PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
ADVOCATE INSULIN PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
ADVOCATE INSULIN PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
ADVOCATE INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
aq insulin syringe	1	QL (200 per month); DS (30 day supply max)
aqinject pen needle 32g x 4 mm	1	QL (200 per month); DS (30 day supply max)
ASSURE ID DUO PRO PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	1	QL (200 per month); DS (30 day supply max)
ASSURE ID PRO PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	1	QL (200 per month); DS (30 day supply max)
aum insulin safety pen needle	1	QL (200 per month); DS (30 day supply max)
aum mini insulin pen needle	1	QL (200 per month); DS (30 day supply max)
aum pen needle	1	QL (200 per month); DS (30 day supply max)
AUM READYGARD DUO PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
AUM SAFETY PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
aurora pen needles	1	QL (200 per month); DS (30 day supply max)
BD AUTOSHIELD DUO	1	QL (200 per month); DS (30 day supply max)
BD INS SYR ULTRAFINE 1/2UNIT	1	QL (200 per month); DS (30 day supply max)
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	1	QL (200 per month); DS (30 day supply max)
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	1	QL (200 per month); DS (30 day supply max)
BD INSULIN SYRINGE HALF-UNIT	1	QL (200 per month); DS (30 day supply max)
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	1	QL (200 per month); DS (30 day supply max)
BD INSULIN SYRINGE U/F	1	QL (200 per month); DS (30 day supply max)
BD INSULIN SYRINGE U-500	1	QL (200 per month); DS (30 day supply max)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	1	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	1	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE MICRO U/F	1	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE MICRO ULTRAFINE	1	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE MINI U/F	1	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE MINI ULTRAFINE	1	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE NANO 2ND GEN	1	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE NANO U/F	1	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE NANO ULTRAFINE	1	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE ORIG ULTRAFINE	1	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE ORIGINAL U/F	1	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE SHORT U/F	1	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE SHORT ULTRAFINE	1	QL (200 per month); DS (30 day supply max)
BD SAFETYGLIDE INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
BD VEO INSULIN SYR U/F 1/2UNIT	1	QL (200 per month); DS (30 day supply max)
BD VEO INSULIN SYR ULTRAFINE	1	QL (200 per month); DS (30 day supply max)
BD VEO INSULIN SYRINGE U/F	1	QL (200 per month); DS (30 day supply max)
CAREFINE PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
careone insulin syringe	1	QL (200 per month); DS (30 day supply max)
careone unifine pentips plus	1	QL (200 per month); DS (30 day supply max)
CARETOUCH INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
CARETOUCH PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	1	QL (200 per month); DS (30 day supply max)
CLICKFINE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	1	QL (200 per month); DS (30 day supply max)
clickfine pen needles 31g x 8 mm	1	QL (200 per month); DS (30 day supply max)
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 per month); DS (30 day supply max)
COMFORT EZ INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
COMFORT EZ MICRO PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
COMFORT EZ PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
COMFORT EZ PRO PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
COMFORT EZ SHORT PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
COMFORT TOUCH INSULIN PEN NEED	1	QL (200 per month); DS (30 day supply max)
DIATHRIVE PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	1	QL (200 per month); DS (30 day supply max)
DROPLET INSULIN SYRINGE 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML	1	QL (200 per month); DS (30 day supply max)
DROPLET MICRON	1	QL (200 per month); DS (30 day supply max)
DROPLET PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
dropsafe safety pen needles	1	QL (200 per month); DS (30 day supply max)
DROPSAFE SAFETY SYRINGE/NEEDLE	1	QL (200 per month); DS (30 day supply max)
drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	1	QL (200 per month); DS (30 day supply max)
drug mart unifine pentips plus	1	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
easy comfort insulin syringe 29g x 5/16" 0.5 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml	1	QL (200 per month); DS (30 day supply max)
easy comfort insulin syringe 29g x 5/16" 1 ml	1	QL (200 per month); DS (30 day supply max)
easy comfort pen needles 29g x 4mm , 29g x 5mm	1	QL (200 per month); DS (30 day supply max)
easy comfort pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	1	QL (200 per month); DS (30 day supply max)
easy glide pen needles	1	QL (200 per month); DS (30 day supply max)
EASY TOUCH FLIPLOCK INSULIN SY	1	QL (200 per month); DS (30 day supply max)
EASY TOUCH INSULIN BARRELS	1	QL (200 per month); DS (30 day supply)
EASY TOUCH INSULIN SAFETY SYR	1	QL (200 per month); DS (30 day supply max)
EASY TOUCH INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
EASY TOUCH PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
EASY TOUCH SAFETY PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	1	QL (200 per month); DS (30 day supply max)
EMBECTA AUTOSHIELD DUO	1	QL (200 per month); DS (30 day supply max)
EMBECTA INS SYR U/F 1/2 UNIT	1	QL (200 per month); DS (30 day supply max)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	1	QL (200 per month); DS (30 day supply max)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 1 ML	1	QL (200 per month); DS (30 day supply max)
EMBECTA INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
EMBECTA INSULIN SYRINGE U-100	1	QL (200 per month); DS (30 day supply max)
EMBECTA INSULIN SYRINGE U-500	1	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
EMBECTA PEN NEEDLE NANO	1	QL (200 per month); DS (30 day supply max)
EMBECTA PEN NEEDLE NANO 2 GEN	1	QL (200 per month); DS (30 day supply max)
EMBECTA PEN NEEDLE ULTRAFINE	1	QL (200 per month); DS (30 day supply max)
EMBRACE PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	1	QL (200 per month); DS (30 day supply max)
FIFTY50 PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
FIFTY50 SUPERIOR COMFORT SYR	1	QL (200 per month); DS (30 day supply max)
global ease inject pen needles	1	QL (200 per month); DS (30 day supply max)
global easy glide insulin syr	1	QL (200 per month); DS (30 day supply max)
global easy glide pen needles	1	QL (200 per month); DS (30 day supply max)
global inject ease insulin syr	1	QL (200 per month); DS (30 day supply max)
global insulin syringes	1	QL (200 per month); DS (30 day supply max)
GLUCOPRO INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
gnp clickfine pen needles	1	QL (200 per month); DS (30 day supply max)
gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	1	QL (200 per month); DS (30 day supply max)
gnp insulin syringes	1	QL (200 per month); DS (30 day supply max)
gnp insulin syringes 28gx1/2"	1	QL (200 per month); DS (30 day supply max)
gnp insulin syringes 29gx1/2"	1	QL (200 per month); DS (30 day supply max)
gnp insulin syringes 30gx5/16"	1	QL (200 per month); DS (30 day supply max)
gnp insulin syringes 31gx5/16"	1	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
gnp pen needles	1	QL (200 per month); DS (30 day supply max)
gnp ulticare pen needles	1	QL (200 per month); DS (30 day supply max)
GNP ULTIGUARD SAFEPACK NEEDLE	1	QL (200 per month); DS (30 day supply max)
gnp ultra com insulin syringe 28g x 1/2" 1 ml	1	QL (200 per month); DS (30 day supply max)
goodsense clickfine pen needle	1	QL (200 per month); DS (30 day supply max)
GOODSENSE PEN NEEDLE PENFINE	1	QL (200 per month); DS (30 day supply max)
healthwise insulin syr/needle	1	QL (200 per month); DS (30 day supply max)
healthwise micron pen needles	1	QL (200 per month); DS (30 day supply max)
healthwise short pen needles	1	QL (200 per month); DS (30 day supply max)
h-e-b incontrol pen needles	1	QL (200 per month); DS (30 day supply max)
H-E-B INCONTROL UNIFINE PENTIP	1	QL (200 per month); DS (30 day supply max)
HM ULTICARE INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
HM ULTICARE MINI PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
HM ULTICARE SHORT PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
INCONTROL ULTICARE PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	1	QL (200 per month); DS (30 day supply max)
insulin syringe-needle u-100	1	QL (200 per month); DS (30 day supply max)
insupen pen needles	1	QL (200 per month); DS (30 day supply max)
INSUPEN SENSITIVE	1	QL (200 per month); DS (30 day supply max)
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM	1	QL (200 per month); DS (30 day supply max)
kinray insulin syringe	1	QL (200 per month); DS (30 day supply max)
kmart valu insulin syringe 29g	1	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
kmart valu insulin syringe 30g	1	QL (200 per month); DS (30 day supply max)
kroger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	1	QL (200 per month); DS (30 day supply max)
kroger pen needles	1	QL (200 per month); DS (30 day supply max)
leader insulin syringe	1	QL (200 per month); DS (30 day supply max)
LEADER UNIFINE PENTIPS	1	QL (200 per month); DS (30 day supply max)
LEADER UNIFINE PENTIPS PLUS	1	QL (200 per month); DS (30 day supply max)
LITETOUCH INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
LITETOUCH PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
longs insulin syringe 31g x 5/16" 0.5 ml	1	QL (200 per month); DS (30 day supply max)
MAGELLAN INSULIN SAFETY SYR	1	QL (200 per month); DS (30 day supply max)
MARATHON MEDICAL PENTIPS	1	QL (200 per month); DS (30 day supply max)
MAXICOMFORT II PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
MAXI-COMFORT INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
MAXI-COMFORT SAFETY PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
MAXICOMFORT SYR 27G X 1/2"	1	QL (200 per month); DS (30 day supply max)
medic insulin syringe	1	QL (200 per month); DS (30 day supply max)
medicine shoppe pen needles 29g x 12mm , 31g x 8 mm	1	QL (200 per month); DS (30 day supply max)
meijer pen needles	1	QL (200 per month); DS (30 day supply max)
MICRODOT PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
mm insulin syringe/needle	1	QL (200 per month); DS (30 day supply max)
MM PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
MONOJECT INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	1	QL (200 per month); DS (30 day supply max)
ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	1	QL (200 per month); DS (30 day supply max)
NOVOFINE AUTOCOVER PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
NOVOFINE PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
NOVOFINE PLUS PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	1	QL (200 per month); DS (30 day supply max)
pen needle/5-bevel tip	1	QL (200 per month); DS (30 day supply max)
pen needles	1	QL (200 per month); DS (30 day supply max)
pen needles 5/16" 31g x 8 mm	1	QL (200 per month); DS (30 day supply max)
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	1	QL (200 per month); DS (30 day supply max)
PENTIPS GENERIC PEN NEEDLES 29G X 12MM	1	QL (200 per month); DS (30 day supply max)
PENTIPS GENERIC PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	1	QL (200 per month); DS (30 day supply max)
pip pen needles 31g x 5mm	1	QL (200 per month); DS (30 day supply max)
pip pen needles 32g x 4mm	1	QL (200 per month); DS (30 day supply max)
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	1	QL (200 per month); DS (30 day supply max)
preferred plus insulin syringe	1	QL (200 per month); DS (30 day supply max)
preferred plus unifine pentips 29g x 12mm	1	QL (200 per month); DS (30 day supply max)
PREVENT DROPSAFE PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
PREVENT SAFETY PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
PRO COMFORT INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
pro comfort pen needles	1	QL (200 per month); DS (30 day supply max)
PRODIGY INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
pure comfort pen needle	1	QL (200 per month); DS (30 day supply max)
px extra short pen needles	1	QL (200 per month); DS (30 day supply max)
px insulin syringe 30g x 1/2" 0.5 ml	1	QL (200 per month); DS (30 day supply max)
px mini pen needles	1	QL (200 per month); DS (30 day supply max)
px pen needle	1	QL (200 per month); DS (30 day supply max)
px shortlength pen needles	1	QL (200 per month); DS (30 day supply max)
qc pen needles	1	QL (200 per month); DS (30 day supply max)
qc unifine pentips	1	QL (200 per month); DS (30 day supply max)
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	1	QL (200 per month); DS (30 day supply max)
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM	1	QL (200 per month); DS (30 day supply max)
ra insulin syringe	1	QL (200 per month); DS (30 day supply max)
ra pen needles	1	QL (200 per month); DS (30 day supply max)
raya sure pen needle	1	QL (200 per month); DS (30 day supply max)
reality insulin syringe	1	QL (200 per month); DS (30 day supply max)
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	1	QL (200 per month); DS (30 day supply max)
RELION MINI PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
RELION PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
RELION SHORT PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
safety pen needles	1	QL (200 per month); DS (30 day supply max)
sb insulin syringe	1	QL (200 per month); DS (30 day supply max)
SECURESAFE INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
SECURESAFE SAFETY PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
sure comfort insulin syringe	1	QL (200 per month); DS (30 day supply max)
sure comfort pen needles	1	QL (200 per month); DS (30 day supply max)
techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	1	QL (200 per month); DS (30 day supply max)
TECHLITE PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
TECHLITE PLUS PEN NEEDLES	1	DS (30 day supply max)
todays health pen needles	1	QL (200 per month); DS (30 day supply max)
todays health short pen needle	1	QL (200 per month); DS (30 day supply max)
topcare clickfine pen needles	1	QL (200 per month); DS (30 day supply max)
topcare ultra comfort ins syr	1	QL (200 per month); DS (30 day supply max)
true comfort insulin syringe	1	QL (200 per month); DS (30 day supply max)
true comfort pen needles	1	QL (200 per month); DS (30 day supply max)
true comfort pro insulin syr	1	QL (200 per month); DS (30 day supply max)
true comfort pro pen needles	1	QL (200 per month); DS (30 day supply max)
true comfort safety pen needle 31g x 5 mm , 32g x 4 mm	1	QL (200 per month); DS (30 day supply max)
TRUEPLUS 5-BEVEL PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
TRUEPLUS INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
TRUEPLUS PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	QL (200 per month); DS (30 day supply max)
ULTICARE INSULIN SAFETY SYR	1	QL (200 per month); DS (30 day supply max)
ULTICARE INSULIN SYR 1/2 UNIT	1	QL (200 per month); DS (30 day supply max)
ULTICARE INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
ULTICARE MICRO PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
ULTICARE MINI PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	1	QL (200 per month); DS (30 day supply max)
ULTICARE SHORT PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
ULTIGUARD SAFEPACK PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
ULTIGUARD SAFEPACK SYR/NEEDLE	1	QL (200 per month); DS (30 day supply max)
ULTILET PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
ultra comfort insulin syringe 30g x 5/16" 0.3 ml	1	QL (200 per month); DS (30 day supply max)
ULTRA FLO INSULIN PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
ULTRA FLO INSULIN SYR 1/2 UNIT	1	QL (200 per month); DS (30 day supply max)
ULTRA FLO INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
ULTRA THIN PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
ultracare insulin syringe	1	QL (200 per month); DS (30 day supply max)
ultracare pen needles	1	QL (200 per month); DS (30 day supply max)
ULTRA-THIN II INS SYR SHORT	1	QL (200 per month); DS (30 day supply max)
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	1	QL (200 per month); DS (30 day supply max)
ULTRA-THIN II MINI PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
ULTRA-THIN II PEN NEEDLE SHORT	1	QL (200 per month); DS (30 day supply max)
ULTRA-THIN II PEN NEEDLES	1	QL (200 per month); DS (30 day supply max)
UNIFINE OTC PEN NEEDLES 31G X 5 MM	1	QL (200 per month); DS (30 day suppply max)
UNIFINE OTC PEN NEEDLES 32G X 4 MM	1	QL (200 per month); DS (30 day supply max)
UNIFINE PENTIPS	1	QL (200 per month); DS (30 day supply max)
UNIFINE PENTIPS PLUS	1	QL (200 per month); DS (30 day supply max)
UNIFINE PROTECT PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
UNIFINE SAFECONTROL PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
UNIFINE ULTRA PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
value health insulin syringe	1	QL (200 per month); DS (30 day supply max)
VANISHPOINT INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
VERIFINE INSULIN PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
VERIFINE INSULIN SYRINGE	1	QL (200 per month); DS (30 day supply max)
VERIFINE PLUS PEN NEEDLE	1	QL (200 per month); DS (30 day supply max)
vp insulin syringe	1	QL (200 per month); DS (30 day supply max)
wegmans unifine pentips plus	1	QL (200 per month); DS (30 day supply max)
zevrx insulin syringe	1	QL (200 per month); DS (30 day supply max)
zevrx pen needles	1	QL (200 per month); DS (30 day supply max)
Respiratory Therapy Supplies**		
ACE AEROSOL CLOUD ENHANCER	1	
ACTIVITY POUCH	1	
adult aerosol mask	1	
adult mask large	1	
AEROECLIPSE MASK LARGE	1	
AEROECLIPSE MASK MEDIUM	1	
AEROECLIPSE MASK SMALL	1	
AEROTRACH PLUS	1	
AIRS PEDIATRIC AEROSOL MASK	1	
ALL FLOW 1000 PFT FILTER	1	
breathe ease neb mask/child	1	
breathe ease neb mask/infant	1	
BUBBLES THE FISH II PEDI MASK	1	
CARETOUCH 2 CPAP HOSE HANGER	1	
CARETOUCH CPAP & BIPAP HOSE	1	
CARETOUCH CPAP MASK WIPES	1	
CARETOUCH CPAP PRE-WASH SOLN	1	
CARETOUCH CPAP TUBE BRUSH	1	
CARETOUCH UNIVERSL CPAP FILTER	1	
co monitor replacement pieces	1	

Drug	Status	Notes
EBASE CONTROLLER KIT	1	
filter air pp	1	
FLYP HYPERSONIQ CARTRIDGE	1	
full kit nebulizer set	1	
INNOSPIRE REPLACEMENT FILTER	1	
LITETOUCH MASK LARGE	1	
LITETOUCH MASK MEDIUM	1	
LITETOUCH MASK SMALL	1	
MINIELITE FILTER REPLACEMENTS	1	
nebulizer air tube/plugs	1	
nose clip	1	
PARI ALTERA NEBULIZER HANDSET	1	
PARI BABY CONVERSION KIT	1	
PARI ERAPID NEBULIZER HANDSET	1	
PARI EXPIRATORY FILTER SET	1	
PARI MASK SET	1	
PARI SOFT PLASTIC ADULT MASK	1	
PARI SOFT PLASTIC PED MASK	1	
pediatric mouthpiece	1	
PFLEX	1	
pillow mask/adult	1	
pillow mask/child	1	
pillow mask/pediatric	1	
PRONEB ULTRA FILTER SET	1	
replacement air filter	1	
replacement filters	1	
REUSABLE COMFORTSEAL MASK-LRG	1	
REUSABLE COMFORTSEAL MASK-MED	1	
REUSABLE COMFORTSEAL MASK-SML	1	
SAMI THE SEAL FILTERS	1	
SIDESTREAM ADULT FACE MASK	1	
SIDESTREAM PEDIATRIC FACE MASK	1	
SIDESTREAM PLS ADULT FACE MASK	1	
silicone mask/adult	1	
silicone mask/infant	1	
silicone mask/pediatric	1	
sootheneb nbl 100 adult mask	1	
sootheneb nbl 100 child mask	1	
sootheneb nbl 100 med cup	1	
sootheneb nbl 100 mesh cap	1	

OPEN Drug List; Last revision date:07/02/2025 To search for a drug use control + f

Drug	Status	Notes
THRESHOLD IMT	1	
tubing/wing tip	1	
WINDMILL TRAINER	1	
Spacer/Aerosol-Holding Chambers & Supplies**		
AEROCHAMBER MINI CHAMBER	1	QL (2 per year)
AEROCHAMBER MV	1	QL (2 per year)
AEROCHAMBER PLS FLOVU MTHPIECE	1	QL (2 per year)
AEROCHAMBER PLUS FLO-VU	1	QL (2 per year)
AEROCHAMBER PLUS FLO-VU INTERM	1	QL (2 per year)
AEROCHAMBER PLUS FLO-VU LARGE	1	QL (2 per year)
AEROCHAMBER PLUS FLO-VU MEDIUM	1	QL (2 per year)
AEROCHAMBER PLUS FLO-VU SMALL	1	QL (2 per year)
AEROCHAMBER PLUS FLO-VU W/MASK	1	
AEROCHAMBER PLUS FLOW VU	1	QL (2 per year)
AEROCHAMBER W/FLOWSIGNAL	1	QL (2 per year)
AEROCHAMBER Z-STAT PLUS	1	QL (2 per year)
AEROCHAMBER Z-STAT PLUS CHAMBR	1	QL (2 per year)
AEROCHAMBER Z-STAT PLUS/LARGE	1	QL (2 per year)
AEROCHAMBER Z-STAT PLUS/MEDIUM	1	QL (2 per year)
AEROCHAMBER Z-STAT PLUS/SMALL	1	QL (2 per year)
AEROVENT PLUS	1	QL (2 per year)
breathe ease large	1	QL (2 per year)
breathe ease medium	1	QL (2 per year)
breathe ease small	1	QL (2 per year)
CLEVER CHOICE HOLDING CHAMBER	1	QL (2 per year)
COMPACT SPACE CHAMBER	1	QL (2 per year)
COMPACT SPACE CHAMBER/LG MASK	1	QL (2 per year)
COMPACT SPACE CHAMBER/MED MASK	1	QL (2 per year)
COMPACT SPACE CHAMBER/SM MASK	1	QL (2 per year)
EASIVENT	1	QL (2 per year)
EASIVENT MASK LARGE	1	QL (2 per year)
EASIVENT MASK MEDIUM	1	QL (2 per year)
EASIVENT MASK SMALL	1	QL (2 per year)
eq space chamber anti-static	1	QL (2 per year)
eq space chamber anti-static l	1	QL (2 per year)
eq space chamber anti-static m	1	QL (2 per year)
eq space chamber anti-static s	1	QL (2 per year)
FLEXICHAMBER	1	QL (2 per year)
FLEXICHAMBER ADULT MASK/SMALL	1	
FLEXICHAMBER CHILD MASK/LARGE	1	

Drug	Status	Notes
FLEXICHAMBER CHILD MASK/SMALL	1	
INSPIREASE	1	QL (2 per year)
INSPIREASE RESERVOIR BAGS	1	QL (2 per year)
MICROCHAMBER DEVICE	1	QL (2 per year)
OPTICHAMBER DIAMOND	1	QL (2 per year)
OPTICHAMBER DIAMOND-LG MASK	1	QL (2 per year)
OPTICHAMBER DIAMOND-MD MASK	1	QL (2 per year)
OPTICHAMBER DIAMOND-SM MASK	1	QL (2 per year)
PARI VORTEX ADULT MASK	1	
POCKET CHAMBER	1	QL (2 per year)
POCKET SPACER	1	QL (2 per year)
RITEFLO	1	QL (2 per year)
VORTEX VALVE CHAMBER-PEDI MASK	1	QL (2 per year)
VORTEX VALVED HOLDING CHAMBER	1	QL (2 per year)
Migraine Products		
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**		
NURTEC	C	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
QULIPTA	C	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
UBRELVY	D	PA; QL (16 tablets per 30 days); DS (30 day supply max)
ZAVZPRET	D	PA; DS (30 day supply max)
Cgrp Receptor Antagonists - Monocolonal Antibodies**		
AIMOVIG	D	PA; DS (30 day supply max)
AJOVY	D	PA; QL (0.05ml per day); DS (30 day supply max)
EMGALITY	D	PA; DS (30 day supply max)
EMGALITY (300 MG DOSE)	D	PA; DS (30 day supply max)
Ergot Combinations**		
ergotamine-caffeine	4	
MIGERGOT	3	
Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors**		
ELYXYB	VC	DS (30 day supply max); EDL Alt (alternative: Celecoxib 50mg, 100mg, 200mg, or 400mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Migraine Products - Nsaids**		
CAMBIA	VC	EDL Alt (alternative: diclofenac potassium tab 50mg or 75mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
diclofenac potassium(migraine)	VC	EDL Alt (alternative: diclofenac potassium tab 50mg or 75mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Migraine Products**		
dihydroergotamine mesylate injection	C	PA; DS (30 day supply max)
dihydroergotamine mesylate nasal	D	PA; DS (30 day supply max)
ERGOMAR	3	QL (20 tablets per month)
MIGRANAL	C	PA; DS (30 day supply max)
TRUDHESA	D	PA; DS (30 day supply max)
Selective Serotonin Agonist-Nsaid Combinations**		
sumatriptan-naproxen sodium	VC	EDL Alt (alternative: sumatriptan succinate tab 50mg or 100mg plus naproxen tab 500mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SYMBRAVO	VC	EDL Alt (Alternative: meloxicam plus rizatriptan 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TREXIMET ORAL TABLET 85-500 MG	VC	EDL Alt (alternative: sumatriptan succinate tab 50mg or 100mg plus naproxen tab 500mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Selective Serotonin Agonists 5-Ht(1)**		
almotriptan malate	4	QL (25 tablets per 30 days)
eletriptan hydrobromide oral tablet 20 mg	1	QL (4 tablets per day)
eletriptan hydrobromide oral tablet 40 mg	1	QL (2 tablets per day)
FROVA	VC	QL (20 tablets per month); EDL Alt (alternative: frovatriptan succinate tab 2.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
frovatriptan succinate	1	QL (20 tabs per month); ST (Step Therapy required: 2 of the following in the last 12 months - almotriptan, eletriptan, naratriptan, rizatriptan, sumatriptan, or zolmitriptan)
IMITREX NASAL SOLUTION 20 MG/ACT	3	QL (6 inhalers per month); DS (30 day supply max)
IMITREX NASAL SOLUTION 5 MG/ACT	3	QL (12 inhalers per month); DS (30 day supply max)
IMITREX ORAL TABLET 100 MG	3	QL (10 tablets per month); DS (30 day supply max)
IMITREX ORAL TABLET 25 MG	3	QL (40 tablets per month); DS (30 day supply max)
IMITREX ORAL TABLET 50 MG	3	QL (20 tablets per month); DS (30 day supply max)

Drug	Status	Notes
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	4	QL (10 cartridges per month); DS (30 day supply max)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	QL (20 syringes per month); DS (30 day supply max)
MAXALT ORAL TABLET 10 MG	3	QL (3 tablets per day)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	QL (3 tablets per day)
naratriptan hcl oral tablet 1 mg	1	QL (5 tablets per day)
naratriptan hcl oral tablet 2.5 mg	1	QL (2 tablets per day); AL (Min 16 Years)
ONZETRA XSAIL	VC	EDL Alt (alternative: sumatriptan succinate tab 25mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RELPAX ORAL TABLET 20 MG	3	QL (4 tablets per day)
RELPAX ORAL TABLET 40 MG	3	QL (2 tablets per day)
rizatriptan benzoate oral tablet 10 mg	1	QL (3 tablets per day)
rizatriptan benzoate oral tablet 5 mg	1	QL (6 tablets per day)
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL (3 tablets per day)
rizatriptan benzoate oral tablet dispersible 5 mg	1	QL (6 tablets per day)
sumatriptan nasal solution 20 mg/act	1	QL (6 inhalers per month); DS (30 day supply max)
sumatriptan nasal solution 5 mg/act	1	QL (12 inhalers per month); DS (30 day supply max)
sumatriptan succinate oral tablet 100 mg	1	QL (10 tablets per month); DS (30 day supply max)
sumatriptan succinate oral tablet 25 mg	1	QL (40 tablets per month); DS (30 day supply max)
sumatriptan succinate oral tablet 50 mg	1	QL (20 tablets per month); DS (30 day supply max)
sumatriptan succinate refill subcutaneous solution cartridge	4	QL (10 cartridges per month); DS (30 day supply max)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL (10 vials per month); DS (30 day supply max)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	4	QL (20 syringes per month); DS (30 day supply max)
TOSYMRA	4	QL (1 inhaler per day); DS (30 day supply max)
ZEMBRACE SYMTOUCH	VC	QL (20 pens per month); EDL Alt (alternative: sumatriptan succinate injection 4mg/0.5ml); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
zolmitriptan nasal solution 5 mg	2	QL (One box of 6 per 30 days)
zolmitriptan oral tablet 2.5 mg	1	QL (4 tablets per day, max 10 day supply and 1 fill per month); DS (10 day supply max)

Drug	Status	Notes
zolmitriptan oral tablet 5 mg	1	QL (2 tablets per day, max 10 day supply and 1 fill per month); DS (10 day supply max)
zolmitriptan oral tablet dispersible 2.5 mg	1	QL (4 tablets per day, max 10 day supply and 1 fill per month); DS (10 day supply max)
zolmitriptan oral tablet dispersible 5 mg	1	QL (2 tablets per day, max 10 day supply and 1 fill per month); DS (10 day supply max)
ZOMIG NASAL	4	QL (One box of 6 per 30 days)
ZOMIG ORAL TABLET 2.5 MG	4	QL (4 tablets per day, max 10 day supply and 1 fill per month); DS (10 day supply max)
ZOMIG ORAL TABLET 5 MG	4	QL (2 tablets per day, max 10 day supply and 1 fill per month); DS (10 day supply max)
Selective Serotonin Agonists 5-Ht(1F)**		
REYVOW	D	PA; QL (4 tablets per month); DS (30 day supply max)
Minerals & Electrolytes		
Fluoride**		
sodium fluoride oral tablet	$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Max 6 Years)
sodium fluoride oral tablet chewable	$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Max 6 Years)
Potassium Combinations**		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
Potassium**		
KLOR-CON 10	1	
KLOR-CON M10	1	
KLOR-CON M15	3	
KLOR-CON M20	1	
KLOR-CON ORAL PACKET 20 MEQ	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
POKONZA	VC	EDL Alt (Alternatives: potassium chloride oral packet 20 meq (generic) and potassium chloride oral solution 20 meq/15ml (10%)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride crys er oral tablet extended release 15 meq	3	

Drug	Status	Notes
potassium chloride er oral capsule extended release	1	
potassium chloride er oral tablet extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 15 meq, 20 meq	3	
potassium chloride oral packet	1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
Miscellaneous Therapeutic Classes		
Activated Phosphoinositide 3-Kinase Delta Syndrome Agent**		
JOENJA	D	PA; DS (30 day supply max)
Antileprotics**		
THALOMID	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors**		
BENLYSTA SUBCUTANEOUS	D	PA; DS (30 day supply max)
Chelating Agents**		
CUPRIMINE ORAL CAPSULE 250 MG	VC	EDL Alt (alternative: Depen Titra (penicillamine) tab 250mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CUVRIOR	D	PA; DS (30 day supply max)
DEPEN TITRATABS	3	
penicillamine oral capsule	VC	EDL Alt (alternative: Depen Titra (penicillamine) tab 250mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
penicillamine oral tablet	3	
SYPRINE	D	PA; DS (30 day supply max)
trientine hcl oral capsule 250 mg	D	PA; DS (30 day supply max)
trientine hcl oral capsule 500 mg	C	PA; DS (30 day supply max)
Cyclosporine Analogs**		
cyclosporine modified	B	DS (30 day supply max)
cyclosporine oral capsule	A	DS (30 day supply max)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	B	DS (30 day supply max)
GENGRAF ORAL SOLUTION	B	DS (30 day supply max)
LUPKYNIS	D	PA; DS (30 day supply max)
NEORAL	D	DS (30 day supply max)
SANDIMMUNE ORAL CAPSULE	D	DS (30 day supply max)
SANDIMMUNE ORAL SOLUTION	B	DS (30 day supply max)
Farnesyltransferase Inhibitors**		
ZOKINVY	D	PA; DS (30 day supply max)

Drug	Status	Notes
Immunomodulators - Combinations**		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
Immunomodulators For Myelodysplastic Syndromes**		
lenalidomide	1	PA; SP; QL (1 capsule per day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply); AL (Min 18 Years)
REVLIMID	1	PA; QL (1 capsule per day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 18 Years)
Inosine Monophosphate Dehydrogenase Inhibitors**		
CELLCEPT	3	
mycophenolate mofetil oral	1	
mycophenolate sodium oral tablet delayed release 180 mg	1	QL (6 tablets per day)
mycophenolate sodium oral tablet delayed release 360 mg	1	QL (4 tablets per day)
mycophenolic acid oral tablet delayed release 180 mg	1	QL (6 tablets per day)
mycophenolic acid oral tablet delayed release 360 mg	1	QL (4 tablets per day)
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	4	QL (6 tablets per day)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	4	QL (4 tablets per day)
MYHIBBIN	3	QL (15ml per day)
Macrolide Immunosuppressants**		
ASTAGRAF XL	4	
ENVARSUS XR	4	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	C	QL (2 tablets per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
PROGRAF ORAL	3	
RAPAMUNE	3	
sirolimus oral solution	3	
sirolimus oral tablet	1	
tacrolimus oral	1	
ZORTRESS	C	QL (2 tablets per day); DS (30 day supply max)
Monoclonal Antibodies**		
ENSPRYNG	D	PA; SP; DS (30 day supply max)
Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib**		
VIJOICE ORAL PACKET	D	PA; SP; DS (30 day supply max)
VIJOICE ORAL TABLET THERAPY PACK	D	PA; DS (30 day supply max)
Potassium Removing Agents**		
KIONEX COMBINATION	1	
KIONEX ORAL SUSPENSION	1	

Drug	Status	Notes
LOKELMA	4	QL (1 packet per day); AL (Min 18 Years)
sodium polystyrene sulfonate oral powder	1	
SPS	1	
SPS (SODIUM POLYSTYRENE SULF)	1	
VELTASSA	4	PA
Purine Analogs**		
AZASAN	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
IMURAN	3	
Rock Inhibitors**		
REZUROCK	D	PA; DS (30 day supply max)
Mouth/Throat/Dental Agents		
Anesthetics Topical Oral**		
lidocaine viscous hcl	1	QL (100ml per 10 days); DS (Limited to 1 fill per month)
Anti-Infectives - Throat**		
clotrimazole mouth/throat troche	1	
nystatin mouth/throat	1	
ORAVIG	3	QL (28 tablets per month); AL (Min 16 Years)
Antiseptics - Mouth/Throat**		
chlorhexidine gluconate mouth/throat	1	
PERIDEX	3	
PERIOGARD	1	
Saliva Stimulants**		
cevimeline hcl	1	QL (3 capsules per day)
EVOXAC	3	QL (3 capsules per day)
pilocarpine hcl oral	1	
SALAGEN	3	
Steroids - Mouth/Throat/Dental**		
KOURZEQ	1	
ORALONE	1	
triamcinolone acetonide mouth/throat	1	
Musculoskeletal Therapy Agents		
Central Muscle Relaxants**		
AMRIX	VC	EDL Alt (alternative: cyclobenzaprine hcl tab 5mg or 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)

Drug	Status	Notes
baclofen oral solution 10 mg/5ml	VC	QL (40ml per day); EDL Alt (alternative: baclofen tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
baclofen oral solution 5 mg/5ml	VC	QL (80ml per day); EDL Alt (alternative: baclofen tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
baclofen oral suspension	VC	EDL Alt (alternative: Baclofen tab 10mg or 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
baclofen oral tablet 10 mg, 20 mg	1	
baclofen oral tablet 15 mg	4	
baclofen oral tablet 5 mg	3	
carisoprodol oral tablet 250 mg	VC	QL (4 tablets per day); DS (21 day supply max); EDL Alt (alternative: carisoprodol tab 350mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
carisoprodol oral tablet 350 mg	1	QL (Max #84 per 21 days); DS (21 day supply max)
chlorzoxazone oral tablet 250 mg	VC	QL (4 tablets per day); EDL Alt (alternative: chlorzoxazone tab 500mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
chlorzoxazone oral tablet 375 mg, 750 mg	4	QL (4 tablets per day); ST (Step Therapy required: 1 fill in the last 3 months - chlorzoxazone 500mg tab); AL (Min 18 Years)
chlorzoxazone oral tablet 500 mg	1	QL (4 tablets per day); AL (Min 18 Years)
cyclobenzaprine hcl er	VC	EDL Alt (alternative: cyclobenzaprine hcl tab 5mg or 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	VC	EDL Alt (alternative: cyclobenzaprine hcl tab 5mg or 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
FEXMID	VC	EDL Alt (alternative: cyclobenzaprine hcl tab 5mg or 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
FLEQSUVY	VC	EDL Alt (alternative: Baclofen tab 10mg or 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
LORZONE	4	QL (4 tablets per day); ST (Step Therapy required: 1 fill in the last 3 months - chlorzoxazone 500mg tab); AL (Min 18 Years)

Drug	Status	Notes
LYVISPAH	VC	DS (30 day supply max); EDL Alt (alternative: Baclofen tab 10mg or 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
metaxalone oral tablet 640 mg	VC	SP; EDL Alt (Alternative: Metaxalone 400mg and 800mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
metaxalone oral tablet 800 mg	1	QL (4 tablets per day)
metaxalone tablet 400 mg oral	1	
metaxalone tablet 400 mg oral	3	
methocarbamol oral tablet 1000 mg	VC	EDL Alt (alternative: methocarbamol 500mg or 750mg tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
OZOBAX	VC	QL (80ml per day); EDL Alt (alternative: baclofen tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
OZOBAX DS	VC	QL (40ml per day); EDL Alt (alternative: baclofen tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SOMA ORAL TABLET 250 MG	VC	QL (4 tablets per day); DS (21 day supply max); EDL Alt (alternative: carisoprodol tab 350mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SOMA ORAL TABLET 350 MG	4	QL (Max #84 per 21 days); DS (21 day supply max)
TANLOR	VC	EDL Alt (alternative: methocarbamol 500mg or 750mg tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tizanidine hcl oral capsule 2 mg	1	QL (18 tablets per day); EDL Alt (alternative: tizanidine tab 2mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tizanidine hcl oral capsule 4 mg	1	QL (9 tablets per day); EDL Alt (alternative: tizanidine tab 4mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tizanidine hcl oral capsule 6 mg	1	QL (9 tablets per day); EDL Alt (alternative: tizanidine tab 2mg plus 4mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tizanidine hcl oral tablet 2 mg	1	QL (18 tablets per day)

Drug	Status	Notes
tizanidine hcl oral tablet 4 mg	1	QL (9 tablets per day)
VANADOM	1	QL (Max #84 per 21 days); DS (21 day supply max)
ZANAFLEX ORAL CAPSULE 2 MG	4	QL (18 tablets per day)
ZANAFLEX ORAL CAPSULE 4 MG, 6 MG	4	QL (9 tablets per day)
ZANAFLEX ORAL TABLET	3	QL (9 tablets per day)
Direct Muscle Relaxants**		
DANTRIUM ORAL CAPSULE 25 MG	3	
dantrolene sodium oral	2	
Muscle Relaxant Combinations**		
NORGESIC	VC	EDL Alt (alternative: Orphenadrin tab, aspirin (OTC), and caffeine (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
norgesic forte	VC	EDL Alt (Alternative: Orphenadrine ER tablet plus OTC aspirin plus OTC caffeine); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	VC	EDL Alt (alternative: Orphenadrin tab, aspirin (OTC), and caffeine (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	VC	EDL Alt (Alternative: Orphenadrine ER tablet plus OTC aspirin plus OTC caffeine); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Retinoic Acid Receptor Gamma Selective Agonists**		
SOHONOS	D	PA; DS (30 day supply max)
Nasal Agents - Systemic And Topical		
Antihistamine-Steroid**		
azelastine-fluticasone	4	QL (1 bottle per month); AL (Min 6 Years)
DYMISTA	4	QL (1 bottle per month); AL (Min 6 Years)
RYALTRIS	4	
Nasal Anticholinergics**		
ipratropium bromide nasal	1	QL (3 bottles per month)
Nasal Antihistamines**		
olopatadine hcl nasal	4	QL (1x 30.5gm bottle per month); AL (Min 6 Years)
PATANASE	4	QL (1x 30.5gm bottle per month); AL (Min 6 Years)
Nasal Steroids**		
BECONASE AQ	4	
flunisolide nasal solution 25 mcg/act (0.025%)	3	QL (1x 25ml bottle per month)

Drug	Status	Notes
OMNARIS	4	QL (1x 12.5gm inhaler per month); AL (Max 6 Years)
QNASL	4	QL (1 inhaler per month)
QNASL CHILDRENS	4	QL (1 inhaler per month); AL (Max 12 Years)
ZETONNA	3	QL (1 inhaler per month); AL (Max 12 Years)
Topical Decongestants**		
ADRENALIN NASAL	3	
Neuromuscular Agents		
Als Agent Combinations**		
RELYVRIO	D	PA; DS (30 day supply max)
Als Agents - Miscellaneous**		
RADICAVA ORS	D	PA; DS (30 day supply max)
RADICAVA ORS STARTER KIT	D	PA; DS (30 day supply max)
Benzathiazoles**		
EXSERVAN	C	PA; DS (30 day supply max)
RILUTEK	VC	EDL Alt (alternative: riluzole tab 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
riluzole	1	
TEGLUTIK	VC	EDL Alt (alternative: riluzole tab 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TIGLUTIK	VC	EDL Alt (alternative: riluzole tab 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Friedrich's Ataxia Agents - Nrf2 Pathway Activators**		
SKYCLARYS	D	PA; DS (30 day supply max)
Muscular Dystrophy - Histone Deacetylase Inhibitors*		
DUVYZAT	D	PA; DS (30 day supply max)
Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs**		
DAYBUE	D	PA; DS (30 day supply max)
Spinal Muscular Atrophy-Smn2 Splicing Modifiers**		
EVRYSDI	D	PA; DS (30 day supply max)
Ophthalmic Agents		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**		
SIMBRINZA	4	
Artificial Tear Inserts**		
LACRISERT	4	

Drug	Status	Notes
Beta-Blockers - Ophthalmic Combinations**		
brimonidine tartrate-timolol	2	
COMBIGAN	2	
COSOPT	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
timolol-dorzolamid-bimatoprost	D	PA; DS (30 day supply max)
timolol-dorzolamide-bimatopros	D	PA; DS (30 day supply max)
Beta-Blockers - Ophthalmic**		
betaxolol hcl ophthalmic	3	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	VC	EDL Alt (alternative: timolol maleate ophthalmic solution 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
BETIMOL OPHTHALMIC SOLUTION 0.5 %	VC	EDL Alt (alternative: timolol maleate ophthalmic solution 0.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
BETOPTIC-S	3	
carteolol hcl	1	
ISTALOL	4	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol hemihydrate	4	PA
timolol maleate (once-daily)	4	
timolol maleate ophthalmic gel forming solution	3	
timolol maleate ophthalmic solution	1	
timolol maleate pf	4	
TIMOPTIC OCUDOSE	4	
Cholinergic Agonists**		
TYRVAYA	4	PA; QL (2x 4.2ml bottles per month)
Cycloplegic Mydriatic Combinations**		
CYCLOMYDRIL	3	
tropicamide-cyclopentolate-pe	3	
Cycloplegic Mydriatics**		
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	3	
atropine sulfate ophthalmic ointment	3	
atropine sulfate ophthalmic solution 1 %	2	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	4	
CYCLOGYL OPHTHALMIC SOLUTION 1 %	3	
cyclopentolate hcl ophthalmic solution 1 %	1	

Drug	Status	Notes
HOMATROPAIRE	1	
ISOPTO ATROPINE	2	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	3	
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag**		
XIIDRA	4	PA
Miotics - Direct Acting**		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
QLOSI	4	QL (1 vial per day); ST (Step Therapy required: 1 fill in the last 6 months - pilocarpine 1%); AL (Min 18 Years)
VUITY	4	QL (one 2.5ml bottle per month); ST (Step Therapy required: 1 fill in the last 6 months - pilocarpine 1%); AL (Min 18 Years)
Ophthalmic Antiallergic**		
ALOCRIL	4	
ALOMIDE	4	
azelastine hcl ophthalmic	1	QL (1x 6ml bottle per month)
bepotastine besilate	4	QL (1x 5ml bottle per 30 days); DS (30 day supply max)
BEPREVE	4	QL (1x 5ml bottle per 30 days); DS (30 day supply max)
cromolyn sodium ophthalmic	2	
epinastine hcl	2	
ZERVIATE	4	QL (1x carton of 30 containers)
Ophthalmic Antibiotics**		
AZASITE	3	
bacitracin ophthalmic	3	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
levofloxacin ophthalmic	3	QL (one 5ml bottle per month)
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	1	
OCUFLOX	3	
ofloxacin ophthalmic	1	
tobramycin ophthalmic	1	
TOBREX OPHTHALMIC OINTMENT	2	
VIGAMOX	3	

Drug	Status	Notes
ZYMAXID	3	
Ophthalmic Antifungal**		
NATACYN	3	
Ophthalmic Anti-Infective Combinations**		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	3	
NEO-POLYCIN	1	
POLYCIN	1	
polymyxin b-trimethoprim	1	
Ophthalmic Antiseptics**		
BETADINE OPHTHALMIC PREP	3	
Ophthalmic Antivirals**		
trifluridine ophthalmic	4	
ZIRGAN	4	
Ophthalmic Carbonic Anhydrase Inhibitors**		
AZOPT	4	QL (1x 10ml bottle per month)
brinzolamide	3	
dorzolamide hcl ophthalmic	1	
Ophthalmic Ectoparasiticide*		
XDEMVY	D	PA; QL (1x 10ml bottle per 42 days); DS (41 day supply min / 42 day supply max)
Ophthalmic Immunomodulators**		
CEQUA	4	PA; QL (1 container per month)
cyclosporine ophthalmic	3	QL (2 ml per day)
RESTASIS	4	PA; QL (2 vials per day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	4	PA; QL (1x 1.5ml bottle per month); DS (30 day supply min / 90 day supply max)
VERKAZIA	4	PA
VEVYE	3	PA
Ophthalmic Kinase Inhibitors - Combinations**		
ROCKLATAN	4	QL (1x 2.5ml bottle per month)
Ophthalmic Local Anesthetics**		
AKTEN	3	
ALCAINE	3	
ALTACAINE	1	
proparacaine hcl ophthalmic	1	
tetracaine hcl ophthalmic	1	
Ophthalmic Nerve Growth Factors**		
OXERVATE	D	PA; DS (30 day supply max)

Drug	Status	Notes
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**		
ACULAR	3	
ACULAR LS	4	
ACUVAIL	3	PA
bromfenac sodium (once-daily)	2	
bromfenac sodium ophthalmic solution 0.07 %	4	
bromfenac sodium ophthalmic solution 0.075 %	3	
BROMSITE	3	
diclofenac sodium ophthalmic	1	QL (1 bottle per month)
flurbiprofen sodium	1	
ILEVRO	3	
ketorolac tromethamine ophthalmic	1	
NEVANAC	3	QL (2x 3ml bottles per month); AL (Min 10 Years)
PROLENSA	4	
Ophthalmic Rho Kinase Inhibitors**		
RHOPRESSA	3	PA
Ophthalmic Selective Alpha Adrenergic Agonists**		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	QL (2x 5ml bottles per month)
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	
apraclonidine hcl	4	
brimonidine tartrate ophthalmic solution 0.1 %	2	QL (2x 5ml bottles per month)
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
Ophthalmic Steroid Combinations**		
bacitra-neomycin-polymyxin-hc	1	
MAXITROL	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	3	
NEO-POLYCIN HC	1	
sulfacetamide-prednisolone ophthalmic solution	3	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	3	
tobramycin-dexamethasone	1	
ZYLET	3	QL (20ml per month)
Ophthalmic Steroids**		
ALREX	VC	EDL Alt (alternative: loteprednol gel 0.5% and loteprednol suspension 0.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
clobetasol propionate ophthalmic	4	QL (1x 3.5ml bottle per 30 days)
dexamethasone sodium phosphate ophthalmic	3	
difluprednate	3	
DUREZOL	3	
EYSUVIS	VC	QL (1x 8.3ml bottle per 14 days); DS (14 day supply max); EDL Alt (alternative: loteprednol gel 0.5% and loteprednol suspension 0.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
FLAREX	3	
fluorometholone ophthalmic	1	
FML FORTE	3	
FML LIQUIFILM	3	
INVELTYS	VC	EDL Alt (alternative: loteprednol gel 0.5% and loteprednol suspension 0.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
LOTEMAX	VC	EDL Alt (alternative: loteprednol gel 0.5% and loteprednol suspension 0.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
LOTEMAX SM	VC	EDL Alt (alternative: loteprednol gel 0.5% and loteprednol suspension 0.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
loteprednol etabonate ophthalmic gel	4	
loteprednol etabonate ophthalmic suspension 0.2 %	VC	EDL Alt (Alternative: loteprednol gel 0.5%, loteprednol suspension 0.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
loteprednol etabonate ophthalmic suspension 0.5 %	4	
MAXIDEX	3	
PRED FORTE	4	
PRED MILD	2	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	3	
Ophthalmic Sulfonamides*		
sulfacetamide sodium ophthalmic ointment	3	
sulfacetamide sodium ophthalmic solution	1	
Ophthalmic Surgical Aids*		
GELFILM OPHTHALMIC	3	
Ophthalmics - Blepharoptosis Agents		
UPNEEQ	4	QL (1 box per month)

Drug	Status	Notes
Ophthalmics - Cystinosis Agents*		
CYSTADROPS	C	PA; DS (30 day supply max)
CYSTARAN	C	PA; DS (30 day supply max)
Ophthalmics Misc. - Other**		
MIEBO	D	PA; DS (30 day supply max)
Prostaglandins - Ophthalmic**		
bimatoprost ophthalmic	2	QL (1 x 5ml bottle per month)
IYUZEH	VC	EDL Alt (Alternative: latanoprost ophthalmic solution 0.005 %); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
latanoprost ophthalmic	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	ST (Step Therapy required: 60 day trial of bimatoprost 0.03% in the last 6 months)
tafluprost (pf)	4	
TRAVATAN Z	2	
travoprost (bak free)	2	
VYZULTA	3	QL (1x 2.5ml bottle per month); ST (Step Therapy required: any of the following for 2 months in the last 6months - latanoprost (generic Xalatan) OR bimatoprost 0.03%); AL (Min 17 Years)
XALATAN	VC	EDL Alt (alternative: latanoprost ophthalmic solution 0.005%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
XELPROS	3	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	4	
Otic Agents		
Otic Agents - Miscellaneous**		
acetic acid otic	1	
Otic Anti-Infectives**		
CETRAXAL	3	QL (1x 14ml bottle per 7 days)
ciprofloxacin hcl otic	2	QL (1x 14ml bottle per 7 days)
ofloxacin otic	1	
Otic Steroid-Anti-Infective Combinations**		
CIPRO HC	3	
ciprofloxacin-dexamethasone	2	QL (1x 7.5ml bottle per month)
ciprofloxacin-fluocinolone pf	3	
CORTISPORIN-TC	4	
neomycin-polymyxin-hc otic	1	
OTOVEL	3	

Drug	Status	Notes
Otic Steroids**		
DERMOTIC	3	QL (2x 20ml bottles per month)
FLAC	1	QL (2x 20ml bottles per month)
fluocinolone acetonide otic	1	QL (2x 20ml bottles per month)
hydrocortisone-acetic acid	2	QL (1x 10ml bottle per month)
Oxytocics		
Oxytocics**		
METHERGINE ORAL	1	
methylergonovine maleate oral	1	
Passive Immunizing And Treatment Agents		
Immune Serums**		
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	D	PA; SP; DS (30 day supply max)
Penicillins		
Aminopenicillins**		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg	3	
amoxicillin oral tablet chewable 250 mg	1	
ampicillin oral capsule 500 mg	1	
Natural Penicillins**		
penicillin v potassium	1	
Penicillin Combinations**		
amoxicillin-pot clavulanate er	3	
amoxicillin-pot clavulanate oral suspension reconstituted	1	
amoxicillin-pot clavulanate oral tablet	1	
amoxicillin-pot clavulanate oral tablet chewable	3	
AUGMENTIN ES-600	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	
Penicillinase-Resistant Penicillins**		
dicloxacillin sodium	1	
Progestins		
Progestins**		
GALLIFREY	1	
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 625 mg/5ml	3	QL (5ml per day)
norethindrone acetate oral	1	
progesterone intramuscular	1	F

Drug	Status	Notes
progesterone micronized transdermal	VC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
progesterone oral	1	F
PROMETRIUM	3	F
PROVERA	3	
Psychotherapeutic And Neurological Agents - Misc.		
Agents For Opioid Withdrawal**		
lofexidine hcl	3	PA; QL (224 tablets per 14 days); DS (14 day supply max)
LUCEMYRA	4	PA; QL (224 tablets per 14 days); DS (14 day supply max)
Alcohol Deterrents**		
acamprosate calcium	1	QL (6 tablets per day)
disulfiram oral tablet 250 mg	1	
disulfiram oral tablet 500 mg	4	
Anti-Cataplectic Agents**		
LUMRYZ	D	PA; DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
LUMRYZ STARTER PACK	D	PA; DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
sodium oxybate	D	PA; QL (18ml per day); DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
XYREM	D	PA; QL (18ml per day); DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
Anti-Cataplectic Combinations**		
XYWAV	D	PA; DS (30 day supply max)
Antidementia Agent Combinations**		
memantine hcl-donepezil hcl	3	
NAMZARIC	4	PA
Antisense Oligonucleotide (Aso) Inhibitor Agents**		
TEGSEDI	D	PA; DS (30 day supply max)
WAINUA	D	PA; DS (30 day supply max)
Benzodiazepines & Tricyclic Agents**		
chlordiazepoxide-amitriptyline	3	
Cholinomimetics - Ache Inhibitors**		
ADLARITY	3	ST (Step Therapy required: 2 months in the last 3 months - donepezil)
ARICEPT ORAL TABLET 10 MG, 5 MG	3	QL (1 tablet per day)
ARICEPT ORAL TABLET 23 MG	3	
donepezil hcl oral tablet 10 mg, 5 mg	1	QL (1 tablet per day)

Drug	Status	Notes
donepezil hcl oral tablet 23 mg	1	
donepezil hcl oral tablet dispersible	1	
EXELON TRANSDERMAL	2	QL (1 patch per day); AL (Min 18 Years)
galantamine hydrobromide er	1	QL (1 capsule per day); AL (Min 18 Years)
galantamine hydrobromide oral solution	3	
galantamine hydrobromide oral tablet 12 mg, 8 mg	1	QL (2 tablets per day)
galantamine hydrobromide oral tablet 4 mg	1	QL (3 tablets per day)
rivastigmine	2	QL (1 patch per day); AL (Min 18 Years)
rivastigmine tartrate oral capsule 1.5 mg	1	QL (2 tablets per day)
rivastigmine tartrate oral capsule 3 mg, 4.5 mg, 6 mg	1	QL (2 capsules per day)
ZUNVEYL	3	PA
Fibromyalgia Agent - Snris**		
SAVELLA	4	
SAVELLA TITRATION PACK	4	
Melanocortin Receptor Agonists**		
VYLEESI	VC	QL (4 injections per month); DS (30 day supply max); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); F
Movement Disorder Drug Therapy**		
AUSTEDO	D	PA; SP; DS (30 day supply max)
AUSTEDO XR	D	PA; SP; DS (30 day supply max)
AUSTEDO XR PATIENT TITRATION	D	PA; SP; DS (30 day supply max)
INGREZZA ORAL CAPSULE	D	PA; SP; QL (1 capsule per day); DS (30 day supply max)
INGREZZA ORAL CAPSULE SPRINKLE	D	PA; SP; QL (1 capsule per day); DS (30 day supply max)
INGREZZA ORAL CAPSULE THERAPY PACK	D	PA; SP; QL (56 capsules per year); DS (30 day supply max)
tetrabenazine	A	PA; SP; DS (30 day supply max)
XENAZINE	D	PA; SP; DS (30 day supply max)
Ms Agents - Pyrimidine Synthesis Inhibitors**		
AUBAGIO	B	PA; DS (30 day supply max)
teriflunomide	B	PA; DS (30 day supply max)
Multiple Sclerosis Agents - Antimetabolites**		
MAVENCLAD (10 TABS)	D	PA; DS (30 day supply max)
MAVENCLAD (4 TABS)	D	PA; DS (30 day supply max)
MAVENCLAD (5 TABS)	D	PA; DS (30 day supply max)
MAVENCLAD (6 TABS)	D	PA; DS (30 day supply max)
MAVENCLAD (7 TABS)	D	PA; DS (30 day supply max)
MAVENCLAD (8 TABS)	D	PA; DS (30 day supply max)

Drug	Status	Notes
MAVENCLAD (9 TABS)	D	PA; DS (30 day supply max)
Multiple Sclerosis Agents - Interferons**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	B	PA; DS (30 day supply max)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	B	PA; DS (30 day supply max)
BETASERON SUBCUTANEOUS KIT	B	PA; DS (30 day supply max)
EXTAVIA SUBCUTANEOUS KIT	B	PA; DS (30 day supply max)
PLEGRIDY	B	PA; DS (30 day supply max)
PLEGRIDY STARTER PACK	B	PA; DS (30 day supply max)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; DS (30 day supply max)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; DS (30 day supply max)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
Multiple Sclerosis Agents - Monoclonal Antibodies**		
KESIMPTA	B	PA; DS (30 day supply max)
Multiple Sclerosis Agents - Nrf2 Pathway Activators**		
BAFIERTAM	C	PA; DS (30 day supply max)
dimethyl fumarate capsule delayed release 120 mg oral	A	SP; QL (2 capsules per day); DS (30 day supply max); AL (Min 18 Years)
dimethyl fumarate capsule delayed release 240 mg oral	A	SP; QL (2 capsules per day); DS (30 day supply max); AL (Min 18 Years)
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	C	PA; SP; QL (2 capsules per day. Only Civica NDCs 82249074514, 82249074760 are covered @ Specialty Tier A with NO PA @ Sort Pak.Call 877-570-7787); DS (30 day supply max); AL (Min 18 Years)
dimethyl fumarate starter pack oral capsule delayed release therapy pack	C	DS (30 day supply max); AL (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	D	PA; SP; QL (2 capsules per day. Only Civica NDCs 82249074514 & 82249074760 are covered @ Specialty Tier A with NO PA @ Sort Pak.Call 877-570-7787); DS (30 day supply max); AL (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	D	PA; SP; QL (2 capsules per day. Only Civica NDCs 82249074514 & 82249074760 are covered @ Specialty Tier A with NO PA @ Sort Pak.Call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	D	PA; QL (2 capsules per day); DS (30 day supply max); AL (Min 18 Years)
VUMERITY	B	PA; DS (30 day supply max)

Drug	Status	Notes
Multiple Sclerosis Agents - Potassium Channel Blockers**		
AMPYRA	C	PA; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
dalfampridine er	A	PA; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
Multiple Sclerosis Agents**		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
glatiramer acetate	B	PA; DS (30 day supply max)
GLATOPA	B	PA; DS (30 day supply max)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**		
memantine hcl er	1	
memantine hcl oral solution 2 mg/ml	1	QL (1x 360ml bottle per month); AL (Min 12 Years)
memantine hcl oral tablet 10 mg	1	QL (2 tablets per day)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	1	
memantine hcl oral tablet 5 mg	1	QL (3 tablets per day)
NAMENDA TITRATION PAK	4	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG	3	
Phenothiazines & Tricyclic Agents**		
perphenazine-amitriptyline	3	
Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents**		
gabapentin (once-daily)	VC	EDL Alt (Alternative: Gabapentin cap 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
GRALISE ORAL TABLET 300 MG	VC	EDL Alt (alternative: gabapentin cap 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG	4	PA
GRALISE ORAL TABLET 600 MG	VC	EDL Alt (alternative: gabapentin tab 600mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
LYRICA CR	4	PA; QL (1 tablet per day)
pregabalin er	4	QL (1 tablet per day); ST (Step Therapy required: any of the following in the last 6 months - pregabalin (generic Lyrica) or Lyrica)
Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris**		
fluoxetine hcl (pmdd) oral tablet	4	F

Drug	Status	Notes
Pseudobulbar Affect Agent Combinations**		
NUEDEXTA	4	PA
Psychotherapeutic And Neurological Agents - Misc.**		
AQNEURSA	D	PA; DS (30 day supply max)
ergoloid mesylates oral	3	
MIPLYFFA	D	PA; DS (30 day supply max)
pimozide	2	
Restless Leg Syndrome (RIs) Agents**		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	VC	EDL Alt (alternative: gabapentin cap 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	VC	EDL Alt (alternative: gabapentin tab 600mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag**		
ADDYI	VC	QL (1 tablet per day); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); F; AL (Min 18 Years)
Smoking Deterrents**		
apo-varenicline	$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
bupropion hcl er (smoking det)	$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
cvs nicotine mouth/throat	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
cvs nicotine polacrilex	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
cvs nicotine transdermal	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
eq nicotine mouth/throat gum 4 mg	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
eq nicotine mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

Drug	Status	Notes
eq nicotine polacrilex	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
eq nicotine step 3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ft nicotine mini	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ft nicotine mouth/throat	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ft nicotine transdermal	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
gnp nicotine mini	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
gnp nicotine mouth/throat	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
gnp nicotine polacrilex	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
gnp nicotine transdermal	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
goodsense nicotine	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
HABITROL	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
hm nicotine polacrilex mouth/throat gum	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
hm nicotine polacrilex mouth/throat lozenge 2 mg	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
KLS QUIT2	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

Drug	Status	Notes
KLS QUIT4	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM 2 MG	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICORETTE MOUTH/THROAT GUM	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICORETTE STARTER KIT MOUTH/THROAT GUM 4 MG	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine mini	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine polacrilex mini	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.)
nicotine polacrilex mouth/throat	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine step 1	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine step 2	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine step 3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine transdermal kit	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine transdermal patch 24 hour	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICOTROL	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICOTROL NS	$0	QL (12x 10ml bottles per month); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
px stop smoking aid	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
qc nicotine transdermal system transdermal patch 24 hour 21 mg/24hr	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

Drug	Status	Notes
ra mini nicotine	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ra nicotine gum mouth/throat gum 2 mg, 4 mg	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ra nicotine mouth/throat	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ra nicotine polacrilex mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
sm nicotine mouth/throat	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
sm nicotine polacrilex mouth/throat gum	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
sm nicotine polacrilex mouth/throat lozenge 2 mg	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.)
sm nicotine polacrilex mouth/throat lozenge 4 mg	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
sm nicotine transdermal	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
THRIVE MOUTH/THROAT GUM 2 MG	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
varenicline tartrate (starter)	$0	QL (2 tablets per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
varenicline tartrate oral tablet 0.5 mg, 1 mg	$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
varenicline tartrate(continue)	$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
Sphingosine 1-Phosphate (S1p) Receptor Modulators**		
fingolimod hcl	B	PA; QL (1 capsule per day); DS (30 day supply max); AL (Min 10 Years)
GILENYA ORAL CAPSULE 0.25 MG	B	PA; SP; DS (30 day supply max)

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Drug	Status	Notes
GILENYA ORAL CAPSULE 0.5 MG	B	PA; QL (1 capsule per day); DS (30 day supply max); AL (Min 10 Years)
MAYZENT	D	PA; DS (30 day supply max)
MAYZENT STARTER PACK	D	PA; DS (30 day supply max)
PONVORY	D	PA; SP; DS (30 day supply max)
PONVORY STARTER PACK	D	PA; SP; DS (30 day supply max)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG	D	PA; DS (30 day supply max)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG	B	PA; DS (30 day supply max)
ZEPOSIA	D	PA; SP; DS (30 day supply max)
ZEPOSIA 7-DAY STARTER PACK	D	PA; SP; DS (30 day supply max)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	D	PA; DS (30 day supply max)
Thienbenzodiazepines & Opioid Antagonists**		
LYBALVI	4	PA
Thienbenzodiazepines & Ssris**		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg	1	QL (1 capsule per day)
olanzapine-fluoxetine hcl oral capsule 6-25 mg	1	QL (3 capsules per day)
SYMBYAX ORAL CAPSULE 3-25 MG	3	QL (1 capsule per day)
SYMBYAX ORAL CAPSULE 6-25 MG	3	QL (3 capsules per day)
Vasomotor Symptom Agents - Ssris**		
paroxetine mesylate	VC	EDL Alt (Alternative: paroxetine tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Respiratory Agents - Misc.		
Cftr Potentiators**		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG	D	PA; SP; DS (30 day supply max)
KALYDECO ORAL PACKET 50 MG, 75 MG	D	PA; DS (30 day supply max)
KALYDECO ORAL TABLET	D	PA; QL (2 tablets per day); DS (30 day supply max); AL (Max 6 Years)
Cystic Fibrosis Agent - Combinations**		
ALYFTREK	D	PA; DS (30 day supply max)
ORKAMBI ORAL PACKET	C	PA; DS (30 day supply max)
ORKAMBI ORAL TABLET 100-125 MG	C	PA; DS (30 day supply max); AL (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	C	PA; DS (30 day supply max)
SYMDEKO	D	PA; DS (30 day supply max)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	D	PA; SP; QL (3 tablets per day); DS (28 day supply max)
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	D	PA; QL (3 tablets per day); DS (28 day supply max)
TRIKAFTA ORAL THERAPY PACK	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
Cystic Fibrosis Agents - Miscellaneous**		
BRONCHITOL	D	PA; SP; DS (30 day supply max)
Hydrolytic Enzymes**		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	B	PA; QL (180ml per month); DS (30 day supply max)
Pulmonary Fibrosis Agents - Kinase Inhibitors**		
OFEV	D	PA; SP; QL (2 capsules per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
Pulmonary Fibrosis Agents**		
ESBRIET ORAL CAPSULE	D	PA; QL (9 capsules per day); DS (30 day supply max)
ESBRIET ORAL TABLET 267 MG	D	PA; QL (9 tablets per day); DS (30 day supply max)
ESBRIET ORAL TABLET 801 MG	D	PA; QL (3 tablets per day); DS (30 day supply max)
pirfenidone oral capsule	D	PA; QL (9 capsules per day); DS (30 day supply max)
pirfenidone oral tablet 267 mg	D	PA; QL (9 tablets per day); DS (30 day supply max)
pirfenidone oral tablet 534 mg	D	PA; QL (4 tablets per day); DS (30 day supply max)
pirfenidone oral tablet 801 mg	D	PA; QL (3 tablets per day); DS (30 day supply max)
Sulfonamides		
Sulfonamides**		
sulfadiazine oral	3	
Tetracyclines		
Aminomethylcyclines**		
NUZYRA ORAL TABLET 150 MG	3	PA
Tetracyclines**		
avidoxy	1	QL (3 tablets per day)
demeclocycline hcl oral	1	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG	VC	QL (2 tablets per day); EDL Alt (alternative: doxycycline hyclate DR tab 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	VC	EDL Alt (alternative: doxycycline hyclate delayed release tab 100mg or doxycycline hyclate cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL	VC	EDL Alt (alternative: doxycycline hyclate delayed release tab 100mg or doxycycline hyclate cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DORYX ORAL TABLET DELAYED RELEASE 50 MG	VC	EDL Alt (alternative: doxycycline hyclate cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg	1	
doxycycline hyclate oral tablet 150 mg	VC	EDL Alt (alternative: doxycycline hyclate cap 50mg plus doxycycline hyclate cap 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline hyclate oral tablet 20 mg	1	QL (2 tablets per day)
doxycycline hyclate oral tablet 50 mg	VC	EDL Alt (alternative: doxycycline hyclate tab 20mg or cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline hyclate oral tablet 75 mg	VC	EDL Alt (alternative: doxycycline hyclate cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline hyclate oral tablet delayed release 100 mg	1	QL (2 tablets per day)
doxycycline hyclate oral tablet delayed release 150 mg	VC	QL (2 tablets per day); EDL Alt (alternative: doxycycline hyclate cap 50mg plus doxycycline hyclate cap 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline hyclate oral tablet delayed release 200 mg	VC	EDL Alt (alternative: doxycycline hyclate DR tab 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline hyclate oral tablet delayed release 50 mg	VC	EDL Alt (alternative: doxycycline hyclate tab 20mg or cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline hyclate oral tablet delayed release 75 mg	4	QL (2 tablets per day); EDL Alt (alternative: doxycycline hyclate cap 50mg)
doxycycline hyclate oral tablet delayed release 80 mg	VC	QL (2 tablets per day); EDL Alt (alternative: doxycycline hyclate cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg	VC	QL (2 capsules per day); EDL Alt (alternative: doxycycline monohydrate cap or tab (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
doxycycline monohydrate oral capsule 75 mg	VC	EDL Alt (alternative: doxycycline monohydrate cap or tab (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet 100 mg	1	QL (3 tablets per day)
doxycycline monohydrate oral tablet 150 mg, 75 mg	1	
doxycycline monohydrate oral tablet 50 mg	1	QL (4 tablets per day)
minocycline hcl er oral capsule extended release 24 hour	VC	EDL Alt (alternative: minocycline hcl cap/tab 50mg, 75mg, or 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	VC	QL (1 tablet per day); EDL Alt (alternative: minocycline hcl cap/tab 50mg, 75mg, or 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 12 Years)
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	VC	QL (1 tablet per day); EDL Alt (alternative: minocycline hcl cap 50mg, 75mg, 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 12 Years)
minocycline hcl oral	1	
MINOLIRA	VC	QL (1 tablet per day); EDL Alt (alternative: minocycline hcl cap 50mg, 75mg, 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 12 Years)
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
SEYSARA	3	PA
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	4	QL (1 tablet per day); AL (Min 12 Years)
TARGADOX	VC	EDL Alt (alternative: doxycycline hyclate tab 20mg or cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tetracycline hcl oral capsule	1	
tetracycline hcl oral tablet	VC	DS (30 day supply max); EDL Alt (Alternative: Tetracycline capsules); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XIMINO	VC	EDL Alt (alternative: minocycline hcl cap/tab 50mg, 75mg, or 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
Thyroid Agents		
Antithyroid Agents**		
methimazole oral	1	
propylthiouracil oral	1	
Thyroid Hormones**		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 16.25 MG, 30 MG, 60 MG, 90 MG	1	
ARMOUR THYROID	1	
CYTOMEL	3	
ERMEZA	4	
EUTHYROX	1	
LEVO-T	1	
levothyroxine sodium intravenous solution 100 mcg/5ml, 200 mcg/5ml, 500 mcg/5ml	4	
levothyroxine sodium oral capsule	4	
levothyroxine sodium oral tablet	1	
LEVOXYL	1	
liothyronine sodium oral	1	
niva thyroid	1	
NP THYROID	1	
SYNTHROID	2	
THYQUIDITY	VC	EDL Alt (alternative: levothyroxine tab (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
thyroid oral tablet 120 mg	1	
TIROSINT	4	
TIROSINT-SOL	VC	EDL Alt (alternative: Ermeza oral solution 150mcg/5ml); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
UNITHROID	1	
WESTHROID ORAL TABLET 97.5 MG	1	
Toxoids		
Toxoid Combinations**		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	$0	QL (3 doses (1.5ml) per year); Vaccine
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	$0	QL (3 doses (1.5ml) per year); Vaccine
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	$0	QL (3 doses (1.5ml) per year); Vaccine
INFANRIX	$0	QL (3 doses (1.5ml) per year); Vaccine
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (0.5ml (1 dose) per lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)

Drug	Status	Notes
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (3 doses (1.5ml) per year); Vaccine; AL (Max 6 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0	Vaccine
QUADRACEL INTRAMUSCULAR SUSPENSION	$0	QL (0.5ml (1 dose) per lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (0.5ml (1 dose) per lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
TDVAX	$0	QL (3 doses (1.5ml) per year); Vaccine
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	$0	QL (3 doses (1.5ml) per year); Vaccine
tetanus-diphtheria toxoids td	$0	QL (3 doses (1.5ml) per year); Vaccine
VAXELIS	$0	Vaccine; AL (Max 5 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics		
Anticholinergic Combinations**		
chlordiazepoxide-clidinium	1	
LIBRAX	3	
Antispasmodics**		
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet	1	
Belladonna Alkaloids**		
hyosyne oral solution	1	
H-2 Antagonists**		
cimetidine hcl oral solution 300 mg/5ml	4	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
famotidine oral suspension reconstituted	1	
nizatidine oral capsule 150 mg	3	QL (2 capsules per day)
nizatidine oral capsule 300 mg	3	QL (1 capsule per day)
Misc. Anti-Ulcer**		
CARAFATE	4	
sucralfate oral suspension	2	
sucralfate oral tablet	1	
Ppi - Potassium-Competitive Acid Blockers (P-Cab)**		
VOQUEZNA	4	PA
Proton Pump Inhibitors**		
ACIPHEX	VC	EDL Alt (alternative: rabeprazole sodium EC tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DEXILANT	4	PA; QL (1 capsule per day)
dexlansoprazole	3	QL (1 capsule per day)
esomeprazole magnesium oral capsule delayed release	1	QL (2 capsules per day)

Drug	Status	Notes
FIRST-LANSOPRAZOLE	2	
FIRST-PANTOPRAZOLE	3	QL (Limited to 300ml per 30 days)
lansoprazole oral capsule delayed release 15 mg	1	QL (2 capsules per day)
lansoprazole oral capsule delayed release 30 mg	1	
lansoprazole oral tablet delayed release dispersible 15 mg	4	QL (1 tablet daily)
lansoprazole oral tablet delayed release dispersible 30 mg	4	
NEXIUM 24HR CLEAR MINIS	VC	QL (2 capsules per day); EDL Alt (alternative: Nexium 24HR cap 20mg (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
NEXIUM ORAL CAPSULE DELAYED RELEASE	VC	QL (2 capsules per day); EDL Alt (alternative: Nexium 24HR cap 20mg (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRSPEND SF ALKA	2	
pantoprazole sodium oral packet	VC	QL (6 packets per day); EDL Alt (alternative: pantoprazole sodium EC tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
pantoprazole sodium oral tablet delayed release 20 mg	1	QL (3 tablets per day)
pantoprazole sodium oral tablet delayed release 40 mg	1	QL (6 tablets per day)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	VC	EDL Alt (alternative: lansoprazole DR cap 30mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	VC	EDL Alt (alternative: lansoprazole DR cap 15mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG	VC	EDL Alt (alternative: lansoprazole DR cap 30mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PROTONIX ORAL PACKET	VC	QL (6 packets per day); EDL Alt (alternative: pantoprazole sodium EC tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG	VC	QL (3 tablets per day); EDL Alt (alternative: pantoprazole sodium EC tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PROTONIX ORAL TABLET DELAYED RELEASE 40 MG	VC	QL (6 tablets per day); EDL Alt (alternative: pantoprazole sodium EC tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
rabeprazole sodium oral capsule sprinkle	VC	EDL Alt (alternative: rabeprazole sodium EC tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
rabeprazole sodium oral tablet delayed release	1	
Quaternary Anticholinergics**		
CUVPOSA	3	
DARTISLA ODT	3	QL (4 tablets per day); ST (Step Therapy required: ONE from EACH of the following in the last 3 months: 1) rabeprazole or pantoprazole AND 2) glycopyrrolate (1mg or 2mg tablet)); AL (Min 18 Years)
GLYCATE	VC	EDL Alt (Alternative: Glycopyrrolate 1mg or 2mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
glycopyrrolate oral solution	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
glycopyrrolate oral tablet 1.5 mg	VC	EDL Alt (Alternative: Glycopyrrolate 1mg or 2mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
methscopolamine bromide oral tablet 2.5 mg	1	QL (8 tablets per day)
methscopolamine bromide oral tablet 5 mg	1	QL (4 tablets per day)
Ulcer Anti-Infective W/ Proton Pump Inhibitors**		
amoxicill-clarithro-lansopraz oral therapy pack	VC	QL (8 capsules per day); EDL Alt (Alternative: lansoprazole cap DR 30mg, amoxicillin cap 500mg, plus clarithromycin 500mg tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TALICIA	4	QL (12 capsules per day); ST (Step Therapy required: ALL of the following in the last 3 months - clarithromycin, amoxicillin, AND pantoprazole); AL (Min 18 Years)
Ulcer Drugs - Prostaglandins**		
CYTOTEC	3	QL (4 tablets per day)
misoprostol oral	1	QL (4 tablets per day)
Urinary Antispasmodics		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**		
darifenacin hydrobromide er	2	QL (1 tablet per day); AL (Min 18 Years)
DETROL LA	VC	EDL Alt (alternative: tolterodine tartrate tab 2mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DETROL ORAL TABLET 1 MG	VC	EDL Alt (alternative: tolterodine tartrate tab 1mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DETROL ORAL TABLET 2 MG	VC	EDL Alt (alternative: tolterodine tartrate tab 2mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
fesoterodine fumarate er	3	PA; QL (1 tablet per day); AL (Min 18 Years)
GELNIQUE TRANSDERMAL GEL 10 %	VC	EDL Alt (alternative: oxybutynin chloride tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
oxybutynin chloride er	1	
oxybutynin chloride oral solution	3	
oxybutynin chloride oral tablet 2.5 mg	VC	EDL Alt (alternative: oxybutynin tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate	1	QL (1 tablet per day); AL (Min 18 Years)
tolterodine tartrate	1	
tolterodine tartrate er	1	QL (1 tablet per day)
TOVIAZ	3	PA; QL (1 tablet per day); AL (Min 18 Years)
trospium chloride	1	
trospium chloride er	1	QL (1 capsule per day); AL (Min 18 Years)
VESICARE	2	QL (1 tablet per day); AL (Min 18 Years)
VESICARE LS	3	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists**		
GEMTESA	4	PA
mirabegron er	3	QL (1 tablet per day)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	4	PA; QL (10ml per day); AL (Min 3 Years and Max 12 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; QL (1 tablet per day)
Urinary Antispasmodics - Cholinergic Agonists**		
bethanechol chloride oral	1	
Urinary Antispasmodics - Direct Muscle Relaxants**		
flavoxate hcl	1	
Vaccines		
Bacterial Vaccines**		
ACTHIB	$0	Vaccine
bcg vaccine injection solution reconstituted	$0	Vaccine
BEXSERO	$0	QL (2 doses (1ml) per year); Vaccine; AL (Min 10 Years)
BIOTHRAX	$0	Vaccine
CAPVAXIVE	$0	QL (0.5ml (1 dose) per lifetime); Vaccine; AL (Min 18 Years)
HIBERIX INJECTION	$0	Vaccine
MENQUADFI INTRAMUSCULAR SOLUTION	$0	QL (1 dose (0.5ml) per 354 days); Vaccine; AL (Max 23 Years)
MENVEO	$0	Vaccine

Drug	Status	Notes
PEDVAX HIB INTRAMUSCULAR SUSPENSION	$0	Vaccine
PENBRAYA	$0	Vaccine; AL (Min 10 Years and Max 25 Years)
PNEUMOVAX 23 INJECTION INJECTABLE	$0	QL (2 doses (1ml) per year); Vaccine
PREVNAR 13	$0	QL (0.5ml (1 dose) per lifetime); Vaccine
PREVNAR 20	$0	QL (0.5ml (1 dose) per lifetime); Vaccine
TRUMENBA	$0	QL (3 doses (1.5ml) per year); Vaccine; AL (Min 10 Years and Max 26 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	$0	Vaccine
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	$0	Vaccine
VAXCHORA	$0	Vaccine
VAXNEUVANCE	$0	QL (0.5ml (1 dose) per lifetime); Vaccine
VIVOTIF	$0	QL (4 capsules per 5 years); Vaccine; AL (Min 6 Years)
Viral Vaccine Combinations**		
M-M-R II INJECTION	$0	Vaccine
PRIORIX	$0	Vaccine
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	$0	Vaccine
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (3 doses (3ml) per year); Vaccine; AL (Min 18 Years)
Viral Vaccines**		
ABRYSVO	$0	QL (1 dose per lifetime); Vaccine; AL (Min 50 Years)
ACAM2000	$0	Vaccine
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
AREXVY	$0	QL (1 dose per lifetime); Vaccine; AL (Min 50 Years)
COMIRNATY	$0	Vaccine; AL (Min 12 Years)
DENGVAXIA	$0	Vaccine
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	$0	Vaccine
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	$0	Vaccine
FLUAD QUADRIVALENT	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 65 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (1 dose per 274 days); Vaccine; AL (Min 6 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	$0	QL (1 dose (0.5ml) per 274 days); Vaccine; AL (Min 9 Years)

Drug	Status	Notes
FLUCELVAX INTRAMUSCULAR SUSPENSION	$0	QL (1 dose per 274 days); Vaccine; AL (Min 6 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (1 dose per 274 days); Vaccine; AL (Min 6 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	$0	QL (1 dose (0.5ml) per 9 months); Vaccine; AL (Min 6 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (2 doses (1ml) per year); Vaccine; AL (Min 6 Years)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (1 dose per 274 days); Vaccine; AL (Min 6 Years)
FLUMIST	$0	QL (2 dose per 274 days); AL (Min 2 Years and Max 49 Years)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	AL (Min 65 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	$0	QL (1 dose (0.7ml) in 9 months); Vaccine; AL (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	AL (Min 6 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
GARDASIL 9	$0	QL (3 doses (1.5ml) per lifetime); Vaccine; AL (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	$0	QL (4 doses (4ml) per lifetime); Vaccine
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	$0	QL (4 doses (2ml) per lifetime); Vaccine
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (4 doses (2ml) per lifetime); Vaccine
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	$0	QL (3 doses (1.5ml) per year); Vaccine; AL (Min 18 Years)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0	Vaccine
IPOL INJECTION INJECTABLE	$0	Vaccine
IXCHIQ	$0	Vaccine
IXIARO	$0	Vaccine
JYNNEOS	$0	QL (2x 0.5 ML doses per year); Vaccine; AL (Min 18 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION	$0	QL (2 doses per year); Vaccine; AL (Min 6 Years and Max 11 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	AL (Min 6 Years and Max 11 Years)
MRESVIA	$0	QL (0.5ml (1 dose) per lifetime); AL (Min 60 Years)
novavax covid-19 vaccine intramuscular suspension	$0	QL (2 doses per year); Vaccine; AL (Min 12 Years)

Drug	Status	Notes
novavax covid-19 vaccine intramuscular suspension prefilled syringe	$0	QL (2 doses per year); AL (Min 12 Years)
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	$0	QL (2 doses per year); Vaccine; AL (Min 5 Years and Max 11 Years)
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml	$0	QL (2 doses per year); Vaccine; AL (Min 6 Years and Max 4 Years)
PREHEVBRIO	$0	Vaccine
RABAVERT	$0	Vaccine
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	$0	Vaccine
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	$0	Vaccine
ROTARIX ORAL SUSPENSION RECONSTITUTED	$0	Vaccine
ROTATEQ ORAL SOLUTION	$0	Vaccine
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	$0	QL (2 doses per lifetime); Vaccine; AL (Min 50 Years)
SPIKEVAX	$0	Vaccine; AL (Min 12 Years)
stamaril	$0	Vaccine
TICOVAC	$0	Vaccine
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	$0	QL (4 doses (2ml) per lifetime); Vaccine
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	$0	QL (4 doses (4ml) per lifetime); Vaccine
VARIVAX SUBCUTANEOUS	$0	QL (2 doses per year); Vaccine
VIMKUNYA	$0	Vaccine; AL (Min 12 Years)
YF-VAX SUBCUTANEOUS INJECTABLE	$0	Vaccine
Vaginal And Related Products		
Imidazole-Related Antifungals**		
GYNAZOLE-1	4	F
miconazole 3 vaginal suppository	3	
terconazole vaginal cream	1	
terconazole vaginal suppository	1	F
Miscellaneous Vaginal Products**		
INTRAROSA	3	
Spermicides**		
ENCARE VAGINAL SUPPOSITORY	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
OPTIONS GYNOL II CONTRACEPTIVE	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
TODAY SPONGE	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	$0	ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Vaginal Anti-Infectives**		
CLEOCIN VAGINAL CREAM	3	QL (1x 40gm tube per 7 days); DS (7 day supply max); F
CLEOCIN VAGINAL SUPPOSITORY	3	QL (3 suppositories per month); F
clindamycin phosphate vaginal	1	QL (40gm per 7 days); DS (7 day supply max); F
CLINDESSE	3	F
metronidazole vaginal	1	QL (1x 70gm tube per month); F
NUVESSA	3	QL (5gm per 30 days); F; AL (Min 12 Years)
VANDAZOLE	3	QL (1x 70gm tube per month); F
XACIATO	4	QL (8gm per 30 days)
Vaginal Contraceptive Ph Modulator - Combinations**		
PHEXXI	4	QL (1 box of 12 units (60gm)); DS (30 day supply max); F
Vaginal Estrogens**		
ESTRACE VAGINAL	2	F
estradiol vaginal cream	1	F
estradiol vaginal tablet	3	F
ESTRING VAGINAL RING 7.5 MCG/24HR	3	QL (1 vaginal ring per month); DS (90 day supply max); F
FEMRING	3	QL (1 vaginal ring per 90 days); DS (90 day supply max); F
IMVEXXY MAINTENANCE PACK	VC	EDL Alt (alternative: Estrace (estradiol) vaginal cream 0.01%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
IMVEXXY STARTER PACK	VC	EDL Alt (alternative: Estrace (estradiol) vaginal cream 0.01%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PREMARIN VAGINAL	2	F
VAGIFEM VAGINAL TABLET 10 MCG	3	F
YUVAFEM	3	F
Vaginal Progestins**		
CRINONE	C	PA; DS (30 day supply max); F
ENDOMETRIN	VC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F

Drug	Status	Notes
Vasopressors		
Anaphylaxis Therapy Agents**		
ADRENALIN INJECTION SOLUTION 1 MG/ML	3	
ADRENALIN INJECTION SOLUTION 30 MG/30ML	3	HDHP
epinephrine (anaphylaxis) injection solution 1 mg/ml	3	
epinephrine (anaphylaxis) injection solution 30 mg/30ml	3	HDHP
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	4	QL (2 pens per month. Mylan Epinephrine is preferred product.)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	2	QL (2 pens per month. Mylan Epinephrine is preferred product.)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	2	QL (2 pens per month. Mylan Epinephrine is preferred product.)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	4	QL (2 pens per month. Mylan Epinephrine is preferred product.)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	4	QL (2 pens per month. Mylan Epinephrine is preferred product.)
NEFFY	4	PA
SYMJEPI	2	
Neurogenic Orthostatic Hypotension (Noh) - Agents**		
droxidopa capsule 100 mg oral	A	QL (3 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 - are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)
droxidopa capsule 200 mg oral	A	QL (6 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 - are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)
droxidopa capsule 300 mg oral	A	QL (6 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 - are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)
droxidopa oral capsule 100 mg	D	PA; QL (3 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 - are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)

Drug	Status	Notes
droxidopa oral capsule 200 mg, 300 mg	D	PA; QL (6 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 - are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)
NORTHERA ORAL CAPSULE 100 MG	D	PA; QL (3 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 - are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	D	PA; QL (6 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 - are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)
Vasopressors**		
epinephrine (anaphylaxis) solution 30 mg/30ml injection	3	
epinephrine pf injection solution	3	HDHP
midodrine hcl	1	
Vitamins		
Vitamin D**		
aqueous vitamin d oral liquid 10 mcg/ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
BABY DDROPS ORAL LIQUID 10 MCG /0.028ML, 10 MCG/0.03ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
baby super daily d3 oral liquid 10 mcg /0.028ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
baby vitamin d3 oral liquid 10 mcg /0.028ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
BIO-D-MULSION ORAL LIQUID 10 MCG/0.04ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
cholecalciferol oral tablet	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
cvs d3 oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
cvs vitamin d3 oral capsule 250 mcg (10000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
cvs vitamin d3 oral tablet chewable 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d 1000 oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d 1000 oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d 10000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d 400 oral tablet	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d 5000 oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d-1000 extra strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d2000 ultra strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 2000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 5000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 adult	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 baby drops	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
d3 extra strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 high potency	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 kids	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 max st	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 maximum strength oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3 super strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d3-1000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d-3-5	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
D3-50	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d-400	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d-5000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
DDROPS BOOSTER ORAL LIQUID 15 MCG /0.028ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 625 MCG (25000 UT)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
delta d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
DIALYVITE VITAMIN D 5000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
DIALYVITE VITAMIN D3 MAX	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
DRISDOL ORAL CAPSULE	4	

Drug	Status	Notes
D-VI-SOL ORAL LIQUID 10 MCG/ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d-vite pediatric	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
eq d3 drops infants/childrens	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
eql vitamin d3 gummies	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
eql vitamin d3 oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
ergocalciferol oral capsule	1	
ft vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
ft vitamin d3 rapid release	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp d 1000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp d 2000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp d3 oral capsule 250 mcg (10000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp d3 oral capsule 50 mcg (2000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp d3 oral tablet	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d maximum strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d oral tablet 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
gnp vitamin d super strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d3 extra strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
HEALTHY KIDS VITAMIN D3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
hm vitamin d3 oral tablet 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
IS-D 10,000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
KIDS FIRST VITAMIN D3 GUMMIES	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
kls d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
kp vitamin d oral capsule 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
kp vitamin d oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
kp vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
nat-rul vitamin d	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
natural vitamin d-3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
OPTIMAL D3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
OPTIMAL D3 M	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
OPURITY VITAMIN D	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
pharmacist choice d-vitamin	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
PRONUTRIENTS VITAMIN D3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
qc vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
ra vitamin d-3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
RADIANCE PLATINUM VITAMIN D3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
REPLESTA	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
REPLESTA NX	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
sm vitamin d	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
sm vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
sv vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
THERA-D 2000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
THERA-D 4000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
THERA-D RAPID REPLETION	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
true vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
UPSPRING BABY VIT D ORAL LIQUID 10 MCG /0.025ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
VITAJOY DAILY D GUMMIES	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
VITAMELTS VITAMIN D	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d (cholecalciferol) oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d (cholecalciferol) oral tablet	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamin d high potency	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d infant oral liquid 10 mcg/ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d oral capsule 50 mcg (2000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d oral liquid 10 mcg/ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
VITAMIN D-1000 MAX ST	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 adult gummies	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 fast dissolve	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
vitamin d3 gummies adult	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
VITAMIN D3 IMMUNE HEALTH	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 maximum strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d-3 oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg, 50 mcg (2000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 oral liquid 10 mcg/ml, 125 mcg/0.5ml, 125 mcg/ml, 25 mcg/spray, 30 mcg/15ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 20 mcg (800 unit), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 oral tablet dispersible	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 super strength oral tablet	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 ultra potency oral tablet 1250 mcg	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 ultra strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
WEEKLY-D	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
well vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
YUMVS VITAMIN D3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
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YUMVSKIDS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (1000 UT)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
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BlueCross BlueShield Arizona

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Notice of Nondiscrimination

Discrimination Is Against the Law

Blue Cross® Blue Shield® of Arizona (AZ Blue) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). **AZ Blue** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AZ Blue:

- 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 interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

If you believe that **AZ Blue** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Section 1557 Coordinator
P.O. Box 13466
Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711
or email us at **crc@azblue.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 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, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
This notice is available at AZ Blue's website: azblue.com/nondiscrimination-notice.

BlueCross BlueShield Arizona

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Aviso de no discriminación

La discriminación es ilegal

Blue Cross® Blue Shield® of Arizona (AZ Blue) cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad ni sexo (de conformidad con el alcance de la discriminación sexual descrita en la Sección 92.101[a][2] del Título 45 del Código de Regulaciones Federales [CFR]) (o sexo, que incluye las características sexuales, como rasgos intersexuales, embarazo o condiciones relacionadas, orientación sexual, identidad de género y estereotipos sexuales). **AZ Blue** no excluye a las personas ni las trata de manera menos favorable por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo.

AZ Blue:

- Brinda a las personas con discapacidades modificaciones razonables y ayudas y servicios auxiliares gratuitos y apropiados para comunicarse de manera eficaz con nosotros, tales como:
  - Intérpretes de lenguaje de señas calificados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, que pueden incluir:
  - Intérpretes calificados.
  - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, llame al 602-864-4884 para español y al 1-877-475-4799 para todos los demás idiomas y otras ayudas y servicios**.**

Si considera que **AZ Blue** no ha proporcionado estos servicios o ha discriminado de cualquier otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

Section 1557 Coordinator
P.O. Box 13466
Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

o bien, envíenos un correo electrónico a **crc@azblue.com**

Puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, el **Coordinador de la Sección 1557 de AZ Blue** está disponible para ayudar.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica a través del Portal de reclamos de la Oficina de Derechos Civiles, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o teléfono a:

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

Los formularios de reclamos están disponibles en http://www.hhs.gov/ocr/office/file/index.html. Este aviso está disponible en el sitio web de AZ Blue: azblue.com/nondiscrimination-notice.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

Navajo: Diné bee yániłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-877-475-4799.

Chinese Simplified: 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-475-4799 。

Chinese Traditional: 如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-475-4799。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

Korean: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-877-475-4799.

Thai: หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ"

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799 。

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