Plan for your best health

2023 Aetna Pharmacy Drug Guide
Advanced Control Plan - Aetna: Student Health CA

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

The formulary is updated annually in July. The formulary is subject to change. Previous versions are no longer in effect.

The Medical plan names to which this document applies to in the state of California are listed below:

Aetna Plan Name

Elect Choice® EPO
OA Elect Choice® EPO
Open Choice PPO

Aetna.com

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Definitions

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

Coinsurance means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

Deductible means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

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

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

Exception request means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

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

Formulary or **prescription drug list** means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

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

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

Non-formulary drug means a prescription drug that is not listed on this formulary.

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

Prescribing provider means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

Prescription means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

Prescription drug means a drug that by law requires a prescription.

Prior Authorization means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

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

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

How to use this guide

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

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

A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index; and

If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

- A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs;
- The generic name for a brand name drug is included after the brand name in parentheses and all lowercase italicized letters. (For example: COREG (*carvedilol*))
- If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase italicized letters; and (For example: *carvedilol*)
- If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized. (For example: *desogestrel-ethinyl estradiol* (Azurette)).
- Inclusion of a prescription drug on the formulary does not guarantee that your provider will prescribe the drug for a particular medical condition.
- Therapeutic categories and classes are based on the Medispan therapeutic classification system.

Your plan includes

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

What you can expect to pay

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

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

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

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

- **Generic – G (tier 1):** the lowest cost share
- **Preferred brand – PB (tier 2):** a slightly higher cost share
- **Non-preferred brand – NPB (tier 3):** a higher cost share
- **Specialty – SP (tier 4):** lower cost share for specialty drugs
- **Copay Exception – CE:** Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay, for example your copayments and maximum dollar amounts.

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

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

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

Have more questions about your pharmacy benefits?

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

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

Specialty Pharmacy Network

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

How to get started with a specialty pharmacy

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

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892 (TTY: 711)**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
  1. **Electronically:** Through e-prescribe
  2. **Fax: 1-800-323-2445**
  3. **Phone: 1-800-237-2767 (TTY: 711)**

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

CVS Caremark Mail Service Pharmacy™

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

Get started right away

You can submit your order using one of these options:

1. **Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
2. **Phone** — Call us toll-free, 24/7 at **1-888-792-3862 (TTY: 711)**. If you need the help of a telephone device for the hard of hearing, call **1-877-833-2779 (TTY: 711)**.
3. **Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

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

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

Frequently asked questions

How can I save on prescriptions?

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

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

What are generic drugs?

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

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

What is precertification/prior authorization (PA)?

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

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

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

What is step therapy (ST)?

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

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

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

What are quantity limits (QL)?

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

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

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

In certain cases, you or your prescriber can request a medical exception to the prior authorization, step therapy or quantity limits requirement or for a drug that's not covered on your plan. Coverage determinations will be made within 72 hours of receiving non-urgent requests. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours.

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

Medical exceptions which are approved for non-urgent requests will cover the duration of the prescription, including refills. Approved medical exceptions for exigent circumstances will provide coverage for the duration of the exigency.

If your request is denied you have the right to file an appeal using the process described in the notification letter.

If a determination is not made for a prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny the request thereafter.

In accordance with state law, members who are covered under small group health insurance policies and who have previously received approval from us for coverage of medications for the members' medical conditions will continue to have those medications covered, for as long as the prescriber continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the member's medical condition.

How can your provider request a medical exception?

The following options will provide detail to help request a medical exception.

- Submit their request through our secure provider website on **www.availity.com**.
- Call the Aetna Pharmacy prior authorization unit: Non-Specialty **1-800-294-5979 (TTY: 711)** or Specialty **1-866-814-5506 (TTY: 711)**.
- Fax the completed request form to: Non-Specialty **1-888-836-0730** or Specialty **1-866-249-6155**.
- Mail the completed request form to: Medical Exception to Pharmacy Prior Authorization Unit 1300 East Campbell Road Richardson, TX 75081

Can the formulary change during the year?

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

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

Pharmacy and Therapeutics (P&T) committee

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

How do you find a pharmacy?

You can find a pharmacy in two ways:

- **Online:** By logging onto your secure member website at **Aetna.com**.
- **By phone:** Call the toll-free number on your ID card. During regular business hours, a representative can assist you. Our automated telephone assistant can give you this information 24 hours a day.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call **1-888-802-3862 (TTY: 711)**.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable California and Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, ancestry, religion, sex, marital status, age, gender, gender identity, sexual orientation or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on race, color, national origin, ancestry, religion, sex, marital status, age, gender, gender identity, sexual orientation or disability, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator
P.O. Box 24030, Fresno, CA 93779
1-800-648-7817 (TTY: 711), Fax: 860-262-7705
CRCoordinator@aetna.com.

You can also file a complaint with the California Department of Insurance at **www.insurance.ca.gov**, or at: Consumer Services Division, 300 Spring Street South Tower, Los Angeles CA 90013, or at **1-800-927-HELP (4357)**, **TDD: 1-800-482-4TDD (4833)**.

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

TTY:711

English	**To access language services at no cost to you, call the number on your ID card.**
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የ ቋንቋ አገ ልግሎቶችን ያለክፍያ ለማግኘት፣ በሚታወቂያዎት ላይ ያለወን ቁጥር ይደወሉ፡ ፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d’identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᏩᎩᏍᏗ ᎦᏬᏂᎯᏍᏗ ᎢᏣᎾᏓᏛᏁᏗ Ꮭ ᎪᎱᏍᏗ ᏗᏣᎬᏩᏔᏁᏗ ᏱᎩ, ᎧᏥᎯᏏᏔᏅᏏ ᎾᏍᎩ ᏧᏐᏍᏗ ᏥᏕᎪᏪᏒ ᎤᎾᎢ ID ᏆᏂᏲᏍᏗ ᏣᏙᏒᎢ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કૉલ કરવો.

Hawaiian	No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gị
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၢ်ကျိာ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ် လၢတအိဉ်ဒီးအပှၤလၢနကဘဉ်ဟ့ဉ်အီၤအဂီၢ်,ကိးဘဉ်လိတဲစိနိဉ်ဂံၢ်လၢအအိဉ်လၢနခိဉ်ဂီၤ (ID) အလိၤန့ဉ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ṇan bōk jipañ kōn kajin ilo an ejjeḷọk wōṇean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T’áá ni nizaad k’ehjí bee níká a’doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílı̨́go nanitinígíí bee néého’dólzinígíí béésh bee hane’í biká’ígíí áajį’ hólne’.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kɔɔr yïn ran de wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ në ID kard duɔ̈n de tïït de nyin de panakim kɔ̈u.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.

Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeɓa a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je ɗon windi ha do ɗerowol maaɗa.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܐܢ ܡܒܩܫܐ ܬܠܘܢ ܥܠ ܡܠܦܢܘܬܐ ܕܡܫܪܬܐ ܠܫܢܢܐ ܡܓܢܐܝܬ، ܩܪܝܘܢ ܡܢܝܢܐ ܥܠ ܦܬܩܐ ܕܗܘܝܬܐ ܕܝܗܒܢ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau ʻoku ke fiema'u ta'etōtōngi ʻa e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika ʻoku hā atu ʻi ho'o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовнј отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער ID קארטל.
Yoruba	Láti ráyèsí àwọn iṣẹ́ èdè fún ọ lọ́fẹ̀ẹ́, pe nọ́mbà tó wà lórí káàdì ìdánimọ̀ rẹ.

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

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

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

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Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

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

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

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

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

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

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

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List of Abbreviations

CE: Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

G: Generic

NF: Non-formulary, not covered unless exception request granted

NPB: Non-Preferred Brand

PB: Preferred Brand

SP: Specialty

AL: Age Limit

IBC: Indication Based Coverage

LGC: Lowest Generic Copay Applies

N7: Drug tier when CE does not apply

N8: Drug Specific Coverage

PA: Prior Authorization

QL: Quantity Limit

QLR: Quantity Limit Restriction Based on Age

Select OTC: Select OTC Program if your pharmacy plan includes this program you may have coverage for products noted with a doctors prescription. Please see your plan benefit information for specific coverage details.

SPC : Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.

ST: Step Therapy

STX: Safer and/or more effective treatments are available

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna Student Health CA

The formulary is updated annually in July

07/01/2023

CE=Copay Exception | G=Generics | PB=Preferred Brands | NPB=Non-Preferred Brands | SP=Specialty | NF=Non-Formulary | PA=Prior Authorization | ST=Step Therapy | QL=Quantity Limits | AL=Age Limits | LGC=Lowest Generic Copay | N7=Drug tier when CE does not apply | Select OTC=You may have coverage for products noted with a doctor's prescription | SPC=Only available for select plans | IBC=Indication Based Coverage | QLR=Quantity Limit Restriction Based on Age | STX=Safer and/or more effective treatments are available | N8=Drug Specific Coverage

UPPERCASE: Brand name drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (*celecoxib*)	NF	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	G	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (*celecoxib (migraine)*)	NF	
GOUT		
allopurinol oral tablet 200 mg	NF	
probenecid oral tablet 500 mg	G	
GOUT - DRUGS TO TREAT GOUT		
allopurinol oral tablet 100 mg, 300 mg	G	N8 (Listing does not include certain NDCs)
colchicine oral capsule 0.6 mg	NF	
colchicine oral tablet 0.6 mg	G	QL (120 TABLETS per 25 DAYs)
colchicine-probenecid oral tablet 0.5-500 mg	G	
COLCRYS ORAL TABLET 0.6 MG (*colchicine*)	NF	
febuxostat oral tablet 40 mg, 80 mg	G	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (*pegloticase*)	SP	PA
MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*)	PB	QL (60 CAPSULES per 25 DAYs)
ULORIC ORAL TABLET 40 MG, 80 MG (*febuxostat*)	NF	
MISCELLANEOUS		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (*ziconotide acetate*)	SP	
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)	NF	
butalbital-acetaminophen oral capsule 50-300 mg	NF	
butalbital-acetaminophen oral tablet 50-325 mg	G	STX; QL (48 TABLETS per 25 DAYs)
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	NF	
butalbital-apap-caffeine oral tablet 50-325-40 mg	G	STX; QL (48 TABLETS per 25 DAYs)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	G	STX; N8 (Listing does not include certain NDCs); QL (48 CAPSULES per 25 DAYs)
ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*)	NPB	STX; QL (48 TABLETS per 25 DAYs)
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	NF	
NSAIDS		
diclofenac potassium oral capsule 25 mg	NF	
diclofenac potassium oral tablet 25 mg	NF	
diclofenac potassium(migraine) oral packet 50 mg	NF	
indomethacin oral capsule 25 mg, 50 mg	G	STX
ketoprofen oral capsule 25 mg, 50 mg	NF	
diclofenac potassium (Lofena Oral Tablet 25 Mg)	NF	
meloxicam oral capsule 10 mg, 5 mg	NF	
meloxicam oral suspension 7.5 mg/5ml	NF	
nabumetone oral tablet 500 mg	G	N8 (Listing does not include certain NDCs)
naproxen oral suspension 125 mg/5ml	NF	
naproxen oral tablet delayed release 500 mg	G	
sulindac oral tablet 150 mg, 200 mg	G	
ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	NF	
diclofenac potassium oral tablet 50 mg	G	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	G	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	G	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	G	
etodolac oral capsule 200 mg, 300 mg	G	
etodolac oral tablet 400 mg, 500 mg	G	
fenoprofen calcium oral capsule 200 mg, 400 mg	NF	
fenoprofen calcium oral tablet 600 mg	NF	
flurbiprofen oral tablet 100 mg, 50 mg	G	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	G	
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	NF	
INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*)	NF	
ketoprofen er oral capsule extended release 24 hour 200 mg	NF	
ketorolac tromethamine nasal solution 15.75 mg/spray	NF	
ketorolac tromethamine oral tablet 10 mg	G	QL (20 TABLETS per 25 DAYs)
LODINE ORAL TABLET 400 MG (*etodolac*)	NF	
meclofenamate sodium oral capsule 100 mg, 50 mg	G	
mefenamic acid oral capsule 250 mg	G	N8 (Listing does not include certain NDCs)
meloxicam oral tablet 15 mg, 7.5 mg	G	
nabumetone oral tablet 750 mg	G	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*)	NF	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (*naproxen*)	NF	
naproxen oral tablet 250 mg, 375 mg, 500 mg	G	
naproxen oral tablet delayed release 375 mg	G	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	NF	
naproxen sodium oral tablet 275 mg, 550 mg	G	
oxaprozin oral tablet 600 mg	G	
piroxicam oral capsule 10 mg, 20 mg	G	
RELAFEN DS ORAL TABLET 1000 MG (*nabumetone*)	NF	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	NF	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (*diclofenac*)	NF	
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (*diclofenac-misoprostol*)	NF	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	G	
DUEXIS ORAL TABLET 800-26.6 MG (*ibuprofen-famotidine*)	NF	
ibuprofen-famotidine oral tablet 800-26.6 mg	NF	
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	NF	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (*naproxen-esomeprazole*)	NF	
OPIOID AGONIST/ANTAGONIST		
pentazocine-naloxone hcl oral tablet 50-0.5 mg	G	STX; N8 (Subject to initial limit.); QL (120 TABLETS per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPIOID ANALGESICS		
acetaminophen-codeine oral tablet 300-15 mg	G	N8 (Subject to initial limit); QL (400 TABLETS per 25 DAYs)
acetaminophen-codeine oral tablet 300-30 mg	G	N8 (Subject to initial limit); QL (360 TABLETS per 25 Days)
acetaminophen-codeine oral tablet 300-60 mg	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 Days)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	NF	
DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*)	NPB	N8 (Subject to initial limit); QL (480 ML per 25 days)
DILAUDID ORAL TABLET 4 MG (*hydromorphone hcl*)	NPB	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	NF	
hydrocodone-ibuprofen oral tablet 10-200 mg	G	N8 (Subject to initial limit); QL (50 TABLETS per 25 days)
hydromorphone hcl oral liquid 1 mg/ml	G	N8 (Subject to initial limit); QL (480 ML per 25 days)
hydromorphone hcl oral tablet 4 mg	G	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
levorphanol tartrate oral tablet 3 mg	NF	
methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/Ml)	G	ST; QL (45 ML per 25 days)
methadone hcl oral solution 10 mg/5ml	G	ST; QL (225 ML per 25 days)
methadone hcl oral tablet 10 mg	G	ST; QL (30 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine sulfate (concentrate) oral solution 100 mg/5ml	G	N8 (Subject to initial limit); QL (135 ML per 25 days)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg	G	ST; QL (60 CAPSULES per 25 days)
morphine sulfate er oral capsule extended release 24 hour 100 mg	G	ST
morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg	G	ST; QL (30 CAPSULES per 25 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (*tapentadol hcl*)	NF	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (*tapentadol hcl*)	NF	
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg	G	ST; QL (60 TABLETS per 25 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 80 mg	G	ST
oxycodone-acetaminophen oral solution 5-325 mg/5ml	NF	
oxycodone-acetaminophen oral tablet 2.5-325 mg	G	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
oxycodone-acetaminophen oral tablet 7.5-300 mg	NF	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (*oxycodone hcl*)	NF	
SEGLENTIS ORAL TABLET 56-44 MG (*celecoxib-tramadol hcl*)	NF	
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl*)	NF	
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg	G	ST; QL (30 TABLETS per 25 days)
tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg	G	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tramadol hcl er oral tablet extended release 24 hour 100 mg	G	ST; QL (30 TABLETS per 25 days)
tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg	G	ST
tramadol hcl oral solution 5 mg/ml	NF	
tramadol-acetaminophen oral tablet 37.5-325 mg	G	N8 (Subject to initial limit); QL (40 TABLETS per 25 days)
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
acetaminophen-codeine oral solution 120-12 mg/5ml	G	N8 (Subject to initial limit); QL (2700 ML per 25 DAYs)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*)	NPB	PA; QL (120 LOZENGES per 25 DAYs)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*)	NF	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	G	N8 (Subject to initial limit); QL (300 CAPSULES per 25 DAYs)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	G	STX; N8 (Listing does not include certain NDCs); QL (48 CAPSULES per 25 DAYs)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	G	STX; QL (48 CAPSULES per 25 DAYs)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	G	STX; QL (48 CAPSULES per 25 DAYs)
butorphanol tartrate nasal solution 10 mg/ml	G	QL (2 BOTTLES per 25 DAYs)
codeine sulfate oral tablet 30 mg	G	N8 (Subject to initial limit); QL (42 TABLETS per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
codeine sulfate oral tablet 60 mg	NPB	N8 (Subject to initial limit); QL (42 TABLETS per 25 DAYs)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (*tramadol hcl*)	NPB	ST; QL (30 CAPSULES per 25 DAYs)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (*tramadol hcl*)	NPB	ST
DILAUDID ORAL TABLET 2 MG (*hydromorphone hcl*)	NPB	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs)
DILAUDID ORAL TABLET 8 MG (*hydromorphone hcl*)	NPB	N8 (Subject to initial limit); QL (60 TABLETS per 25 DAYs)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	G	PA; QL (120 LOZENGES per 25 DAYs)
fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	G	PA; QL (120 TABLETS per 25 DAYs)
fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	G	ST
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr	G	ST; QL (10 PATCHES per 25 DAYs)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*)	NF	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (*butalbital-apap-caff-cod*)	NPB	STX; QL (48 CAPSULES per 25 DAYs)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	NF	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	G	N8 (Subject to initial limit); QL (2700 ML per 25 DAYs)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	G	N8 (Subject to initial limit); QL (240 TABLETS per 25 DAYs)
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	G	N8 (Subject to initial limit); QL (50 TABLETS per 25 DAYs)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg	G	ST; QL (30 TABLETS per 25 DAYs)
hydromorphone hcl er oral tablet extended release 24 hour 32 mg	G	ST
hydromorphone hcl oral tablet 2 mg	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs)
hydromorphone hcl oral tablet 8 mg	G	N8 (Subject to initial limit); QL (60 TABLETS per 25 DAYs)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*hydrocodone bitartrate*)	NF	
levorphanol tartrate oral tablet 2 mg	NF	
meperidine hcl oral solution 50 mg/5ml	NF	
meperidine hcl oral tablet 50 mg	NF	
methadone hcl oral concentrate 10 mg/ml	G	QL (30 ML per 25 DAYs)
methadone hcl oral solution 5 mg/5ml	G	ST; QL (450 ML per 25 DAYs)
methadone hcl oral tablet 5 mg	G	ST; QL (90 TABLETS per 25 DAYs)
methadone hcl oral tablet soluble 40 mg	G	QL (9 TABLETS per 25 DAYs)
METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NPB	QL (30 ML per 25 DAYs)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	NPB	QL (30 ML per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	G	ST
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	G	ST; QL (30 CAPSULES per 25 DAYs)
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	G	ST
morphine sulfate er oral tablet extended release 15 mg, 30 mg	G	ST; QL (90 TABLETS per 25 DAYs)
morphine sulfate oral solution 10 mg/5ml	G	N8 (Subject to initial limit); QL (900 ML per 25 DAYs)
morphine sulfate oral solution 20 mg/5ml	G	N8 (Subject to initial limit); QL (675 ML per 25 DAYs)
morphine sulfate oral tablet 15 mg	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs)
morphine sulfate oral tablet 30 mg	G	N8 (Subject to initial limit); QL (90 TABLETS per 25 DAYs)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG (*morphine sulfate*)	NPB	ST
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (*morphine sulfate*)	NPB	ST; QL (90 TABLETS per 25 DAYs)
nalocet oral tablet 2.5-300 mg	NF	
OXAYDO ORAL TABLET 5 MG, 7.5 MG (*oxycodone hcl*)	NF	
oxycodone hcl oral capsule 5 mg	G	N8 (Subject to initial limit); QL (180 CAPSULES per 25 DAYs)
oxycodone hcl oral concentrate 100 mg/5ml	G	N8 (Subject to initial limit); QL (90 ML per 25 DAYs)
oxycodone hcl oral solution 5 mg/5ml	G	N8 (Subject to initial limit); QL (900 ML per 25 DAYs)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxymorphone hcl oral tablet 5 mg	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*)	NF	
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	NF	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	NF	
QDOLO ORAL SOLUTION 5 MG/ML (*tramadol hcl*)	NF	
ROXICODONE ORAL TABLET 15 MG (*oxycodone hcl*)	NPB	N8 (Subject to initial limit); QL (120 TABLETS per 25 DAYs)
ROXICODONE ORAL TABLET 30 MG (*oxycodone hcl*)	NPB	N8 (Subject to initial limit); QL (60 TABLETS per 25 DAYs)
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	NF	
tramadol hcl oral tablet 100 mg	NF	
tramadol hcl oral tablet 50 mg	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (*oxycodone*)	PB	ST; QL (60 CAPSULES per 25 DAYs)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (*oxycodone*)	PB	ST
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG (*buprenorphine hcl*)	PB	ST; QL (60 FILMS per 25 DAYs)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG (*buprenorphine hcl*)	PB	ST
buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	G	ST; QL (4 PATCHES per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr	G	ST
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (*buprenorphine*)	NF	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (*buprenorphine*)	SP	
SALICYLATES		
aspirin childrens oral tablet chewable 81 mg	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Min 12 Years and Max 59 Years)
aspirin oral tablet delayed release 81 mg	CE	N7 (Not Covered); QL (100 TABLETS per 30 Days); AL (Min 12 Years and Max 59 Years)
diflunisal oral tablet 500 mg	G	N8 (Listing does not include certain NDCs)
VISCOSUPPLEMENTS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (*sodium hyaluronate (viscosup)*)	SP	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	SP	PA
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (*cross-linked hyaluronate*)	NF	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (*sodium hyaluronate (viscosup)*)	SP	PA
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (*hyaluronan*)	NF	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (*hyaluronan*)	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (*hyaluronan*)	NF	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	SP	PA
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (*hylan*)	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (*hylan*)	NF	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTHELMINTICS - DRUGS FOR WORM INFECTION		
albendazole oral tablet 200 mg	G	QL (336 TABLETS per 365 days)
BILTRICIDE ORAL TABLET 600 MG (*praziquantel*)	NPB	QL (24 TABLETS per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*)	NPB	QL (12 TABLETS per 365 days)
ivermectin oral tablet 3 mg	G	
praziquantel oral tablet 600 mg	G	QL (24 TABLETS per 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (*amikacin sulfate liposome*)	SP	PA
HUMATIN ORAL CAPSULE 250 MG (*paromomycin sulfate*)	NF	
neomycin sulfate oral tablet 500 mg	G	
paromomycin sulfate oral capsule 250 mg	G	
sulfadiazine oral tablet 500 mg	NF	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	G	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	G	
tinidazole oral tablet 250 mg, 500 mg	G	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
BREXAFEMME ORAL TABLET 150 MG (*ibrexafungerp citrate*)	NPB	ST; QL (4 TABLETS per 7 DAYs)
CRESEMBA ORAL CAPSULE 186 MG (*isavuconazonium sulfate*)	NF	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	G	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	G	
flucytosine oral capsule 250 mg	G	STX
flucytosine oral capsule 500 mg	NF	
griseofulvin microsize oral suspension 125 mg/5ml	G	N8 (Listing does not include certain NDCs)
griseofulvin microsize oral tablet 500 mg	G	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
itraconazole oral capsule 100 mg	G	
itraconazole oral solution 10 mg/ml	G	PA
KERYDIN EXTERNAL SOLUTION 5 % (*tavaborole*)	NF	
ketoconazole oral tablet 200 mg	G	PA; STX
NOXAFIL ORAL PACKET 300 MG (*posaconazole*)	NF	
NOXAFIL ORAL SUSPENSION 40 MG/ML (*posaconazole*)	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (*posaconazole*)	NF	
nystatin oral tablet 500000 unit	G	
posaconazole oral suspension 40 mg/ml	NF	
posaconazole oral tablet delayed release 100 mg	NF	
SPORANOX ORAL CAPSULE 100 MG (*itraconazole*)	NF	
SPORANOX ORAL SOLUTION 10 MG/ML (*itraconazole*)	NF	
terbinafine hcl oral tablet 250 mg	G	
tolsura oral capsule 65 mg	NF	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (*oteseconazole*)	NPB	PA; QL (18 CAPSULES per 336 DAYs)
voriconazole oral suspension reconstituted 40 mg/ml	G	
voriconazole oral tablet 200 mg, 50 mg	G	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*)	NF	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	G	
chloroquine phosphate oral tablet 250 mg, 500 mg	G	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	NF	
KRINTAFEL ORAL TABLET 150 MG (*tafenoquine succinate*)	NF	
mefloquine hcl oral tablet 250 mg	G	
primaquine phosphate oral tablet 26.3 (15 base) mg	G	
quinine sulfate oral capsule 324 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate oral solution 20 mg/ml	G	QL (900 ML per 30 DAYs)
abacavir sulfate oral tablet 300 mg	G	QL (60 TABLETS per 30 DAYs)
APTIVUS ORAL CAPSULE 250 MG (*tipranavir*)	NF	
atazanavir sulfate oral capsule 150 mg, 300 mg	G	QL (30 CAPSULES per 30 DAYs)
atazanavir sulfate oral capsule 200 mg	G	QL (60 CAPSULES per 30 DAYs)
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	PB	QL (60 TABLETS per 30 DAYs)
efavirenz oral capsule 200 mg, 50 mg	G	QL (90 CAPSULES per 30 DAYs)
efavirenz oral tablet 600 mg	G	QL (30 TABLETS per 30 days)
emtricitabine oral capsule 200 mg	G	QL (30 TABLETS per 30 DAYs)
EMTRIVA ORAL CAPSULE 200 MG (*emtricitabine*)	PB	QL (30 CAPSULES per 30 DAYs)
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	PB	QL (680 ML per 28 DAYs)
EPIVIR ORAL SOLUTION 10 MG/ML (*lamivudine*)	NPB	QL (900 ML per 30 DAYs)
EPIVIR ORAL TABLET 150 MG (*lamivudine*)	NPB	QL (60 TABLETS per 30 DAYs)
EPIVIR ORAL TABLET 300 MG (*lamivudine*)	NPB	QL (30 TABLETS per 30 DAYs)
etravirine oral tablet 100 mg	G	QL (120 TABLETS per 30 DAYs)
etravirine oral tablet 200 mg	G	QL (60 TABLETS per 30 DAYs)
fosamprenavir calcium oral tablet 700 mg	G	QL (120 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (*enfuvirtide*)	SP	PA; QL (60 VIALS per 30 DAYs)
INTELENCE ORAL TABLET 100 MG, 25 MG (*etravirine*)	PB	QL (120 TABLETS per 30 DAYs)
INTELENCE ORAL TABLET 200 MG (*etravirine*)	PB	QL (60 TABLETS per 30 DAYs)
ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*)	PB	QL (60 TABLETS per 30 DAYs)
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	PB	QL (60 PACKETS per 30 DAYs)
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	PB	QL (180 TABLETS per 30 DAYs)
lamivudine oral solution 10 mg/ml	G	QL (900 ML per 30 DAYs)
lamivudine oral tablet 150 mg	G	QL (60 TABLETS per 30 DAYs)
lamivudine oral tablet 300 mg	G	QL (30 TABLETS per 30 DAYs)
LEXIVA ORAL SUSPENSION 50 MG/ML (*fosamprenavir calcium*)	NF	
LEXIVA ORAL TABLET 700 MG (*fosamprenavir calcium*)	NF	
maraviroc oral tablet 150 mg	G	QL (60 TABLETS per 30 DAYs)
maraviroc oral tablet 300 mg	G	QL (120 TABLETS per 30 DAYs)
nevirapine er oral tablet extended release 24 hour 100 mg	G	QL (90 TABLETS per 30 DAYs)
nevirapine er oral tablet extended release 24 hour 400 mg	G	QL (30 TABLETS per 30 DAYs)
nevirapine oral suspension 50 mg/5ml	G	QL (1200 ML per 30 DAYs)
nevirapine oral tablet 200 mg	G	QL (60 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORVIR ORAL PACKET 100 MG (*ritonavir*)	PB	QL (360 PACKETS per 30 DAYs)
NORVIR ORAL TABLET 100 MG (*ritonavir*)	PB	QL (360 TABLETS per 30 DAYs)
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	NPB	QL (60 TABLETS per 30 DAYs)
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir*)	PB	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (*darunavir*)	PB	QL (180 TABLETS per 30 days)
PREZISTA ORAL TABLET 600 MG (*darunavir*)	PB	QL (60 TABLETS per 30 days)
PREZISTA ORAL TABLET 75 MG (*darunavir*)	PB	QL (300 TABLETS per 30 days)
PREZISTA ORAL TABLET 800 MG (*darunavir*)	PB	QL (30 TABLETS per 30 days)
RETROVIR ORAL CAPSULE 100 MG (*zidovudine*)	NPB	QL (180 CAPSULES per 30 DAYs)
RETROVIR ORAL SYRUP 50 MG/5ML (*zidovudine*)	NPB	QL (1800 ML per 30 DAYs)
REYATAZ ORAL CAPSULE 200 MG (*atazanavir sulfate*)	NPB	QL (60 CAPSULES per 30 DAYs)
REYATAZ ORAL CAPSULE 300 MG (*atazanavir sulfate*)	NPB	QL (30 CAPSULES per 30 DAYs)
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	NPB	QL (180 PACKETS per 30 DAYs)
ritonavir oral tablet 100 mg	G	QL (360 TABLETS per 30 DAYs)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (*fostemsavir tromethamine*)	NPB	QL (60 TABLETS per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML (*maraviroc*)	NF	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG (*maraviroc*)	NF	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	G	QL (60 CAPSULES per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (*lenacapavir sodium*)	NPB	QL (4 TABLETS per 2 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (*lenacapavir sodium*)	NPB	QL (5 TABLETS per 8 days)
SUSTIVA ORAL TABLET 600 MG (*efavirenz*)	NPB	QL (30 TABLETS per 30 DAYs)
tenofovir disoproxil fumarate oral tablet 300 mg	G	QL (30 TABLETS per 30 DAYs)
TIVICAY ORAL TABLET 10 MG (*dolutegravir sodium*)	PB	QL (240 TABLETS per 30 DAYs)
TIVICAY ORAL TABLET 25 MG, 50 MG (*dolutegravir sodium*)	PB	QL (60 TABLETS per 30 DAYs)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	PB	QL (360 TABLETS per 30 DAYs)
TYBOST ORAL TABLET 150 MG (*cobicistat*)	NPB	QL (30 TABLETS per 30 DAYs)
VIRACEPT ORAL TABLET 250 MG, 625 MG (*nelfinavir mesylate*)	NF	
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	NPB	QL (240 G per 30 DAYs)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (*tenofovir disoproxil fumarate*)	NPB	QL (30 TABLETS per 30 DAYs)
ZIAGEN ORAL SOLUTION 20 MG/ML (*abacavir sulfate*)	NPB	QL (900 ML per 30 DAYs)
ZIAGEN ORAL TABLET 300 MG (*abacavir sulfate*)	NPB	QL (60 TABLETS per 30 DAYs)
zidovudine oral capsule 100 mg	G	QL (180 CAPSULES per 30 days)
zidovudine oral syrup 50 mg/5ml	G	QL (1800 ML per 30 DAYs)
zidovudine oral tablet 300 mg	G	QL (60 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine oral tablet 600-300 mg	G	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	PB	QL (30 TABLETS per 30 DAYs)
CIMDUO ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	PB	QL (30 TABLETS per 30 DAYs)
COMBIVIR ORAL TABLET 150-300 MG (*lamivudine-zidovudine*)	NPB	QL (60 TABLETS per 30 DAYs)
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	NPB	QL (30 TABLETS per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	NPB	QL (30 TABLETS per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (*emtricitabine-tenofovir af*)	PB	N8 ($0 copay applies for pre-exposure prophylaxis only); QL (30 TABLETS per 30 DAYs)
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	PB	QL (30 TABLETS per 30 DAYs)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	G	QL (30 TABLETS per 30 Days)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	G	QL (30 TABLETS per 30 DAYs)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	G	QL (30 TABLETS per 30 DAYs)
emtricitabine-tenofovir df oral tablet 200-300 mg	CE	N7 (G); N8 ($0 copay applies for pre-exposure prophylaxis only); QL (30 TABLETS per 30 DAYs)
EPZICOM ORAL TABLET 600-300 MG (*abacavir sulfate-lamivudine*)	NPB	QL (30 TABLETS per 30 DAYs)
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	PB	QL (30 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	PB	QL (30 TABLETS per 30 DAYs)
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	NPB	QL (30 TABLETS per 30 DAYs)
KALETRA ORAL SOLUTION 400-100 MG/5ML (*lopinavir-ritonavir*)	NPB	QL (480 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG (*lopinavir-ritonavir*)	NPB	QL (300 TABLETS per 30 days)
KALETRA ORAL TABLET 200-50 MG (*lopinavir-ritonavir*)	NPB	QL (120 TABLETS per 30 DAYs)
lamivudine-zidovudine oral tablet 150-300 mg	G	QL (60 TABLETS per 30 DAYs)
lopinavir-ritonavir oral solution 400-100 mg/5ml	G	QL (480 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	G	QL (300 TABLETS per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	G	QL (120 TABLETS per 30 DAYs)
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	PB	QL (30 TABLETS per 30 DAYs)
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	PB	QL (30 TABLETS per 30 DAYs)
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	NPB	QL (30 TABLETS per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG (*efavirenz-lamivudine-tenofovir*)	NPB	QL (30 TABLETS per 30 DAYs)
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	NPB	QL (30 TABLETS per 30 DAYs)
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	PB	QL (30 TABLETS per 30 DAYs)
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	PB	QL (30 TABLETS per 30 DAYs)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (*abacavir-dolutegravir-lamivud*)	PB	QL (180 TABLETS per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamivudine oral tablet 100 mg	G	
LIVTENCITY ORAL TABLET 200 MG (*maribavir*)	SP	PA; QL (120 TABLETS per 30 days)
oseltamivir phosphate oral capsule 30 mg	G	QL (40 CAPSULES per 90 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	G	QL (20 CAPSULES per 90 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	G	QL (360 ML per 90 DAYs)
PREVYMIS ORAL TABLET 240 MG, 480 MG (*letermovir*)	NPB	QL (1 TAB per 1 DAY)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (*zanamivir*)	PB	QL (2 INHALERS per 90 days)
rimantadine hcl oral tablet 100 mg	G	
SITAVIG BUCCAL TABLET 50 MG (*acyclovir*)	NF	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML (*palivizumab*)	SP	PA
TAMIFLU ORAL CAPSULE 30 MG (*oseltamivir phosphate*)	NPB	QL (40 CAPSULES per 90 DAYs)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (*oseltamivir phosphate*)	NPB	QL (20 CAPSULES per 90 DAYs)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (*oseltamivir phosphate*)	NPB	QL (360 ML per 90 DAYs)
valacyclovir hcl oral tablet 1 gm, 500 mg	G	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (*valganciclovir hcl*)	NF	
VALCYTE ORAL TABLET 450 MG (*valganciclovir hcl*)	NF	
valganciclovir hcl oral solution reconstituted 50 mg/ml	G	PA; QL (1000 ML per 30 DAYs)
valganciclovir hcl oral tablet 450 mg	G	PA; QL (120 TABLETS per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG (*valacyclovir hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*)	SP	QL (30 TABLETS per 30 days)
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	NF	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (*baloxavir marboxil*)	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (*baloxavir marboxil*)	NF	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor oral capsule 250 mg, 500 mg	G	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	G	
cefadroxil oral capsule 500 mg	G	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	G	
cefadroxil oral tablet 1 gm	G	
cefdinir oral capsule 300 mg	G	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cefixime oral capsule 400 mg	G	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	G	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	G	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	G	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	
cefprozil oral tablet 250 mg, 500 mg	G	
cefuroxime axetil oral tablet 250 mg, 500 mg	G	
cephalexin oral capsule 250 mg, 500 mg	G	N8 (Listing does not include certain NDCs)
cephalexin oral capsule 750 mg	G	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	G	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	G	
erythromycin ethylsuccinate oral tablet 400 mg	G	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	G	
levofloxacin oral solution 25 mg/ml	G	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	G	
moxifloxacin hcl oral tablet 400 mg	G	
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (*sofosbuvir-velpatasvir*)	PB	PA; IBC (Preferred for all genotypes); QL (28 PELLETS per 28 DAYs)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (*sofosbuvir-velpatasvir*)	PB	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 DAYs)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (*ledipasvir-sofosbuvir*)	PB	PA; QL (28 PELLETS per 28 DAYs)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (*ledipasvir-sofosbuvir*)	PB	PA; IBC (Preferred for genotypes 1,4,5,6); QL (28 TABLETS per 28 DAYs)
ledipasvir-sofosbuvir oral tablet 90-400 mg	NF	
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	NF	
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	NF	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	SP	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	SP	PA
ribavirin oral capsule 200 mg	G	PA
ribavirin oral tablet 200 mg	G	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sofosbuvir-velpatasvir oral tablet 400-100 mg	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG (*sofosbuvir*)	SP	PA; QL (28 PELLETS per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG (*sofosbuvir*)	SP	PA; QL (28 TABLETS per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	SP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 DAYs)
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	SP	PA; ST; QL (28 TABLETS per 28 DAYs)
MISCELLANEOUS		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*nitazoxanide*)	NPB	QL (540 ML per 25 days); AL (Min 1 Years)
ALINIA ORAL TABLET 500 MG (*nitazoxanide*)	NPB	QL (20 TABLETS per 25 days); AL (Min 12 Years)
atovaquone oral suspension 750 mg/5ml	G	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	G	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	G	
colistimethate sodium (cba) injection solution reconstituted 150 mg	G	
dapsone oral tablet 100 mg, 25 mg	G	
DARAPRIM ORAL TABLET 25 MG (*pyrimethamine*)	NF	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*)	NF	
linezolid oral suspension reconstituted 100 mg/5ml	G	PA
linezolid oral tablet 600 mg	G	PA; N8 (Listing does not include certain NDCs)
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (*nitrofurantoin macrocrystal*)	NF	
MEPRON ORAL SUSPENSION 750 MG/5ML (*atovaquone*)	PB	
methenamine hippurate oral tablet 1 gm	G	
methenamine mandelate oral tablet 0.5 gm, 1 gm	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metronidazole oral capsule 375 mg	G	
metronidazole oral tablet 250 mg, 500 mg	G	
nitazoxanide oral tablet 500 mg	G	QL (20 TABLETS per 25 days); AL (Min 12 Years)
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	G	
nitrofurantoin monohyd macro oral capsule 100 mg	G	
nitrofurantoin oral suspension 25 mg/5ml	G	N8 (Listing does not include certain NDCs)
pentamidine isethionate inhalation solution reconstituted 300 mg	G	
pyrimethamine oral tablet 25 mg	G	
SIVEXTRO ORAL TABLET 200 MG (*tedizolid phosphate*)	NPB	PA
SOLOSEC ORAL PACKET 2 GM (*secnidazole*)	NF	
VANCOCIN ORAL CAPSULE 125 MG (*vancomycin hcl*)	NPB	QL (80 capsules per 10 days)
VANCOCIN ORAL CAPSULE 250 MG (*vancomycin hcl*)	NPB	QL (80 CAPSULES per 10 days)
vancomycin hcl oral capsule 125 mg, 250 mg	G	QL (80 CAPSULES per 10 days)
vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml	NF	
vancomycin hcl oral solution reconstituted 250 mg/5ml	NPB	QL (450 ML per 10 days)
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	NF	
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	PB	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*linezolid*)	NF	
ZYVOX ORAL TABLET 600 MG (*linezolid*)	NF	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin oral capsule 250 mg, 500 mg	G	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	G	
amoxicillin oral tablet 500 mg, 875 mg	G	
amoxicillin oral tablet chewable 125 mg, 250 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	G	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	G	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg	G	
amoxicillin-pot clavulanate oral tablet 875-125 mg	G	N8 (Listing does not include certain NDCs)
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	G	
ampicillin oral capsule 500 mg	G	
dicloxacillin sodium oral capsule 250 mg, 500 mg	G	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	G	
penicillin v potassium oral tablet 250 mg, 500 mg	G	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
demeclocycline hcl oral tablet 150 mg, 300 mg	G	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG (*doxycycline hyclate*)	NF	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG (*doxycycline hyclate*)	NF	
doxycycline hyclate oral capsule 100 mg, 50 mg	G	
doxycycline hyclate oral tablet 100 mg	G	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet 20 mg	G	N8 (Listing does not include certain NDCs)
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg	NF	
doxycycline monohydrate oral capsule 100 mg, 50 mg	G	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	G	
minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg	NF	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	NF	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	G	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	G	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (*minocycline hcl*)	NF	
NUZYRA ORAL TABLET 150 MG (*omadacycline tosylate*)	SP	PA; QL (30 TABLETS per 14 DAYs)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (*sarecycline hcl*)	NF	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (*minocycline hcl*)	NF	
doxycycline hyclate (Targadox Oral Tablet 50 Mg)	NF	
tetracycline hcl oral capsule 250 mg, 500 mg	G	QL (120 CAPSULES per 25 days)
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (*doxycycline monohydrate*)	NPB	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (*minocycline hcl*)	NF	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
cyclophosphamide oral capsule 25 mg, 50 mg	CE	N7 (G)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (*lomustine*)	CE	N7 (SP)
LEUKERAN ORAL TABLET 2 MG (*chlorambucil*)	CE	N7 (PB)
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	CE	N7 (SP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYLERAN ORAL TABLET 2 MG (*busulfan*)	CE	N7 (PB)
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	CE	PA; N7 (G)
ALKYLATING AGENTS - CHEMOTHERAPY DRUGS		
ALKERAN ORAL TABLET 2 MG (*melphalan*)	CE	N7 (NPB)
melphalan oral tablet 2 mg	CE	N7 (G)
ANTIMETABOLITES		
capecitabine oral tablet 150 mg, 500 mg	CE	PA; N7 (G)
INQOVI ORAL TABLET 35-100 MG (*decitabine-cedazuridine*)	CE	PA; N7 (SP); QL (5 TABLETS per 28 days)
LONSURF ORAL TABLET 15-6.14 MG (*trifluridine-tipiracil*)	CE	PA; N7 (SP); QL (100 TABLETS per 30 days)
LONSURF ORAL TABLET 20-8.19 MG (*trifluridine-tipiracil*)	CE	PA; N7 (SP); QL (80 TABLETS per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG (*azacitidine*)	CE	PA; N7 (SP); QL (14 TABLETS per 28 days)
TABLOID ORAL TABLET 40 MG (*thioguanine*)	CE	N7 (PB)
XELODA ORAL TABLET 150 MG, 500 MG (*capecitabine*)	CE	PA; ST; N7 (SP)
ANTIMETABOLITES - CHEMOTHERAPY DRUGS		
mercaptopurine oral tablet 50 mg	CE	N7 (G)
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	G	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	G	
methotrexate sodium injection solution reconstituted 1 gm	G	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	CE	PA; N7 (SP)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	CE	N7 (PB)
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	CE	N7 (SP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 50 MG (*venetoclax*)	CE	PA; N7 (SP); QL (120 TABLETS per 30 DAYs)
VENCLEXTA ORAL TABLET 100 MG (*venetoclax*)	CE	PA; N7 (SP); QL (180 TABLETS per 30 DAYs)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (*venetoclax*)	CE	PA; N7 (SP); QL (1 PACK per 28 DAYs)
BIOLOGIC RESPONSE MODIFIERS		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	SP	PA; QL (2 SYRINGES per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG (*glasdegib maleate*)	CE	N7 (NF)
ERIVEDGE ORAL CAPSULE 150 MG (*vismodegib*)	CE	PA; N7 (SP); QL (30 CAPSULES per 30 DAYs)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	CE	PA; N7 (SP); QL (21 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*lenalidomide*)	CE	PA; N7 (SP); QL (28 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG (*lenalidomide*)	CE	PA; N7 (SP); QL (21 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	SP	PA; QL (28 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG (*thalidomide*)	SP	PA; QL (56 CAPSULES per 28 days)
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate oral tablet 250 mg	CE	PA; N7 (SP); QL (120 TABLETS per 30 DAYs)
abiraterone acetate oral tablet 500 mg	CE	PA; N7 (SP); QL (60 TABLETS per 30 DAYs)
anastrozole oral tablet 1 mg	CE	N7 (G); AL (Min 35 Years)
bicalutamide oral tablet 50 mg	CE	N7 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	SP	PA
ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	SP	PA
ELIGARD SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	SP	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*)	SP	PA
ERLEADA ORAL TABLET 240 MG (*apalutamide*)	CE	PA; N7 (SP); QL (30 TABLETS per 30 DAYs)
ERLEADA ORAL TABLET 60 MG (*apalutamide*)	CE	PA; N7 (SP); QL (120 TABLETS per 30 DAYs)
EULEXIN ORAL CAPSULE 125 MG (*flutamide*)	CE	N7 (NF)
exemestane oral tablet 25 mg	CE	N7 (G); AL (Min 35 Years)
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (*fulvestrant*)	SP	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	NF	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	NF	
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	SP	PA
letrozole oral tablet 2.5 mg	CE	N7 (G)
leuprolide acetate injection kit 1 mg/0.2ml	G	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (*leuprolide acetate*)	SP	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (*leuprolide acetate*)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate (3 month)*)	SP	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (*leuprolide acetate (3 month)*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	NF	
LYSODREN ORAL TABLET 500 MG (*mitotane*)	CE	N7 (SP)
megestrol acetate oral suspension 40 mg/ml	CE	N7 (G)
megestrol acetate oral tablet 20 mg, 40 mg	CE	N7 (G)
NILANDRON ORAL TABLET 150 MG (*nilutamide*)	CE	N7 (NF)
nilutamide oral tablet 150 mg	CE	N7 (G)
NUBEQA ORAL TABLET 300 MG (*darolutamide*)	CE	PA; N7 (SP); QL (120 TABLETS per 30 DAYs)
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	CE	PA; N7 (SP); QL (30 TABLETS per 30 days)
ORSERDU ORAL TABLET 345 MG, 86 MG (*elacestrant hydrochloride*)	CE	N7 (NF)
tamoxifen citrate oral tablet 10 mg, 20 mg	CE	N7 (G); AL (Min 35 Years)
toremifene citrate oral tablet 60 mg	CE	N7 (G)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*)	NF	
XTANDI ORAL CAPSULE 40 MG (*enzalutamide*)	CE	PA; N7 (SP); QL (120 CAPSULES per 30 DAYs)
XTANDI ORAL TABLET 40 MG (*enzalutamide*)	CE	PA; N7 (SP); QL (120 TABLETS per 30 DAYs)
XTANDI ORAL TABLET 80 MG (*enzalutamide*)	CE	PA; N7 (SP); QL (60 TABLETS per 30 DAYs)
YONSA ORAL TABLET 125 MG (*abiraterone acetate micronized*)	CE	PA; N7 (SP); QL (120 TABLETS per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG (*abiraterone acetate*)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (*everolimus*)	CE	N7 (NF)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (*everolimus*)	CE	N7 (NF)
ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*)	CE	PA; N7 (SP); QL (240 CAPSULES per 30 DAYs)
ALUNBRIG ORAL TABLET 180 MG, 90 MG (*brigatinib*)	CE	PA; N7 (SP); QL (30 TABLETS per 30 DAYs)
ALUNBRIG ORAL TABLET 30 MG (*brigatinib*)	CE	PA; N7 (SP); QL (120 TABLETS per 30 DAYs)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*)	CE	PA; N7 (SP); QL (30 TABLETS per 30 DAYs)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (*avapritinib*)	CE	N7 (NF)
BALVERSA ORAL TABLET 3 MG (*erdafitinib*)	CE	PA; N7 (SP); QL (84 TABLETS per 28 DAYs)
BALVERSA ORAL TABLET 4 MG (*erdafitinib*)	CE	PA; N7 (SP); QL (56 TABLETS per 28 DAYs)
BALVERSA ORAL TABLET 5 MG (*erdafitinib*)	CE	PA; N7 (SP); QL (28 TABLETS per 28 DAYs)
BOSULIF ORAL TABLET 100 MG (*bosutinib*)	CE	PA; N7 (SP); QL (90 TABLETS per 30 DAYs)
BOSULIF ORAL TABLET 400 MG, 500 MG (*bosutinib*)	CE	PA; N7 (SP); QL (30 TABLETS per 30 DAYs)
BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*)	CE	PA; N7 (SP); QL (180 CAPSULES per 30 days)
BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*)	CE	PA; N7 (SP); QL (120 CAPSULES per 30 DAYs)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*)	CE	PA; N7 (SP); QL (30 TABLETS per 30 DAYs)
CALQUENCE ORAL TABLET 100 MG (*acalabrutinib maleate*)	CE	PA; N7 (SP); QL (60 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPRELSA ORAL TABLET 100 MG (*vandetanib*)	CE	PA; N7 (SP); QL (60 TABLETS per 30 DAYs)
CAPRELSA ORAL TABLET 300 MG (*vandetanib*)	CE	PA; N7 (SP); QL (30 TABLETS per 30 DAYs)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (*cabozantinib s-malate*)	CE	PA; N7 (SP); QL (56 CAPSULES per 28 DAYs)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (*cabozantinib s-malate*)	CE	PA; N7 (SP); QL (112 CAPSULES per 28 DAYs)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (*cabozantinib s-malate*)	CE	PA; N7 (SP); QL (1 KIT per 28 DAYs)
COPIKTRA ORAL CAPSULE 15 MG (*duvelisib*)	CE	PA; N7 (SP); QL (56 CAPSULES per 28 days)
COPIKTRA ORAL CAPSULE 25 MG (*duvelisib*)	CE	PA; N7 (SP); QL (56 CAPSULES per 28 DAYs)
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	CE	PA; N7 (SP); QL (63 TABLETS per 21 DAYs)
erlotinib hcl oral tablet 100 mg, 150 mg	CE	PA; N7 (SP); QL (30 TABLETS per 30 DAYs)
erlotinib hcl oral tablet 25 mg	CE	PA; N7 (SP); QL (60 TABLETS per 30 days)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	CE	PA; N7 (SP); QL (30 TABLETS per 30 DAYs)
everolimus oral tablet soluble 2 mg, 5 mg	CE	PA; N7 (SP); QL (60 TABLETS per 30 DAYs)
everolimus oral tablet soluble 3 mg	CE	PA; N7 (SP); QL (90 TABLETS per 30 DAYs)
EXKIVITY ORAL CAPSULE 40 MG (*mobocertinib succinate*)	CE	N7 (NF)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (*tivozanib hcl*)	CE	N7 (NF)
GAVRETO ORAL CAPSULE 100 MG (*pralsetinib*)	CE	PA; N7 (SP); QL (120 CAPSULES per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gefitinib oral tablet 250 mg	CE	PA; N7 (SP); QL (30 TABLETS per 30 DAYs)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (*afatinib dimaleate*)	CE	PA; N7 (SP); QL (30 TABLETS per 30 days)
GLEEVEC ORAL TABLET 100 MG, 400 MG (*imatinib mesylate*)	CE	N7 (NF)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (*palbociclib*)	CE	PA; N7 (SP); QL (21 CAPSULES per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (*palbociclib*)	CE	PA; N7 (SP); QL (21 TABLETS per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (*ponatinib hcl*)	CE	N7 (NF)
imatinib mesylate oral tablet 100 mg	CE	PA; N7 (G); QL (120 TABLETS per 30 days)
imatinib mesylate oral tablet 400 mg	CE	PA; N7 (G); QL (60 TABLETS per 30 DAYs)
IMBRUVICA ORAL CAPSULE 140 MG (*ibrutinib*)	CE	PA; N7 (SP); QL (90 CAPSULES per 30 DAYs)
IMBRUVICA ORAL CAPSULE 70 MG (*ibrutinib*)	CE	PA; N7 (SP); QL (30 CAPSULES per 30 DAYs)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (*ibrutinib*)	CE	PA; N7 (SP); QL (216 ML per 36 DAYs)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (*ibrutinib*)	CE	PA; N7 (SP); QL (30 TABLETS per 30 DAYs)
INLYTA ORAL TABLET 1 MG (*axitinib*)	CE	PA; N7 (SP); QL (240 TABLETS per 30 days)
INLYTA ORAL TABLET 5 MG (*axitinib*)	CE	PA; N7 (SP); QL (120 TABLETS per 30 DAYs)
INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*)	CE	N7 (NF)
IRESSA ORAL TABLET 250 MG (*gefitinib*)	CE	PA; N7 (SP); QL (30 TABLETS per 30 DAYs)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	CE	PA; N7 (SP); QL (60 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JAYPIRCA ORAL TABLET 100 MG, 50 MG (*pirtobrutinib*)	CE	N7 (NF)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	PA; N7 (SP); QL (63 TABLETS per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	PA; N7 (SP); QL (63 TABLETS per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	CE	PA; N7 (SP); QL (63 TABLETS per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	PA; N7 (SP); QL (49 TABLETS per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	PA; N7 (SP); QL (70 TABLETS per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	CE	PA; N7 (SP); QL (91 TABLETS per 28 days)
KOSELUGO ORAL CAPSULE 10 MG (*selumetinib sulfate*)	CE	PA; N7 (SP); QL (240 CAPSULES per 30 DAYs)
KOSELUGO ORAL CAPSULE 25 MG (*selumetinib sulfate*)	CE	PA; N7 (SP); QL (120 CAPSULES per 30 DAYs)
lapatinib ditosylate oral tablet 250 mg	CE	PA; N7 (SP); QL (180 TABLETS per 30 DAYs)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (*lenvatinib mesylate*)	CE	PA; N7 (SP); QL (30 CAPSULES per 30 DAYs)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (SP); QL (90 CAPSULES per 30 DAYs)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (SP); QL (60 CAPSULES per 30 DAYs)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (SP); QL (90 CAPSULES per 30 DAYs)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (*lenvatinib mesylate*)	CE	PA; N7 (SP); QL (60 CAPSULES per 30 DAYs)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (SP); QL (90 CAPSULES per 30 DAYs)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (SP); QL (30 CAPSULES per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (*lenvatinib mesylate*)	CE	PA; N7 (SP); QL (60 CAPSULES per 30 DAYs)
LORBRENA ORAL TABLET 100 MG (*lorlatinib*)	CE	PA; N7 (SP); QL (30 TABLETS per 30 DAYs)
LORBRENA ORAL TABLET 25 MG (*lorlatinib*)	CE	PA; N7 (SP); QL (90 TABLETS per 30 DAYs)
lytgobi (12 mg daily dose) oral tablet therapy pack 4 mg	CE	N7 (NF)
lytgobi (16 mg daily dose) oral tablet therapy pack 4 mg	CE	N7 (NF)
lytgobi (20 mg daily dose) oral tablet therapy pack 4 mg	CE	N7 (NF)
MEKINIST ORAL TABLET 0.5 MG, 2 MG (*trametinib dimethyl sulfoxide*)	CE	N7 (NF)
MEKTOVI ORAL TABLET 15 MG (*binimetinib*)	CE	PA; N7 (SP); QL (180 TABLETS per 30 days)
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	CE	PA; N7 (SP); QL (180 TABLETS per 30 DAYs)
NEXAVAR ORAL TABLET 200 MG (*sorafenib tosylate*)	CE	PA; N7 (SP); QL (120 TABLETS per 30 DAYs)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*)	CE	N7 (NF)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (*alpelisib*)	CE	PA; N7 (SP); QL (28 TABLETS per 28 DAYs)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (*alpelisib*)	CE	PA; N7 (SP); QL (56 TABLETS per 28 DAYs)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (*alpelisib*)	CE	PA; N7 (SP); QL (56 TABLETS per 28 DAYs)
QINLOCK ORAL TABLET 50 MG (*ripretinib*)	CE	N7 (NF)
RETEVMO ORAL CAPSULE 40 MG (*selpercatinib*)	CE	PA; N7 (SP); QL (60 TABLETS per 30 days)
RETEVMO ORAL CAPSULE 80 MG (*selpercatinib*)	CE	PA; N7 (SP); QL (120 TABLETS per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG (*entrectinib*)	CE	PA; N7 (SP); QL (30 CAPSULES per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROZLYTREK ORAL CAPSULE 200 MG (*entrectinib*)	CE	PA; N7 (SP); QL (90 CAPSULES per 30 DAYs)
RYDAPT ORAL CAPSULE 25 MG (*midostaurin*)	CE	PA; N7 (SP); QL (224 CAPSULES per 28 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG (*asciminib hcl*)	CE	N7 (NF)
sorafenib tosylate oral tablet 200 mg	CE	PA; N7 (SP); QL (120 TABLETS per 30 DAYs)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (*dasatinib*)	CE	PA; N7 (SP); QL (30 TABLETS per 30 DAYs)
SPRYCEL ORAL TABLET 20 MG (*dasatinib*)	CE	PA; N7 (SP); QL (90 TABLETS per 30 DAYs)
STIVARGA ORAL TABLET 40 MG (*regorafenib*)	CE	PA; N7 (SP); QL (84 TABLETS per 28 DAYs)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	CE	PA; N7 (SP); QL (30 CAPSULES per 30 DAYs)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (*sunitinib malate*)	CE	N7 (NF)
TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*)	CE	N7 (NF)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	CE	N7 (NF)
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	CE	PA; N7 (SP); QL (30 TABLETS per 30 DAYs)
TARCEVA ORAL TABLET 100 MG, 150 MG (*erlotinib hcl*)	CE	PA; N7 (SP); QL (30 TABLETS per 30 DAYs)
TARCEVA ORAL TABLET 25 MG (*erlotinib hcl*)	CE	PA; N7 (SP); QL (60 TABLETS per 30 DAYs)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (*nilotinib hcl*)	CE	N7 (NF)
TEPMETKO ORAL TABLET 225 MG (*tepotinib hcl*)	CE	N7 (NF)
TUKYSA ORAL TABLET 150 MG, 50 MG (*tucatinib*)	CE	PA; N7 (SP); QL (120 TABLETS per 30 DAYs)
TURALIO ORAL CAPSULE 125 MG (*pexidartinib hcl*)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYKERB ORAL TABLET 250 MG (*lapatinib ditosylate*)	CE	PA; N7 (SP); QL (180 TABLETS per 30 DAYs)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	CE	PA; N7 (SP); QL (56 TABLETS per 28 days)
VITRAKVI ORAL CAPSULE 100 MG (*larotrectinib sulfate*)	CE	PA; N7 (SP); QL (60 CAPSULES per 30 DAYs)
VITRAKVI ORAL CAPSULE 25 MG (*larotrectinib sulfate*)	CE	PA; N7 (SP); QL (180 CAPSULES per 30 DAYs)
VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*)	CE	PA; N7 (SP); QL (300 ML per 30 DAYs)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (*dacomitinib*)	CE	N7 (NF)
VONJO ORAL CAPSULE 100 MG (*pacritinib citrate*)	CE	PA; N7 (SP); QL (120 CAPSULES per 30 days)
VOTRIENT ORAL TABLET 200 MG (*pazopanib hcl*)	CE	N7 (NF)
XALKORI ORAL CAPSULE 200 MG, 250 MG (*crizotinib*)	CE	N7 (NF)
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	CE	PA; N7 (SP); QL (90 TABLETS per 30 DAYs)
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	CE	PA; N7 (SP); QL (240 TABLETS per 30 DAYs)
ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*)	CE	PA; N7 (SP); QL (60 TABLETS per 30 days)
ZYKADIA ORAL TABLET 150 MG (*ceritinib*)	CE	PA; N7 (SP); QL (90 TABLETS per 30 DAYs)
MISCELLANEOUS		
bexarotene oral capsule 75 mg	CE	PA; N7 (SP)
hydroxyurea oral capsule 500 mg	CE	N7 (G)
IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*)	CE	PA; N7 (SP); QL (30 TABLETS per 30 days)
KRAZATI ORAL TABLET 200 MG (*adagrasib*)	CE	N7 (NF)
LUMAKRAS ORAL TABLET 120 MG (*sotorasib*)	CE	PA; N7 (SP); QL (240 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUMAKRAS ORAL TABLET 320 MG (*sotorasib*)	CE	PA; N7 (SP); QL (90 TABLETS per 30 DAYs)
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	CE	PA; N7 (SP); QL (120 TABLETS per 30 days)
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	CE	PA; N7 (SP); QL (30 CAPSULES per 30 DAYs)
REZLIDHIA ORAL CAPSULE 150 MG (*olutasidenib*)	CE	N7 (NF)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (*rucaparib camsylate*)	CE	N7 (NF)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG (*omacetaxine mepesuccinate*)	SP	PA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*talazoparib tosylate*)	CE	N7 (NF)
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	CE	N7 (NF)
TAZVERIK ORAL TABLET 200 MG (*tazemetostat hbr*)	CE	N7 (NF)
TIBSOVO ORAL TABLET 250 MG (*ivosidenib*)	CE	PA; N7 (SP); QL (60 TABLETS per 30 days)
tretinoin oral capsule 10 mg	CE	N7 (G)
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	SP	QL (20 PACKETS per 5 DAYs)
WELIREG ORAL TABLET 40 MG (*belzutifan*)	CE	N7 (NF)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (*selinexor*)	CE	PA; N7 (SP); QL (8 TABLETS per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	CE	PA; N7 (SP); QL (4 TABLETS per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	CE	PA; N7 (SP); QL (8 TABLETS per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (*selinexor*)	CE	PA; N7 (SP); QL (4 TABLETS per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	PA; N7 (SP); QL (24 TABLETS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	CE	PA; N7 (SP); QL (8 TABLETS per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	CE	PA; N7 (SP); QL (32 TABLETS per 28 days)
ZEJULA ORAL CAPSULE 100 MG (*niraparib tosylate*)	CE	PA; N7 (SP); QL (90 CAPSULES per 30 days)
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	CE	PA; N7 (SP); QL (120 CAPSULES per 30 days)
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*)	CE	PA; N7 (SP); QL (3 CAPSULES per 28 DAYs)
PROTECTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	CE	N7 (G)
TOPOISOMERASE INHIBITORS		
etoposide oral capsule 50 mg	CE	N7 (G)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (*topotecan hcl*)	CE	PA; N7 (SP)
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	G	LGC
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	G	LGC
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	NF	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	G	LGC
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	G	LGC
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (*perindopril arg-amlodipine*)	NF	
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	G	LGC
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg	G	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*lisinopril-hydrochlorothiazide*)	NF	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	LGC
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	G	LGC
enalapril maleate oral solution 1 mg/ml	G	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	LGC
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	NF	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	G	LGC
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	LGC
lisinopril oral tablet 30 mg, 40 mg	G	
moexipril hcl oral tablet 15 mg, 7.5 mg	G	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	G	LGC
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	LGC
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	G	LGC
trandolapril oral tablet 1 mg, 2 mg, 4 mg	G	LGC
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGHBLOOD PRESSURE		
eplerenone oral tablet 25 mg, 50 mg	G	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	G	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	G	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	LGC; N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	G	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (*amlodipine-olmesartan*)	NF	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (*olmesartan medoxomil-hctz*)	NF	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	G	LGC
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (*losartan potassium-hctz*)	NF	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	G	LGC
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	G	LGC
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-25 mg, 80-12.5 mg	G	LGC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGSTO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	G	LGC
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	G	LGC
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (*candesartan cilexetil-hctz*)	NF	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (*valsartan-hydrochlorothiazide*)	NF	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	NF	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	NF	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	G	LGC
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (*telmisartan*)	NF	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	G	LGC
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	G	LGC
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	G	
disopyramide phosphate oral capsule 100 mg, 150 mg	G	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	SP	PA
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	G	
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	NF	
NORPACE ORAL CAPSULE 100 MG, 150 MG (*disopyramide phosphate*)	NF	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	G	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	G	
quinidine sulfate oral tablet 200 mg, 300 mg	NF	
sotalol hcl (af) oral tablet 120 mg	G	LGC
sotalol hcl (af) oral tablet 160 mg, 80 mg	G	
sotalol hcl oral tablet 120 mg, 80 mg	G	LGC
sotalol hcl oral tablet 160 mg, 240 mg	G	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (*dofetilide*)	SP	PA; ST
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL ORAL TABLET 180 MG (*bempedoic acid*)	PB	
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTILIPEMICS, BILE ACID RESINS		
colesevelam hcl oral packet 3.75 gm	G	
colesevelam hcl oral tablet 625 mg	G	
colestipol hcl oral granules 5 gm	G	
colestipol hcl oral packet 5 gm	G	
colestipol hcl oral tablet 1 gm	G	
ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine light oral packet 4 gm	G	
cholestyramine light oral powder 4 gm/dose	G	
cholestyramine oral packet 4 gm	G	
cholestyramine oral powder 4 gm/dose	G	N8 (Listing does not include certain NDCs)
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe oral tablet 10 mg	G	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
ZETIA ORAL TABLET 10 MG (*ezetimibe*)	NF	
ANTILIPEMICS, FIBRATES		
fenofibrate micronized oral capsule 130 mg	NF	
fenofibrate micronized oral capsule 43 mg	G	
fenofibrate oral capsule 150 mg	G	
fenofibrate oral capsule 50 mg	NF	
fenofibrate oral tablet 120 mg, 40 mg	NF	
fenofibrate oral tablet 54 mg	G	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	G	
fenofibric acid oral tablet 105 mg, 35 mg	G	
FENOGLIDE ORAL TABLET 120 MG (*fenofibrate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIBRICOR ORAL TABLET 105 MG (*fenofibric acid*)	NF	
gemfibrozil oral tablet 600 mg	G	LGC
TRICOR ORAL TABLET 145 MG, 48 MG (*fenofibrate*)	NF	
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
fenofibrate micronized oral capsule 134 mg, 67 mg	G	
fenofibrate micronized oral capsule 90 mg	NF	
fenofibrate oral capsule 200 mg	G	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg	G	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (*lovastatin*)	NF	
atorvastatin calcium oral tablet 10 mg, 20 mg	CE	LGC; N7 (G); AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	G	LGC
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NF	
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	NF	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	G	
fluvastatin sodium oral capsule 20 mg, 40 mg	G	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (*fluvastatin sodium*)	NF	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (*atorvastatin calcium*)	NF	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin calcium*)	NF	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	G	LGC
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	G	LGC
rosuvastatin calcium oral tablet 20 mg, 40 mg	G	LGC
simvastatin oral tablet 80 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (*pitavastatin magnesium*)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (*atorvastatin calcium*)	NF	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	NF	
pravastatin sodium oral tablet 80 mg	G	LGC
rosuvastatin calcium oral tablet 10 mg, 5 mg	G	LGC
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CE	LGC; N7 (G); AL (Min 40 Years and Max 75 Years)
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	G	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (*ezetimibe-rosuvastatin*)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg	NF	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
icosapent ethyl oral capsule 1 gm	NF	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (*lomitapide mesylate*)	NF	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	G	
NIACOR ORAL TABLET 500 MG (*niacin (antihyperlipidemic)*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
omega-3-acid ethyl esters oral capsule 1 gm	G	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (*icosapent ethyl*)	PB	N8 (Listing does not include certain NDCs)
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
icosapent ethyl oral capsule 0.5 gm	NF	
LOVAZA ORAL CAPSULE 1 GM (*omega-3-acid ethyl esters*)	NF	
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (*alirocumab*)	NF	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (*evolocumab*)	SP	PA; QL (1 CARTRIDGE per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (*evolocumab*)	SP	PA; QL (3 SYRINGES per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*evolocumab*)	SP	PA; QL (3 PENS per 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg	G	LGC
metoprolol-hydrochlorothiazide oral tablet 100-50 mg	G	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREATHIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol-chlorthalidone oral tablet 100-25 mg	G	
atenolol-chlorthalidone oral tablet 50-25 mg	G	N8 (Listing does not include certain NDCs)
bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg	G	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl oral capsule 200 mg, 400 mg	G	
atenolol oral tablet 100 mg, 25 mg, 50 mg	G	LGC
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	NF	
betaxolol hcl oral tablet 10 mg, 20 mg	G	
bisoprolol fumarate oral tablet 10 mg, 5 mg	G	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*)	NF	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	G	LGC
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	G	N8 (Listing does not include certain NDCs)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	NF	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	NF	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	NF	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	G	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	G	

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*)	NF	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	NF	
verapamil hcl er capsule extended release 24 hour 100 mg oral	NF	
verapamil hcl er capsule extended release 24 hour 100 mg oral	G	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	G	
verapamil hcl er oral tablet extended release 120 mg	G	LGC
verapamil hcl er oral tablet extended release 180 mg, 240 mg	G	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	G	LGC
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digoxin oral solution 0.05 mg/ml	G	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	G	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (*digoxin*)	NF	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
aliskiren fumarate oral tablet 150 mg, 300 mg	G	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG (*aliskiren-hydrochlorothiazide*)	PB	ST
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide er oral capsule extended release 12 hour 500 mg	G	
acetazolamide oral tablet 125 mg, 250 mg	G	
amiloride hcl oral tablet 5 mg	G	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	G	LGC
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	G	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	NF	
chlorthalidone oral tablet 25 mg, 50 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dichlorphenamide oral tablet 50 mg	SP	PA; QL (120 TABLETS per 30 DAYs)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (*triamterene*)	NF	
ethacrynic acid oral tablet 25 mg	G	
furosemide oral tablet 20 mg, 40 mg, 80 mg	G	LGC
hydrochlorothiazide oral capsule 12.5 mg	G	LGC
hydrochlorothiazide oral tablet 12.5 mg	G	
hydrochlorothiazide oral tablet 25 mg, 50 mg	G	LGC; N8 (Listing does not include certain NDCs)
indapamide oral tablet 1.25 mg, 2.5 mg	G	
KEVEYIS ORAL TABLET 50 MG (*dichlorphenamide*)	SP	PA; QL (120 TABLETS per 30 DAYs)
methazolamide oral tablet 25 mg, 50 mg	G	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	G	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (*torsemide*)	NF	
spironolactone oral tablet 100 mg, 50 mg	G	
spironolactone oral tablet 25 mg	G	LGC
spironolactone-hctz oral tablet 25-25 mg	G	
THALITONE ORAL TABLET 15 MG (*chlorthalidone*)	NF	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	G	
triamterene oral capsule 100 mg, 50 mg	G	
triamterene-hctz oral capsule 37.5-25 mg	G	LGC; N8 (Listing does not include certain NDCs)
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	G	LGC
HEART FAILURE		
BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*)	PB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	PB	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	G	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*)	PB	
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	SP	PA; QL (30 CAPSULES per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	NF	
MISCELLANEOUS		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG (*ranolazine*)	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*mavacamten*)	SP	PA; QL (30 CAPSULES per 30 days)
clonidine hcl er oral tablet extended release 24 hour 0.17 mg	NF	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	G	LGC
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	G	
DIBENZYLINE ORAL CAPSULE 10 MG (*phenoxybenzamine hcl*)	NPB	ST; QL (360 CAPSULES per 25 DAYs)
droxidopa oral capsule 100 mg	SP	PA; QL (90 CAPSULES per 30 DAYs)
droxidopa oral capsule 200 mg, 300 mg	SP	PA; QL (180 CAPSULES per 30 DAYs)
guanfacine hcl oral tablet 1 mg, 2 mg	G	
hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg	G	
hydralazine hcl oral tablet 25 mg	G	LGC
methyldopa oral tablet 250 mg, 500 mg	NF	
metyrosine oral capsule 250 mg	G	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	G	
minoxidil oral tablet 10 mg, 2.5 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (*clonidine hcl*)	NF	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (*droxidopa*)	NF	
phenoxybenzamine hcl oral capsule 10 mg	G	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	G	
VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*)	NPB	PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
GONITRO SUBLINGUAL PACKET 400 MCG (*nitroglycerin*)	NF	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (*isosorbide dinitrate*)	NF	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	G	
isosorbide dinitrate oral tablet 40 mg	NF	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	G	
isosorbide mononitrate oral tablet 10 mg, 20 mg	G	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	G	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	G	
nitroglycerin translingual solution 0.4 mg/spray	G	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	SP	PA; QL (90 TABLETS per 30 DAYs)
tadalafil (pah) (Alyq Oral Tablet 20 Mg)	SP	PA; QL (60 TABLETS per 30 DAYs)
ambrisentan oral tablet 10 mg, 5 mg	SP	PA; QL (30 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bosentan oral tablet 125 mg	SP	PA; QL (60 TABLETS per 30 days)
bosentan oral tablet 62.5 mg	SP	PA; QL (60 TABLETS per 30 DAYs)
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	SP	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	SP	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	NF	
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	SP	PA; QL (30 TABLETS per 30 DAYs)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	SP	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	SP	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (*treprostinil diolamine*)	SP	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	SP	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	NF	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	NF	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*sildenafil citrate*)	NF	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	NF	
sildenafil citrate intravenous solution 10 mg/12.5ml	SP	PA
sildenafil citrate oral suspension reconstituted 10 mg/ml	SP	PA; QL (784 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sildenafil citrate oral tablet 20 mg	G	PA; QL (360 TABLETS per 30 days)
tadalafil (pah) oral tablet 20 mg	SP	PA; QL (60 TABLETS per 30 DAYs)
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	NF	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	NF	
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	SP	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	NF	
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (*treprostinil*)	NF	
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	SP	PA; QL (28 AMPULES per 28 DAYs)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	SP	PA; QL (28 AMPULES per 28 DAYs)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	SP	PA; QL (28 AMPULES per 28 DAYs)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	SP	PA; QL (60 TABLETS per 30 DAYs)
UPTRAVI ORAL TABLET 200 MCG (*selexipag*)	SP	PA; QL (140 TABLETS per 28 DAYs)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	SP	PA; QL (1 PACK per 28 DAYs)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	SP	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (*iloprost*)	SP	PA; QL (270 AMPULES per 30 DAYs)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clomipramine hcl oral capsule 25 mg, 50 mg	G	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)
clomipramine hcl oral capsule 75 mg	G	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 days); AL (Max 65 Years)
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	G	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	G	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	G	QL (150 ML per 25 DAYs)
lorazepam oral tablet 0.5 mg	G	QL (150 TABLETS per 25 days)
lorazepam oral tablet 1 mg, 2 mg	G	QL (150 TABLETS per 25 DAYs)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG (*lorazepam*)	NPB	QL (150 CAPSULES per 25 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 3 MG (*lorazepam*)	NPB	QL (90 CAPSULES per 25 days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg	G	QL (120 CAPSULES per 25 DAYs)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (*alprazolam*)	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (*alprazolam*)	NF	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (*donepezil hcl*)	NF	
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	G	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	G	
ergoloid mesylates oral tablet 1 mg	G	STX

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (*rivastigmine*)	NPB	PA
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	G	
galantamine hydrobromide oral solution 4 mg/ml	G	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	G	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	G	PA; AL (Min 29 Years)
memantine hcl oral solution 2 mg/ml	G	PA; AL (Min 29 Years)
memantine hcl oral tablet 10 mg, 5 mg	G	PA; N8 (Listing does not include certain NDCs); AL (Min 29 Years)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	G	PA; AL (Min 29 Years)
NAMENDA ORAL TABLET 10 MG, 5 MG (*memantine hcl*)	NPB	PA; AL (Min 29 Years)
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (*memantine hcl*)	NPB	PA; AL (Min 29 Years)
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (*memantine hcl*)	NF	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG (*memantine hcl-donepezil hcl*)	PB	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	PB	PA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	G	PA
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	G	PA
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl oral tablet 10 mg	G	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 days); AL (Max 65 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg	G	N8 (Members 65 and older subject to PA); AL (Max 65 Years)
amitriptyline hcl oral tablet 25 mg	G	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
amitriptyline hcl oral tablet 50 mg	G	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
amoxapine oral tablet 100 mg, 25 mg, 50 mg	G	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 days); AL (Max 65 Years)
amoxapine oral tablet 150 mg	G	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (*dextromethorphan-bupropion*)	NF	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	G	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	G	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	NF	
bupropion hcl oral tablet 100 mg, 75 mg	G	
citalopram hydrobromide oral capsule 30 mg	NF	
citalopram hydrobromide oral solution 10 mg/5ml	G	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	G	LGC
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (*duloxetine hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg	G	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 days); AL (Max 65 Years)
desipramine hcl oral tablet 100 mg, 150 mg	G	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
desipramine hcl oral tablet 75 mg	G	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
desvenlafaxine er oral tablet extended release 24 hour 100 mg	NF	
desvenlafaxine er tablet extended release 24 hour 50 mg oral	NF	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	G	ST; QL (30 TABLETS per 25 days)
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg	G	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (90 CAPSULES per 25 days); AL (Max 65 Years)
doxepin hcl oral capsule 100 mg	G	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
doxepin hcl oral capsule 150 mg	G	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
imipramine hcl oral tablet 10 mg	G	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 days); AL (Max 65 Years)
imipramine hcl oral tablet 25 mg	G	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (120 TABLETS per 25 days); AL (Max 65 Years)
imipramine hcl oral tablet 50 mg	G	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
imipramine pamoate oral capsule 100 mg, 75 mg	G	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
imipramine pamoate oral capsule 125 mg, 150 mg	G	AL (Max 65 Years)
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (*escitalopram oxalate*)	NF	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	G	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	G	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	G	STX
NORPRAMIN ORAL TABLET 10 MG, 25 MG (*desipramine hcl*)	NPB	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 days); AL (Max 65 Years)
nortriptyline hcl oral capsule 10 mg	G	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nortriptyline hcl oral capsule 25 mg	G	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 days); AL (Max 65 Years)
nortriptyline hcl oral capsule 50 mg	G	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
nortriptyline hcl oral capsule 75 mg	G	AL (Max 65 Years)
nortriptyline hcl oral solution 10 mg/5ml	G	QLR (QL applies to members age 65 and older); QL (750 ML per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 10 MG (*nortriptyline hcl*)	NPB	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 25 MG (*nortriptyline hcl*)	NPB	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 50 MG (*nortriptyline hcl*)	NPB	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 75 MG (*nortriptyline hcl*)	NPB	AL (Max 65 Years)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg	G	
paroxetine hcl er oral tablet extended release 24 hour 37.5 mg	G	N8 (Listing does not include certain NDCs)
paroxetine hcl oral suspension 10 mg/5ml	NF	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	G	LGC; N8 (Listing does not include certain NDCs)
paroxetine mesylate oral capsule 7.5 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (*paroxetine hcl*)	NF	
PAXIL ORAL SUSPENSION 10 MG/5ML (*paroxetine hcl*)	NF	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine hcl*)	NF	
phenelzine sulfate oral tablet 15 mg	G	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (*desvenlafaxine succinate*)	NF	
protriptyline hcl oral tablet 10 mg	G	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
protriptyline hcl oral tablet 5 mg	G	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 days); AL (Max 65 Years)
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (*fluoxetine hcl*)	NF	
sertraline hcl oral capsule 150 mg, 200 mg	NF	
sertraline hcl oral concentrate 20 mg/ml	G	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	G	LGC
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	SP	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	SP	PA
tranylcypromine sulfate oral tablet 10 mg	G	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	G	
trimipramine maleate oral capsule 100 mg	G	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (30 CAPSULES per 25 days); AL (Max 65 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (*apomorphine hcl*)	NF	
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	NF	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	G	
bromocriptine mesylate oral capsule 5 mg	G	
bromocriptine mesylate oral tablet 2.5 mg	G	
carbidopa oral tablet 25 mg	G	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	G	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	G	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	G	
DHIVY ORAL TABLET 25-100 MG (*carbidopa-levodopa*)	NPB	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*)	SP	PA
entacapone oral tablet 200 mg	G	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*)	NF	
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	SP	PA; QL (300 CAPSULES per 30 DAYs)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*apomorphine hcl*)	SP	PA; QL (150 FILMS per 30 DAYs)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (*rotigotine*)	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*)	NF	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (*opicapone*)	NF	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (*amantadine hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	G	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	G	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	G	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	G	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	G	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (*carbidopa-levodopa*)	PB	
selegiline hcl oral capsule 5 mg	G	
selegiline hcl oral tablet 5 mg	G	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (*carbidopa-levodopa*)	NPB	
tolcapone oral tablet 100 mg	G	STX
trihexyphenidyl hcl oral solution 0.4 mg/ml	G	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	G	
XADAGO ORAL TABLET 100 MG, 50 MG (*safinamide mesylate*)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	NF	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (*aripiprazole*)	NF	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole*)	NF	
aripiprazole oral solution 1 mg/ml	G	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	G	
aripiprazole oral tablet dispersible 10 mg, 15 mg	G	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	NPB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	NPB	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	G	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (*lumateperone tosylate*)	NPB	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	NF	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	G	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	G	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*iloperidone*)	NPB	ST
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*)	NPB	ST
fluphenazine hcl oral concentrate 5 mg/ml	G	
fluphenazine hcl oral elixir 2.5 mg/5ml	G	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	G	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (*ziprasidone mesylate*)	NF	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (*ziprasidone hcl*)	NF	
haloperidol lactate oral concentrate 2 mg/ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	G	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (*paliperidone palmitate*)	NF	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 9 MG (*paliperidone*)	NPB	PA; QL (30 TABLETS per 25 DAYs)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (*paliperidone*)	NPB	PA; QL (60 TABLETS per 25 DAYs)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (*paliperidone palmitate*)	NF	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (*lurasidone hcl*)	NF	
loxapine succinate oral capsule 10 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
loxapine succinate oral capsule 25 mg, 50 mg	G	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	G	
NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*)	SP	PA; QL (30 CAPSULES per 30 days)
NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*)	SP	PA; QL (30 TABLETS per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	G	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	G	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	G	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	G	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*)	PB	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	G	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quetiapine fumarate oral tablet 150 mg	NF	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*brexpiprazole*)	NPB	PA; QL (30 TABLETS per 30 days)
risperidone oral solution 1 mg/ml	G	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	G	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*)	NPB	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (*asenapine*)	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	NF	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	G	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	G	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	G	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (*clozapine*)	NPB	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG (*cariprazine hcl*)	PB	PA; QL (60 CAPSULES per 25 days)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (*cariprazine hcl*)	PB	PA; QL (30 CAPSULES per 25 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (*cariprazine hcl*)	PB	PA; QL (60 CAPSULES per 25 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	G	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	G	
ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*)	PB	
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	NF	
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*)	NPB	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*)	NPB	PA
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	G	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	G	
carbamazepine oral suspension 100 mg/5ml	G	
carbamazepine oral tablet 200 mg	G	
carbamazepine oral tablet chewable 100 mg	G	
clobazam oral suspension 2.5 mg/ml	G	PA
clobazam oral tablet 10 mg, 20 mg	G	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	G	N8 (Listing does not include certain NDCs); QL (300 TABLETS per 25 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	G	QL (300 TABLETS per 25 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	G	QL (180 TABLETS per 25 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	NF	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	NF	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	NF	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (*stiripentol*)	NF	
DIACOMIT ORAL PACKET 250 MG, 500 MG (*stiripentol*)	NF	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (*diazepam*)	NF	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (*diazepam*)	NF	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	G	QL (240 ML per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diazepam oral solution 5 mg/5ml	G	QL (1200 ML per 25 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	G	QL (120 TABLETS per 25 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	G	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*)	NF	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (*phenytoin sodium extended*)	NF	
DILANTIN ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	NF	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	G	
divalproex sodium oral capsule delayed release sprinkle 125 mg	G	
divalproex sodium oral tablet delayed release 125 mg, 500 mg	G	
divalproex sodium oral tablet delayed release 250 mg	G	N8 (Listing does not include certain NDCs)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (*levetiracetam*)	NF	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	SP	PA; QL (800 ML per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML (*topiramate*)	NF	
ethosuximide oral capsule 250 mg	G	
ethosuximide oral solution 250 mg/5ml	G	
felbamate oral suspension 600 mg/5ml	G	
felbamate oral tablet 400 mg, 600 mg	G	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*)	NF	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (*perampanel*)	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*perampanel*)	PB	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	G	QL (6 CAPSULES per 1 day)
gabapentin oral solution 250 mg/5ml	G	QL (72 ML per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gabapentin oral tablet 600 mg	G	QL (6 TABLETS per 1 day)
gabapentin oral tablet 800 mg	G	QL (4 TABLETS per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML (*levetiracetam*)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (*levetiracetam*)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*clonazepam*)	NPB	QL (300 TABLETS per 25 days)
lacosamide oral solution 10 mg/ml	G	N8 (Listing does not include certain NDCs)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	G	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	NF	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	NF	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*)	NF	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
lamotrigine oral kit 25 & 50 & 100 mg	G	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	G	
lamotrigine oral tablet chewable 25 mg, 5 mg	G	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	G	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	G	QL (120 CAPSULES per 25 days)
pregabalin oral capsule 200 mg	G	QL (90 CAPSULES per 25 days)
pregabalin oral capsule 225 mg, 300 mg	G	QL (60 CAPSULES per 25 days)
pregabalin oral solution 20 mg/ml	G	QL (900 ML per 25 days)
primidone oral tablet 125 mg	NF	
primidone oral tablet 250 mg	G	
primidone oral tablet 50 mg	G	N8 (Listing does not include certain NDCs)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	NPB	
rufinamide oral suspension 40 mg/ml	G	PA
rufinamide oral tablet 200 mg, 400 mg	G	PA
SABRIL ORAL PACKET 500 MG (*vigabatrin*)	NF	
SABRIL ORAL TABLET 500 MG (*vigabatrin*)	NF	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	NF	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (*clobazam*)	NF	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (*carbamazepine*)	NF	
TEGRETOL ORAL TABLET 200 MG (*carbamazepine*)	NF	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (*carbamazepine*)	NF	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	G	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	G	
topiramate oral capsule sprinkle 15 mg, 25 mg	G	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (*oxcarbazepine*)	NF	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	NF	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	PB	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (*diazepam*)	NPB	QL (120 TABLETS per 25 days)
valproic acid oral capsule 250 mg	G	
valproic acid oral solution 250 mg/5ml	G	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (*diazepam*)	PB	QL (10 BLISTER per 25 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (*diazepam*)	PB	QL (10 BLISTER per 25 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (*diazepam*)	PB	QL (10 BLISTER per 25 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (*diazepam*)	PB	QL (10 BLISTER per 25 days)
vigabatrin oral packet 500 mg	SP	PA; QL (180 PACKETS per 30 days)
vigabatrin oral tablet 500 mg	SP	PA; QL (180 TABLETS per 30 days)
vigabatrin (Vigadrone Oral Packet 500 Mg)	SP	PA; QL (180 PACKETS per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	NF	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (*cenobamate*)	PB	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (*cenobamate*)	PB	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*cenobamate*)	PB	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (*cenobamate*)	PB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*)	NF	
ZONISADE ORAL SUSPENSION 100 MG/5ML (*zonisamide*)	NF	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	G	
ZTALMY ORAL SUSPENSION 50 MG/ML (*ganaxolone*)	NF	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (*amphetamine-dextroamphetamine*)	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (*amphetamine-dextroamphetamine*)	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*)	NF	
amphetamine sulfate oral tablet 10 mg, 5 mg	G	STX; QL (120 TABLETS per 25 days)
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 5 mg	G	QL (90 CAPSULES per 25 days)
amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg	G	QL (30 CAPSULES per 25 days)

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	G	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (*guanfacine hcl*)	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (*methylphenidate hcl*)	NF	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (*clonidine hcl*)	NF	
methamphetamine hcl oral tablet 5 mg	G	STX; QL (150 TABLETS per 25 DAYs)
METHYLIN ORAL SOLUTION 10 MG/5ML (*methylphenidate hcl*)	NPB	QL (900 ML per 25 DAYs)
METHYLIN ORAL SOLUTION 5 MG/5ML (*methylphenidate hcl*)	NPB	QL (1800 ML per 25 DAYs)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	G	QL (60 CAPSULES per 25 DAYs)
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	G	QL (30 CAPSULES per 25 DAYs)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg	G	QL (60 CAPSULES per 25 DAYs)
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg	G	QL (30 CAPSULES per 25 DAYs)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg	G	N8 (Listing does not include certain NDCs); QL (60 TABLETS per 25 days)
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg	NF	
methylphenidate hcl er (osm) oral tablet extended release 54 mg	G	N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 days)
methylphenidate hcl er (osm) oral tablet extended release 72 mg	NPB	QL (30 TABLETS per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	G	QL (60 CAPSULES per 25 DAYs)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	G	QL (30 CAPSULES per 25 DAYs)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	G	QL (90 TABLETS per 25 DAYs)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	NF	
methylphenidate hcl oral solution 10 mg/5ml	G	QL (900 ML per 25 DAYs)
methylphenidate hcl oral solution 5 mg/5ml	G	QL (1800 ML per 25 DAYs)
methylphenidate hcl oral tablet 10 mg, 5 mg	G	QL (180 TABLETS per 25 DAYs)
methylphenidate hcl oral tablet 20 mg	G	QL (90 TABLETS per 25 DAYs)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	G	QL (180 TABLETS per 25 DAYs)
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	NF	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (*amphetamine-dextroamphetamine*)	NF	
dextroamphetamine sulfate (Procentra Oral Solution 5 Mg/5Ml)	G	QL (1200 ML per 25 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*)	PB	QL (90 CAPSULES per 25 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (*methylphenidate hcl*)	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*)	NF	
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG (*methylphenidate hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG (*methylphenidate hcl*)	NPB	QL (60 CAPSULES per 25 DAYs)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (*methylphenidate hcl*)	NPB	QL (30 CAPSULES per 25 DAYs)
RITALIN ORAL TABLET 10 MG, 5 MG (*methylphenidate hcl*)	NPB	QL (180 TABLETS per 25 DAYs)
RITALIN ORAL TABLET 20 MG (*methylphenidate hcl*)	NPB	QL (90 TABLETS per 25 DAYs)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG (*atomoxetine hcl*)	NPB	QL (120 CAPSULES per 25 DAYs)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (*atomoxetine hcl*)	NPB	QL (30 CAPSULES per 25 DAYs)
STRATTERA ORAL CAPSULE 40 MG (*atomoxetine hcl*)	NPB	QL (60 CAPSULES per 25 DAYs)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (*lisdexamfetamine dimesylate*)	PB	QL (60 CAPSULES per 25 DAYs)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	PB	QL (30 CAPSULES per 25 DAYs)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (*lisdexamfetamine dimesylate*)	PB	QL (60 TABLETS per 25 DAYs)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	PB	QL (30 TABLETS per 25 DAYs)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (*dextroamphetamine*)	NF	
dextroamphetamine sulfate (Zenzedi Oral Tablet 15 Mg, 20 Mg)	G	QL (60 TABLETS per 25 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (*dextroamphetamine sulfate*)	G	QL (120 TABLETS per 25 days)
dextroamphetamine sulfate (Zenzedi Oral Tablet 30 Mg)	G	QL (30 TABLETS per 25 days)
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	NPB	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	NPB	ST
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (*zolpidem tartrate*)	NPB	ST; QL (15 TABLETS per 25 DAYs)
AMBIEN ORAL TABLET 10 MG, 5 MG (*zolpidem tartrate*)	NPB	ST; QL (15 TABLETS per 25 DAYs)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	NF	
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	NF	
DORAL ORAL TABLET 15 MG (*quazepam*)	NPB	STX; QL (15 TABLETS per 25 days)
doxepin hcl oral tablet 3 mg, 6 mg	G	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*)	NF	
estazolam oral tablet 1 mg, 2 mg	G	QL (15 TABLETS per 25 DAYs)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	G	QL (15 TABLETS per 25 DAYs)
HALCION ORAL TABLET 0.25 MG (*triazolam*)	NPB	QL (10 TABLETS per 25 DAYs)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	SP	PA; QL (5 ML per 1 DAY)
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	SP	PA; QL (30 CAPSULES per 30 DAYs)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (*eszopiclone*)	NF	
midazolam hcl oral syrup 2 mg/ml	G	
quazepam oral tablet 15 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUVIVIQ ORAL TABLET 25 MG, 50 MG (*daridorexant hcl*)	NF	
ramelteon oral tablet 8 mg	G	QL (15 TABLETS per 25 DAYs)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (*temazepam*)	NPB	QL (15 CAPSULES per 25 DAYs)
ROZEREM ORAL TABLET 8 MG (*ramelteon*)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	NF	
tasimelteon oral capsule 20 mg	SP	PA; QL (30 CAPSULES per 30 DAYs)
temazepam oral capsule 15 mg, 30 mg	G	QL (15 CAPSULES per 25 DAYs)
temazepam oral capsule 22.5 mg, 7.5 mg	G	QL (15 CAPSULES per 25 days)
triazolam oral tablet 0.125 mg, 0.25 mg	G	QL (10 TABLETS per 25 DAYs)
zaleplon oral capsule 10 mg, 5 mg	G	QL (15 CAPSULES per 25 DAYs)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	G	ST; QL (15 TABLETS per 25 DAYs)
zolpidem tartrate oral tablet 10 mg, 5 mg	G	QL (15 TABLETS per 25 DAYs)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	NF	
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (*erenumab-aooe*)	PB	ST; QL (1 SYRINGE per 25 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	ST; QL (3 SYRINGES per 75 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*)	PB	ST; QL (3 SYRINGES per 75 days)
almotriptan malate oral tablet 12.5 mg, 6.25 mg	G	QL (12 TABLETS per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAFERGOT ORAL TABLET 1-100 MG (*ergotamine-caffeine*)	NF	
dihydroergotamine mesylate injection solution 1 mg/ml	G	
dihydroergotamine mesylate nasal solution 4 mg/ml	NF	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	G	QL (12 TABLETS per 25 DAYs)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*)	PB	ST; QL (3 SYRINGES per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*)	PB	ST; N8 (Quantity limit will be 2 syringes for the initial month); QL (2 syringes first month, then 1 syringe per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*)	PB	ST; N8 (Quantity limit will be 2 syringes for the initial month); QL (2 syringes first month, then 1 syringe per 25 days)
FROVA ORAL TABLET 2.5 MG (*frovatriptan succinate*)	NPB	ST; QL (18 TABLETS per 25 DAYs)
frovatriptan succinate oral tablet 2.5 mg	G	QL (18 TABLETS per 25 days)
IMITREX NASAL SOLUTION 20 MG/ACT (*sumatriptan*)	NPB	ST; QL (12 SPRAYS per 25 DAYs)
IMITREX NASAL SOLUTION 5 MG/ACT (*sumatriptan*)	NPB	ST; QL (24 SPRAYS per 25 DAYs)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (*sumatriptan succinate*)	NPB	ST; QL (12 TABLETS per 25 DAYs)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML (*sumatriptan succinate*)	NPB	ST; QL (18 SYRINGES per 25 DAYs)

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zolmitriptan oral tablet 2.5 mg, 5 mg	G	QL (12 TABLETS per 25 DAYs)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	G	QL (12 TABLETS per 25 DAYs)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (*zolmitriptan*)	NPB	ST; QL (12 SPRAYS per 25 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (*zolmitriptan*)	NPB	ST; QL (12 TABLETS per 25 days)
MISCELLANEOUS		
DAYBUE ORAL SOLUTION 200 MG/ML (*trofinetide*)	SP	PA; QL (3600 ML per 30 DAYs)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*)	SP	PA; QL (2 BOTTLES per 24 DAYs)
EXSERVAN ORAL FILM 50 MG (*riluzole*)	NF	
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	SP	PA; QL (240 TABLETS per 30 DAYs)
lithium carbonate er oral tablet extended release 300 mg, 450 mg	G	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	G	
lithium carbonate oral tablet 300 mg	G	
MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*)	NF	
MESTINON ORAL TABLET 60 MG (*pyridostigmine bromide*)	NF	
pyridostigmine bromide er oral tablet extended release 180 mg	G	
pyridostigmine bromide oral solution 60 mg/5ml	G	
pyridostigmine bromide oral tablet 30 mg	NF	
pyridostigmine bromide oral tablet 60 mg	G	
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*)	SP	PA; QL (50 ML per 28 DAYs)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (*edaravone*)	SP	PA; QL (70 ML per 28 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELYVRIO ORAL PACKET 3-1 GM (*phenylbutyrate-taurursodiol*)	NF	
riluzole oral tablet 50 mg	G	
SKYCLARYS ORAL CAPSULE 50 MG (*omaveloxolone*)	NF	
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	NF	
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 9 MG (*deutetrabenazine*)	SP	PA; QL (120 TABLETS per 30 days)
AUSTEDO ORAL TABLET 6 MG (*deutetrabenazine*)	SP	PA; QL (60 TABLETS per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG (*deutetrabenazine*)	SP	PA; QL (120 TABLETS per 30 DAYs)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG (*deutetrabenazine*)	SP	PA; QL (60 TABLETS per 30 DAYs)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (*deutetrabenazine*)	SP	PA; QL (90 TABLETS per 30 DAYs)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*)	SP	PA; QL (30 CAPSULES per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*)	SP	PA; QL (1 PACK per 28 days)
tetrabenazine oral tablet 12.5 mg	SP	PA; QL (240 TABLETS per 30 days)
tetrabenazine oral tablet 25 mg	SP	PA; QL (120 TABLETS per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (*tetrabenazine*)	NF	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (*dalfampridine*)	SP	PA; ST; QL (60 TABLETS per 30 DAYs)
AUBAGIO ORAL TABLET 14 MG, 7 MG (*teriflunomide*)	PB	PA; QL (30 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	SP	PA; QL (4 SYRINGES per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	SP	PA; QL (4 SYRINGES per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*)	NF	
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	PB	PA; QL (14 INJECTIONS per 28 DAYs)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (*glatiramer acetate*)	PB	PA; QL (30 INJECTIONS per 30 DAYs)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (*glatiramer acetate*)	PB	PA; QL (12 SYRINGES per 28 DAYs)
dalfampridine er oral tablet extended release 12 hour 10 mg	SP	PA; QL (60 TABLETS per 30 days)
dimethyl fumarate oral capsule delayed release 120 mg	SP	PA; N8 (Listing does not include certain NDCs); QL (14 CAPSULES per 28 DAYs)
dimethyl fumarate oral capsule delayed release 240 mg	SP	PA; QL (60 CAPSULES per 30 DAYs)
dimethyl fumarate starter pack oral 120 & 240 mg	SP	PA; QL (1 KIT per 30 DAYs)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	NF	
fingolimod hcl oral capsule 0.5 mg	G	PA; QL (30 CAPSULES per 30 DAYs)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (*fingolimod hcl*)	PB	PA; QL (30 CAPSULES per 30 DAYs)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	G	PA; QL (30 INJECTIONS per 30 DAYs)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	G	PA; QL (12 SYRINGES per 28 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml)	G	PA; QL (30 INJECTIONS per 30 DAYs)
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/Ml)	G	PA; QL (12 SYRINGES per 28 DAYs)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*ofatumumab*)	SP	PA; QL (1 PEN per 28 DAYs)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	SP	PA; QL (20 TABLETS per 270 DAYs)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	SP	PA; QL (20 TABLETS per 270 DAYs)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	SP	PA; QL (20 TABLETS per 270 DAYs)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	SP	PA; QL (20 TABLETS per 270 DAYs)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	SP	PA; QL (20 TABLETS per 270 DAYs)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	SP	PA; QL (20 TABLETS per 270 DAYs)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	SP	PA; QL (20 TABLETS per 270 DAYs)
MAYZENT ORAL TABLET 0.25 MG (*siponimod fumarate*)	PB	PA; QL (12 TABLETS per 5 days)
MAYZENT ORAL TABLET 1 MG (*siponimod fumarate*)	PB	PA; QL (30 TABLETS per 30 days)
MAYZENT ORAL TABLET 2 MG (*siponimod fumarate*)	PB	PA; QL (30 TABLETS per 30 DAYs)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG (*siponimod fumarate*)	PB	PA; QL (7 TABLETS per 4 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (*siponimod fumarate*)	PB	PA; QL (12 tablets per 5 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	SP	PA; ST; QL (2 INJECTIONS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	SP	PA; ST; QL (2 INJECTIONS per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	SP	PA; ST; QL (2 INJECTIONS per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (*peginterferon beta-1a*)	SP	PA; ST; QL (2 INJECTIONS per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	SP	PA; ST; QL (2 INJECTIONS per 28 days)
PONVORY ORAL TABLET 20 MG (*ponesimod*)	SP	PA; QL (30 TABLETS per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (*ponesimod*)	SP	PA; QL (14 TABLETS per 14 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PB	PA; QL (12 PENS per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PB	PA; QL (1 BOX per 28 DAYs)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	PB	PA; QL (12 SYRINGES per 28 DAYs)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	PB	PA; QL (1 BOX per 28 DAYs)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (*fingolimod lauryl sulfate*)	NF	
TECFIDERA ORAL 120 & 240 MG (*dimethyl fumarate*)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*)	NF	
teriflunomide oral tablet 14 mg, 7 mg	G	PA; QL (30 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab*)	PB	PA; QL (1 VIAL per 28 DAYs)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*)	SP	PA; QL (120 CAPSULES per 30 DAYs)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (*ozanimod hcl*)	SP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (1 PACK per 7 days)
ZEPOSIA ORAL CAPSULE 0.92 MG (*ozanimod hcl*)	SP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (30 CAPSULES per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG (*ozanimod hcl*)	SP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (1 KIT per 30 days)
MUSCULOSKELETAL THERAPY AGENTS		
baclofen oral solution 5 mg/5ml	NF	
baclofen oral suspension 25 mg/5ml	NF	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	NF	
cyclobenzaprine hcl oral tablet 5 mg	G	
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (*baclofen*)	NF	
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG (*baclofen*)	NF	
metaxalone oral tablet 800 mg	G	
methocarbamol oral tablet 1000 mg	NF	
orphenadrine-aspirin-caffeine (Norgesic Oral Tablet 25-385-30 Mg)	NF	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	NF	
orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	NF	
tizanidine hcl oral tablet 2 mg, 4 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (*cyclobenzaprine hcl*)	NF	
baclofen oral tablet 10 mg, 20 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	G	N8 (Listing does not include certain NDCs); QL (84 TABLETS per 28 DAYs)
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	NF	
chlorzoxazone oral tablet 500 mg	G	N8 (Listing does not include certain NDCs)
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	NF	
cyclobenzaprine hcl oral tablet 10 mg	G	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	G	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*)	SP	PA
metaxalone oral tablet 400 mg	NF	
methocarbamol oral tablet 500 mg, 750 mg	G	N8 (Listing does not include certain NDCs)
norgesic forte oral tablet 50-770-60 mg	NF	
OZOBAX ORAL SOLUTION 5 MG/5ML (*baclofen*)	NF	
SOMA ORAL TABLET 250 MG, 350 MG (*carisoprodol*)	NPB	QL (84 TABLETS per 28 DAYs)
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	G	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (*incobotulinumtoxina*)	SP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	G	PA; QL (30 TABLETS per 25 DAYs)
armodafinil oral tablet 50 mg	G	PA; QL (60 TABLETS per 25 DAYs)
modafinil oral tablet 100 mg, 200 mg	G	PA; QL (60 TABLETS per 25 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (*armodafinil*)	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG (*modafinil*)	NF	
sodium oxybate oral solution 500 mg/ml	NF	
SUNOSI ORAL TABLET 150 MG, 75 MG (*solriamfetol hcl*)	PB	PA; QL (30 TABLETS per 25 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (*pitolisant hcl*)	SP	PA; QL (60 TABLETS per 30 days)
XYREM ORAL SOLUTION 500 MG/ML (*sodium oxybate*)	SP	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	SP	PA; QL (540 ML per 30 days)
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	G	QL (60 FILMS per 25 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	G	QL (90 FILMS per 25 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	CE	N7 (G); QL (90 TABLETS per 25 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG (*buprenorphine hcl-naloxone hcl*)	PB	QL (90 TABLET SUBLINGUAL per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (*buprenorphine hcl-naloxone hcl*)	PB	QL (30 TABLET SUBLINGUAL per 25 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	PB	QL (60 TABLET SUBLINGUAL per 25 days)
OPIOID ANTAGONIST		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*)	NPB	QL (4 SPRAYS per 25 days)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	G	
naloxone hcl injection solution cartridge 0.4 mg/ml	G	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	G	
naloxone hcl nasal liquid 4 mg/0.1ml	G	QL (4 SPRAYS per 25 days)
naltrexone hcl oral tablet 50 mg	CE	N7 (G)
NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*)	NPB	QL (4 SPRAYS per 25 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	SP	QL (380 MG per 28 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*)	NF	
OPIOID PARTIAL AGONISTS		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	CE	N7 (G); QL (90 TABLETS per 25 days)
POSTHERPETIC NEURALGIA (PHN)		
GRALISE ORAL TABLET 300 MG (*gabapentin (once-daily)*)	PB	ST; QL (150 TABLETS per 25 DAYs)
GRALISE ORAL TABLET 450 MG, 600 MG (*gabapentin (once-daily)*)	PB	ST; QL (90 TABLETS per 25 DAYs)
GRALISE ORAL TABLET 750 MG, 900 MG (*gabapentin (once-daily)*)	PB	ST; QL (60 TABLETS per 25 DAYs)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (*gabapentin enacarbil*)	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (*pregabalin*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	NF	
PSYCHOTHERAPEUTIC DRUGS		
cvs nicotine mouth/throat gum 4 mg	CE	N7 (Not Covered); N8 ($0 limited to 2 treatment cycles/year); QL (2 treatment cycles per 365 days)
cvs nicotine polacrilex mouth/throat lozenge 4 mg	CE	N7 (Not Covered); N8 ($0 limited to 2 treatment cycles/year); QL (2 treatment cycles per 365 days)
cvs nicotine transdermal patch 24 hour 14 mg/24hr	CE	N7 (Not Covered); N8 ($0 limited to 2 treatment cycles/year); QL (2 treatment cycles per 365 days)
PSYCHOTHERAPEUTIC-MISC		
ADDYI ORAL TABLET 100 MG (*flibanserin*)	NPB	SPC
chlordiazepoxide-amitriptyline oral tablet 10-25 mg	G	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg	G	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 days); AL (Max 65 Years)
cvs nicotine transdermal patch 24 hour 21 mg/24hr	CE	N7 (Not Covered); N8 ($0 limited to 2 treatment cycles/year); QL (2 TREATMENT per 365 DAYs)
LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*)	NPB	QL (16 TABLETS per 1 DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (*olanzapine-samidorphan*)	NPB	
NUEDEXTA ORAL CAPSULE 20-10 MG (*dextromethorphan-quinidine*)	NF	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	G	STX
perphenazine-amitriptyline oral tablet 2-10 mg	G	QLR (QL applies to members age 65 and older); QL (150 TABLET per 25 days); AL (Max 65 Years)
perphenazine-amitriptyline oral tablet 2-25 mg, 4-25 mg	G	QLR (QL applies to members age 65 and older); QL (60 TABLET per 25 days); AL (Max 65 Years)
perphenazine-amitriptyline oral tablet 4-10 mg	G	QLR (QL applies to members age 65 and older); QL (120 TABLET per 25 days); AL (Max 65 Years)
perphenazine-amitriptyline oral tablet 4-50 mg	G	QLR (QL applies to members age 65 and older); QL (30 TABLET per 25 days); AL (Max 65 Years)
pimozide oral tablet 1 mg, 2 mg	G	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (*bremelanotide acetate*)	NF	
SMOKING DETERRENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	CE	N7 (G); N8 ($0 limited to 2 treatment cycles/year); QL (2 TREATMENT per 365 days)
cvs nicotine polacrilex mouth/throat gum 2 mg	CE	N7 (Not Covered); N8 ($0 limited to 2 treatment cycles/year); QL (2 TREATMENT per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs nicotine polacrilex mouth/throat lozenge 2 mg	CE	N7 (Not Covered); N8 ($0 limited to 2 treatment cycles/year); QL (2 TREATMENT per 365 days)
cvs nicotine transdermal patch 24 hour 7 mg/24hr	CE	N7 (Not Covered); N8 ($0 limited to 2 treatment cycles/year); QL (2 TREATMENT per 365 days)
NICOTROL INHALATION INHALER 10 MG (*nicotine*)	CE	N7 (NPB); N8 ($0 limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	CE	N7 (NPB); N8 ($0 limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	CE	N7 (G); N8 ($0 limited to 2 treatment cycles/year); QL (2 TREATMENT per 365 DAYs)
varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	CE	N7 (G); N8 ($0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH		
lanreotide acetate subcutaneous solution 120 mg/0.5ml	NF	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	G	PA; QL (90 ML per 30 days)
octreotide acetate injection solution 1000 mcg/ml	G	PA; QL (45 ML per 30 days)
octreotide acetate injection solution 200 mcg/ml	G	PA; QL (225 ML per 30 days)
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	G	PA; QL (90 ML per 30 DAYs)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*)	SP	PA; QL (90 ML per 30 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (*octreotide acetate*)	NF	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*)	SP	PA; QL (1 INJECTION per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*pegvisomant*)	NF	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (*testosterone*)	NPB	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (*testosterone*)	NF	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (*testosterone undecanoate*)	SP	PA
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (*testosterone*)	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (*testosterone undecanoate*)	NPB	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (*testosterone undecanoate*)	NF	
methitest oral tablet 10 mg	NPB	PA; STX
methyltestosterone oral capsule 10 mg	G	PA; STX

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	PB	PA
oxandrolone oral tablet 10 mg, 2.5 mg	G	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NF	
testosterone cypionate injection solution 200 mg/ml	NF	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	G	PA
testosterone enanthate intramuscular solution 200 mg/ml	G	PA
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	G	PA
testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)	G	PA; N8 (Listing does not include certain NDCs)
testosterone transdermal solution 30 mg/act	G	PA
TLANDO ORAL CAPSULE 112.5 MG (*testosterone undecanoate*)	NF	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (*testosterone*)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (*testosterone enanthate*)	NPB	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
miglitol oral tablet 100 mg, 25 mg, 50 mg	G	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (*pramlintide acetate*)	PB	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (*pramlintide acetate*)	PB	ST
ANTIDIABETICS, BIGUANIDE		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (*metformin hcl*)	NF	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er oral tablet extended release 24 hour 500 mg	G	LGC
metformin hcl er oral tablet extended release 24 hour 750 mg	G	
metformin hcl oral solution 500 mg/5ml	G	
metformin hcl oral tablet 1000 mg, 500 mg	G	LGC
metformin hcl oral tablet 625 mg	NF	
metformin hcl oral tablet 850 mg	CE	LGC; N7 (G); AL (Min 35 Years and Max 70 Years)
RIOMET ORAL SOLUTION 500 MG/5ML (*metformin hcl*)	NF	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	G	LGC
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	G	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*)	NF	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (*alogliptin benzoate*)	NF	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (*saxagliptin hcl*)	NF	
TRADJENTA ORAL TABLET 5 MG (*linagliptin*)	PB	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (*bromocriptine mesylate*)	NF	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	NF	
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	NF	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	NF	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	NF	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	PB	ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*)	PB	ST
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (*alogliptin-metformin hcl*)	NF	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (*saxagliptin-metformin*)	NF	
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG (*alogliptin-pioglitazone*)	NF	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	PB	ST
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (*exenatide*)	NF	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (*exenatide*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (*exenatide*)	NF	
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (*tirzepatide*)	NF	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (*semaglutide*)	PB	PA; QL (1 PEN per 28 DAYs)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (*semaglutide*)	PB	PA; QL (1 PEN per 28 DAYs)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (*semaglutide*)	PB	PA; QL (1 PEN per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (*semaglutide*)	PB	PA; QL (30 TABLETS per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (*dulaglutide*)	PB	PA; QL (4 PENS per 21 DAYs)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide*)	PB	PA; QL (3 PENS per 25 DAYs)
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	PB	ST
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (*insulin degludec-liraglutide*)	PB	ST
ANTIDIABETICS, INSULIN		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (*insulin regular human*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APIDRA INJECTION SOLUTION 100 UNIT/ML (*insulin glulisine*)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glulisine*)	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PB	
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	NF	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP INJECTION SOLUTION 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PB	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	NF	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro*)	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	NF	

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	NF	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PB	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	NF	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	NF	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	PB	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	NF	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PB	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	NF	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (*insulin aspart*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart*)	PB	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-aglr*)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine-yfgn*)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-yfgn*)	NF	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	PB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin degludec*)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin degludec*)	PB	
ANTIDIABETICS, INSULIN SENSITIZER		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (*pioglitazone hcl*)	NF	
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	G	LGC
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	G	LGC
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, MEGLITINIDE		
nateglinide oral tablet 120 mg, 60 mg	G	LGC
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	G	LGC
ANTIDIABETICS, MISCELLANEOUS		
KORLYM ORAL TABLET 300 MG (*mifepristone*)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	NF	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*)	NF	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	PB	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	PB	ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (*dapagliflozin-metformin hcl*)	PB	ST
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	PB	ST
QTERN ORAL TABLET 10-5 MG, 5-5 MG (*dapagliflozin-saxagliptin*)	NF	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (*ertugliflozin-sitagliptin*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin propanediol*)	PB	ST
INVOKANA ORAL TABLET 100 MG, 300 MG (*canagliflozin*)	NF	
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	PB	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG (*ertugliflozin l-pyroglutamicac*)	NF	
ANTIDIABETICS, SULFONYLUREA		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	G	LGC
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	G	LGC
glipizide oral tablet 10 mg, 5 mg	G	LGC
ANTIOBESITY		
ADIPEX-P ORAL CAPSULE 37.5 MG (*phentermine hcl*)	NPB	PA
ADIPEX-P ORAL TABLET 37.5 MG (*phentermine hcl*)	NPB	PA
benzphetamine hcl oral tablet 50 mg	G	PA
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (*naltrexone-bupropion hcl*)	NF	
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	G	PA; N8 (Listing does not include certain NDCs)
diethylpropion hcl oral tablet 25 mg	G	PA
LOMAIRA ORAL TABLET 8 MG (*phentermine hcl*)	NF	
orlistat oral capsule 120 mg	G	PA
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	NF	
phendimetrazine tartrate oral tablet 35 mg	G	PA
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	G	PA
phentermine hcl oral tablet 37.5 mg	G	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (*phentermine-topiramate*)	PB	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide -weight management*)	PB	PA
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (*semaglutide-weight management*)	PB	PA
XENICAL ORAL CAPSULE 120 MG (*orlistat*)	NF	
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
ACTONEL ORAL TABLET 150 MG (*risedronate sodium*)	NPB	ST; QL (1 TAB per 21 DAYs)
ACTONEL ORAL TABLET 35 MG (*risedronate sodium*)	NPB	ST; QL (4 TABLETS per 21 DAYs)
alendronate sodium oral solution 70 mg/75ml	G	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	G	
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (*risedronate sodium*)	NPB	ST; QL (4 TABLETS per 21 DAYs)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (*alendronate sodium*)	NPB	ST; QL (4 TABLETS per 21 DAYs)
FOSAMAX ORAL TABLET 70 MG (*alendronate sodium*)	NPB	ST; QL (4 TABLETS per 21 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*)	NPB	ST; QL (4 TABLETS per 21 days)
ibandronate sodium intravenous solution 3 mg/3ml	G	
ibandronate sodium oral tablet 150 mg	G	
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	G	
pamidronate disodium intravenous solution 6 mg/ml	SP	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (*zoledronic acid*)	SP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	G	
risedronate sodium oral tablet delayed release 35 mg	G	
zoledronic acid intravenous concentrate 4 mg/5ml	G	PA
zoledronic acid intravenous solution 4 mg/100ml	SP	PA
zoledronic acid intravenous solution 5 mg/100ml	G	PA
CALCIUM RECEPTOR AGONISTS		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	G	
calcitriol oral solution 1 mcg/ml	G	
cinacalcet hcl oral tablet 30 mg, 60 mg	SP	PA; QL (60 TABLETS per 30 DAYs)
cinacalcet hcl oral tablet 90 mg	SP	PA; QL (120 TABLETS per 30 DAYs)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	G	N8 (Listing does not include certain NDCs)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	G	
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (*etelcalcetide hcl*)	NF	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (*calcifediol*)	NPB	ST
SENSIPAR ORAL TABLET 30 MG, 60 MG (*cinacalcet hcl*)	SP	PA; QL (60 TABLETS per 30 DAYs)
SENSIPAR ORAL TABLET 90 MG (*cinacalcet hcl*)	SP	PA; QL (120 TABLETS per 30 DAYs)
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NF	
CARNITOR ORAL TABLET 330 MG (*levocarnitine*)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	NF	
levocarnitine oral solution 1 gm/10ml	G	
levocarnitine oral tablet 330 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHELATING AGENTS		
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	NF	
CUVRIOR ORAL TABLET 300 MG (*trientine tetrahydrochloride*)	NF	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	SP	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	SP	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	SP	PA
deferiprone oral tablet 1000 mg, 500 mg	SP	PA
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	SP	PA
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	NPB	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (*deferoxamine mesylate*)	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (*deferasirox*)	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*)	NF	
FERRIPROX ORAL TABLET 1000 MG, 500 MG (*deferiprone*)	NF	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (*deferiprone*)	NF	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (*deferasirox*)	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (*deferasirox*)	NF	
LOKELMA ORAL PACKET 10 GM, 5 GM (*sodium zirconium cyclosilicate*)	NF	
penicillamine oral capsule 250 mg	SP	PA
penicillamine oral tablet 250 mg	G	PA
sodium polystyrene sulfonate oral powder	G	
SPS ORAL SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYPRINE ORAL CAPSULE 250 MG (*trientine hcl*)	NF	
trientine hcl oral capsule 250 mg	SP	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (*patiromer sorbitex calcium*)	PB	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
AFTERA ORAL TABLET 1.5 MG (*levonorgestrel*)	CE	N7 (Not Covered)
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
alyacen 1/35 oral tablet 1-35 mg-mcg	CE	N7 (G)
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	CE	N7 (G)
levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (G)
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)	CE	N7 (G)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	CE	N7 (PB); QL (1 RING per 300 DAYs)
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (G)
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (G)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	CE	N7 (NF)
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (G)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
norethindrone (Camila Oral Tablet 0.35 Mg)	CE	N7 (G)
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (G)
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (G)
condoms	CE	N7 (Not Covered); QL (12 CONDOMS per 25 DAYs)
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (G)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	CE	N7 (NF)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	CE	N7 (G)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	CE	N7 (G)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	CE	N7 (G)
ELLA ORAL TABLET 30 MG (*ulipristal acetate*)	CE	N7 (NPB)
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (NF)
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (G)
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (G)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	CE	N7 (G)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day (Fayosim Oral Tablet 42-21-21-7 Days)	CE	N7 (G)
FC2 FEMALE CONDOM (*condoms - female*)	CE	N7 (NPB); QL (12 CONDOMS per 25 days)
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (G)
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (G)
ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N7 (G)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 DAYs)
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	CE	N7 (G)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	CE	N7 (G)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (*levonorgestrel*)	CE	N7 (NF)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	CE	N7 (PB)
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	CE	N7 (G); QL (4 INJ per 300 DAYs)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	CE	N7 (G); QL (4 INJ per 300 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	NF	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (*levonorgestrel*)	CE	N7 (PB); QL (1 Untrauterine Device per 300 days)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	CE	N7 (PB)
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (G)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*)	CE	N7 (NPB); QL (1 IMPLANT per 300 days)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	CE	N7 (NF)
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	CE	N7 (G)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	CE	N7 (G)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	CE	N7 (G)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	CE	N7 (G)
norethindrone oral tablet 0.35 mg	CE	N7 (G)
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	CE	N7 (G)
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	CE	N7 (G)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	CE	N7 (G)
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (G)
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (G)
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (G)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	PB	QL (13 RING per 300 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	CE	N7 (NPB); QL (1 INTRAUTERINE DEVICE per 300 days)
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (*levonorgest-eth estrad 91-day*)	NF	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (G)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	NPB	
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG (*levonorgest-eth estrad 91-day*)	NF	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (*levonorgestrel*)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 DAYs)
SLYND ORAL TABLET 4 MG (*drospirenone*)	CE	N7 (NF)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	NF	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (G)
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (G)
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (G)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	CE	N7 (NF)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	CE	N7 (NF)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (*desogestrel-ethinyl estradiol*)	CE	N7 (G)
norelgestromin-eth estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	NF	N7 (NF)
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	NF	
CORTISOL SYNTHESIS INHIBITORS		
RECORLEV ORAL TABLET 150 MG (*levoketoconazole*)	NF	
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*)	PB	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK GUIDE IN VITRO STRIP (*glucose blood*)	PB	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (*glucose blood*)	PB	QL (150 TEST STRIPS per 25 days)
DEXCOM G6 RECEIVER DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G6 SENSOR (*continuous blood gluc sensor*)	PB	QL (3 SENSORS per 25 days)
DEXCOM G6 TRANSMITTER (*continuous blood gluc transmit*)	PB	
DEXCOM G7 RECEIVER DEVICE (*continuous blood gluc receiver*)	PB	
DEXCOM G7 SENSOR (*continuous blood gluc sensor*)	PB	QL (3 SENSORS per 25 DAYs)
EVERSENSE E3 SENSOR/HOLDER (*continuous blood gluc sensor*)	NF	
EVERSENSE E3 SMART TRANSMITTER (*continuous blood gluc transmit*)	NF	
FREESTYLE LIBRE 14 DAY SENSOR (*continuous blood gluc sensor*)	NF	
FREESTYLE LIBRE 2 SENSOR (*continuous blood gluc sensor*)	NF	
freestyle libre 3 sensor	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GUARDIAN LINK 3 TRANSMITTER (*continuous blood gluc transmit*)	NF	
LANCETS ULTRA THIN (*lancets*)	NPB	
OMNIPOD 5 G6 INTRO (GEN 5) KIT (*insulin disposable pump*)	PB	
OMNIPOD 5 G6 POD (GEN 5) (*insulin disposable pump*)	PB	
OMNIPOD DASH INTRO (GEN 4) KIT (*insulin disposable pump*)	PB	
OMNIPOD DASH PDM (GEN 4) KIT (*insulin disposable pump*)	PB	
OMNIPOD DASH PODS (GEN 4) (*insulin disposable pump*)	PB	
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR (*insulin disposable pump*)	NF	
ONETOUCH DELICA SAFETY LANCING (*lancet devices*)	PB	
ONETOUCH ULTRA IN VITRO STRIP (*glucose blood*)	PB	QL (150 TEST STRIPS per 25 days)
ONETOUCH ULTRASOFT 2 LANCETS (*lancets*)	PB	
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	PB	QL (150 TEST STRIPS per 25 days)
PTS PANELS EGLU TEST IN VITRO STRIP (*glucose blood*)	NF	
V-GO 20 KIT 20 UNIT/24HR (*insulin disposable pump*)	PB	
V-GO 30 KIT 30 UNIT/24HR (*insulin disposable pump*)	PB	
V-GO 40 KIT 40 UNIT/24HR (*insulin disposable pump*)	PB	
ENDOMETRIOSIS		
danazol oral capsule 100 mg, 200 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*)	PB	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENZYME REPLACEMENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
betaine oral powder	SP	PA
CARBAGLU ORAL TABLET SOLUBLE 200 MG (*carglumic acid*)	NF	
carglumic acid oral tablet soluble 200 mg	SP	PA
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	SP	PA; QL (56 CAPSULES per 28 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*imiglucerase*)	SP	PA; QL (15 VIALS per 14 days)
CYSTADANE ORAL POWDER (*betaine*)	NF	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (*taliglucerase alfa*)	NF	
miglustat oral capsule 100 mg	SP	PA; QL (90 CAPSULES per 30 days)
PHEBURANE ORAL PELLET 483 MG/GM (*sodium phenylbutyrate*)	SP	PA; QL (672 G per 30 DAYs)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (*asfotase alfa*)	SP	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*velaglucerase alfa*)	SP	PA; QL (15 VIALS per 14 days)
ZAVESCA ORAL CAPSULE 100 MG (*miglustat*)	SP	PA; QL (90 CAPSULES per 30 days)
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (*laronidase*)	SP	PA
BUPHENYL ORAL POWDER 3 GM/TSP (*sodium phenylbutyrate*)	NF	
BUPHENYL ORAL TABLET 500 MG (*sodium phenylbutyrate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	SP	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (*idursulfase*)	SP	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (*agalsidase beta*)	SP	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (*sebelipase alfa*)	SP	PA
KUVAN ORAL PACKET 100 MG, 500 MG (*sapropterin dihydrochloride*)	NF	
KUVAN ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	NF	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (*alglucosidase alfa*)	SP	PA
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (*metreleptin*)	SP	PA; QL (30 VIALS per 30 DAYs)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (*galsulfase*)	SP	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (*pegvaliase-pqpz*)	NF	
RAVICTI ORAL LIQUID 1.1 GM/ML (*glycerol phenylbutyrate*)	NF	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	SP	PA
sapropterin dihydrochloride oral tablet 100 mg	SP	PA
sodium phenylbutyrate oral powder 3 gm/tsp	SP	PA; QL (600 G per 30 DAYs)
sodium phenylbutyrate oral tablet 500 mg	SP	PA; QL (1200 TABLETS per 30 DAYs)
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (*elosulfase alfa*)	SP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	G	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	NF	
BIJUVA ORAL CAPSULE 1-100 MG (*estradiol-progesterone*)	PB	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	PB	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	PB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	PB	
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	NPB	PA
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*)	NF	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	G	
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	G	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	G	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	G	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	NF	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	NF	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	NF	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	NF	
VAGIFEM VAGINAL TABLET 10 MCG (*estradiol*)	PB	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	NF	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	NF	
FERTILITY REGULATORS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (*cetrorelix acetate*)	SP	PA
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	NF	
CLOMID ORAL TABLET 50 MG (*clomiphene citrate*)	G	SPC
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (*follitropin beta*)	NF	
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	SP	PA; SPC
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (*follitropin alfa*)	SP	PA; SPC
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (*follitropin alfa*)	SP	PA; SPC
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*follitropin alfa*)	SP	PA; SPC
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*menotropins*)	SP	PA; SPC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT (*chorionic gonadotropin*)	NF	
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (*choriogonadotropin alfa*)	SP	PA; SPC
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (*chorionic gonadotropin*)	NF	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (*hydrocortisone*)	NF	
cortisone acetate oral tablet 25 mg	NF	
dexabliss oral tablet therapy pack 1.5 mg (39)	NF	
dexamethasone oral elixir 0.5 mg/5ml	G	N8 (Listing does not include certain NDCs)
dexamethasone oral solution 0.5 mg/5ml	G	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	G	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	G	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (*dexamethasone*)	NF	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (*deflazacort*)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (*deflazacort*)	NF	
fludrocortisone acetate oral tablet 0.1 mg	G	
HEMADY ORAL TABLET 20 MG (*dexamethasone*)	NF	
dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	G	
hydrocortisone oral tablet 10 mg, 5 mg	G	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone oral tablet 20 mg	G	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	
methylprednisolone oral tablet therapy pack 4 mg	G	
prednisolone (Millipred Oral Tablet 5 Mg)	NF	
prednisolone oral solution 15 mg/5ml	G	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	NF	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	G	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	G	
prednisone oral solution 5 mg/5ml	G	
prednisone oral tablet 1 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 50 mg	G	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	G	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (*prednisone*)	NF	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	NF	
dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	NF	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (*dextrose (diabetic use)*)	NPB	
diazoxide oral suspension 50 mg/ml	G	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (*glucagon hcl (rdna)*)	NF	
glucagon emergency injection solution reconstituted 1 mg/ml	NF	
glucagon emergency kit 1 mg injection	G	
glucagon emergency kit 1 mg injection	NF	
glucose oral tablet chewable 4 gm	NPB	
gnp glucose gummies oral tablet chewable 2 gm	G	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (*glucagon*)	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	PB	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	PB	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	PB	
GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (*vosoritide*)	SP	PA; QL (30 VIALS per 30 DAYs)
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
nitisinone oral capsule 10 mg, 2 mg, 5 mg	SP	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*)	NF	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	SP	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG (*somatropin (non-refrigerated)*)	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG (*somatropin (non-refrigerated)*)	SP	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*)	NF	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (*somatropin (non-refrigerated)*)	SP	PA
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	SP	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (*leuprolide acetate*)	SP	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (*leuprolide acetate (3 month)*)	SP	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	SP	PA
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	NPB	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*)	SP	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS - DRUGS TO TREAT CHRONIC KIDNEY DISEASE ASSOCIATED WITH TYPE 2 DIABETES		
KERENDIA ORAL TABLET 10 MG, 20 MG (*finerenone*)	PB	
MISCELLANEOUS		
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	SP	PA; QL (35 ML per 21 DAYs)
cabergoline oral tablet 0.5 mg	G	
calcitonin (salmon) nasal solution 200 unit/act	G	
CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*)	SP	PA; QL (35 ML per 21 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	NF	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (*teriparatide (recombinant)*)	SP	PA; QL (1 PEN per 28 DAYs)
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	SP	PA; QL (14 CAPSULES per 28 DAYs)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	NF	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	SP	PA
INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*)	NF	
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG (*osilodrostat phosphate*)	NF	
JYNARQUE ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	NF	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (*tolvaptan*)	NF	
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	G	QL (4 TABLETS per 1 DAY)
methylergonovine maleate oral tablet 0.2 mg	G	QL (4 TABLETS per 1 DAY)
OSPHENA ORAL TABLET 60 MG (*ospemifene*)	NPB	PA
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab*)	SP	PA; QL (60 MG per 168 DAYs)
raloxifene hcl oral tablet 60 mg	CE	N7 (G); AL (Min 35 Years)
SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	SP	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (*pasireotide pamoate*)	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (*pasireotide diaspartate*)	SP	PA; QL (60 AMPULES per 30 DAYs)
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tolvaptan oral tablet 15 mg, 30 mg	SP	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	SP	PA; QL (1 PEN per 30 DAYs)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (*alpelisib*)	NF	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab*)	SP	PA
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	SP	QL (4 PACKETS per 1 DAY)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (*lonafarnib*)	SP	PA; QL (120 CAPSULES per 30 DAYs)
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE) (*ferric citrate*)	PB	
calcium acetate (phos binder) oral capsule 667 mg	G	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*)	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (*lanthanum carbonate*)	NF	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (*sevelamer carbonate*)	NF	
RENVELA ORAL TABLET 800 MG (*sevelamer carbonate*)	NF	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	G	
sevelamer carbonate oral tablet 800 mg	G	
sevelamer hcl oral tablet 400 mg, 800 mg	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (*sucroferric oxyhydroxide*)	PB	
POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (*inotersen sodium*)	SP	PA; QL (4 SYRINGES per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*)	NF	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	G	
megestrol acetate oral suspension 625 mg/5ml	CE	N7 (G)
norethindrone acetate oral tablet 5 mg	G	
progesterone oral capsule 100 mg, 200 mg	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (*progesterone*)	NF	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (*thyroid*)	NF	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (*liothyronine sodium*)	NF	
ERMEZA ORAL SOLUTION 150 MCG/5ML (*levothyroxine sodium*)	NF	
levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	NF	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	G	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	G	
methimazole oral tablet 10 mg, 5 mg	G	
propylthiouracil oral tablet 50 mg	G	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (*levothyroxine sodium*)	NF	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (*levothyroxine sodium*)	NF	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (*desmopressin acetate*)	NPB	
desmopressin ace spray refrig nasal solution 0.01 %	G	
desmopressin acetate nasal solution 1.5 mg/ml	SP	PA
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	G	
desmopressin acetate spray nasal solution 0.01 %	G	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (*desmopressin acetate*)	NPB	PA
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	NPB	
DARTISLA ODT ORAL TABLET DISPERSIBLE 1.7 MG (*glycopyrrolate*)	NF	
dicyclomine hcl oral capsule 10 mg	G	
dicyclomine hcl oral tablet 20 mg	G	N8 (Listing does not include certain NDCs)
GLYCATE ORAL TABLET 1.5 MG (*glycopyrrolate*)	NF	
glycopyrrolate oral solution 1 mg/5ml	G	
glycopyrrolate oral tablet 1 mg, 2 mg	G	
glycopyrrolate oral tablet 1.5 mg	NF	
LIBRAX ORAL CAPSULE 5-2.5 MG (*chlordiazepoxide-clidinium*)	NF	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	G	
ROBINUL ORAL TABLET 1 MG (*glycopyrrolate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROBINUL-FORTE ORAL TABLET 2 MG (*glycopyrrolate*)	NF	
ANTIDIARRHEALS		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	G	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	G	
MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*)	NF	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (*crofelemer*)	NF	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	NF	
ANTIVERT ORAL TABLET 50 MG (*meclizine hcl*)	NF	
ANZEMET ORAL TABLET 50 MG (*dolasetron mesylate*)	NF	
aprepitant oral capsule 125 mg	G	QL (2 CAPSULES per 21 DAYs)
aprepitant oral capsule 40 mg	G	QL (3 CAPSULES per 180 DAYs)
aprepitant oral capsule 80 & 125 mg	G	QL (2 PACKS per 21 DAYs)
aprepitant oral capsule 80 mg	G	QL (4 CAPSULES per 21 DAYs)
prochlorperazine (Compro Rectal Suppository 25 Mg)	G	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	G	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	G	PA; QL (120 CAPSULES per 25 DAYs)
EMEND ORAL CAPSULE 80 MG (*aprepitant*)	NF	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (*aprepitant*)	NF	
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (*aprepitant*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GIMOTI NASAL SOLUTION 15 MG/ACT (*metoclopramide hcl*)	NF	
granisetron hcl oral tablet 1 mg	G	QL (12 TABLETS per 21 days)
MARINOL ORAL CAPSULE 2.5 MG (*dronabinol*)	NPB	PA; QL (120 CAPSULES per 25 days)
metoclopramide hcl oral solution 10 mg/10ml	G	N8 (Listing does not include certain NDCs)
metoclopramide hcl oral tablet 10 mg, 5 mg	G	
metoclopramide hcl oral tablet dispersible 5 mg	G	
ondansetron hcl oral solution 4 mg/5ml	G	QL (200 ML per 21 DAYs)
ondansetron hcl oral tablet 24 mg	G	QL (2 TABLETS per 21 DAYs)
ondansetron hcl oral tablet 4 mg, 8 mg	G	QL (18 TABLETS per 21 DAYs)
ondansetron oral tablet dispersible 4 mg, 8 mg	G	QL (18 TABLETS per 21 DAYs)
prochlorperazine maleate oral tablet 10 mg, 5 mg	G	
promethazine hcl oral syrup 6.25 mg/5ml	G	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	G	
promethazine hcl rectal suppository 12.5 mg, 25 mg	G	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (*promethazine hcl*)	G	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (*granisetron*)	PB	QL (2 PATCHES per 21 DAYs)
scopolamine transdermal patch 72 hour 1 mg/3days	G	
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	NF	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (*scopolamine base*)	NF	
trimethobenzamide hcl oral capsule 300 mg	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (*rolapitant hcl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
cimetidine oral tablet 300 mg, 400 mg, 800 mg	G	
famotidine oral tablet 40 mg	G	
nizatidine oral capsule 150 mg, 300 mg	G	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
budesonide er oral tablet extended release 24 hour 9 mg	NF	
budesonide oral capsule delayed release particles 3 mg	G	
budesonide rectal foam 2 mg	NF	
mesalamine er oral capsule extended release 500 mg	G	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	G	
mesalamine rectal suppository 1000 mg	G	N8 (Listing does not include certain NDCs)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (*mesalamine*)	NF	
ROWASA RECTAL KIT 4 GM (*mesalamine-cleanser*)	NF	
sulfasalazine oral tablet 500 mg	G	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (*budesonide*)	PB	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, ANDSTOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (*mesalamine*)	NPB	
balsalazide disodium oral capsule 750 mg	G	
CANASA RECTAL SUPPOSITORY 1000 MG (*mesalamine*)	NF	
COLAZAL ORAL CAPSULE 750 MG (*balsalazide disodium*)	NF	
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	PB	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (*mesalamine*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*)	NPB	PA
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (*mesalamine*)	NF	
mesalamine er oral capsule extended release 24 hour 0.375 gm	G	
mesalamine oral capsule delayed release 400 mg	G	
mesalamine rectal enema 4 gm	G	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG (*budesonide*)	NF	
SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*)	NF	
sulfasalazine oral tablet delayed release 500 mg	G	
UCERIS RECTAL FOAM 2 MG/ACT (*budesonide*)	NF	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (*lubiprostone*)	NF	
IBSRELA ORAL TABLET 50 MG (*tenapanor hcl*)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*)	PB	
lubiprostone oral capsule 24 mcg, 8 mcg	G	N8 (Listing does not include certain NDCs)
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl oral tablet 0.5 mg, 1 mg	G	PA
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (*alosetron hcl*)	NPB	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	PB	PA
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML (*sod picosulfate-mag ox-cit acd*)	CE	N7 (PB); N8 ($0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
enulose oral solution 10 gm/15ml	G	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	G	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (*odevixibat*)	NF	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*)	NF	
CARAFATE ORAL SUSPENSION 1 GM/10ML (*sucralfate*)	NF	
CARAFATE ORAL TABLET 1 GM (*sucralfate*)	NF	
CHENODAL ORAL TABLET 250 MG (*chenodiol*)	SP	PA
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	G	N8 (Listing does not include certain NDCs)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*)	SP	PA
flavoxate hcl oral tablet 100 mg	G	
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	SP	PA; QL (1 KIT per 30 DAYs)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (*maralixibat chloride*)	SP	PA; QL (90 ML per 30 DAYs)
misoprostol oral tablet 100 mcg, 200 mcg	CE	N7 (G); N8 (Available at $0 copay in combination with mifepristone)
MOTEGRITY ORAL TABLET 1 MG, 2 MG (*prucalopride succinate*)	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (*naloxegol oxalate*)	NF	
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	SP	PA; QL (30 TABLETS per 30 DAYs)
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	PB	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	NF	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (*methylnaltrexone bromide*)	NF	
RELTONE ORAL CAPSULE 200 MG, 400 MG (*ursodiol*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*)	SP	PA; QL (3 BOTTLES per 25 days)
sucralfate oral suspension 1 gm/10ml	NF	
sucralfate oral tablet 1 gm	G	N8 (Listing does not include certain NDCs)
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	PB	PA
ursodiol oral capsule 200 mg, 400 mg	NF	
ursodiol oral capsule 300 mg	G	
ursodiol oral tablet 250 mg, 500 mg	G	
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	SP	PA; QL (90 TABLETS per 30 days)
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*)	NF	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (*pancrelipase (lip-prot-amyl)*)	NF	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (*pancrelipase (lip-prot-amyl)*)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (*rabeprazole sodium*)	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (*dexlansoprazole*)	NF	
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	NF	
esomeprazole magnesium oral capsule delayed release 20 mg	G	Select OTC; QL (90 CAPSULES per 365 DAYs)
esomeprazole magnesium oral capsule delayed release 40 mg	G	QL (90 CAPSULES per 365 DAYs)
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	G	QL (90 PACKETS per 365 DAYs)
esomeprazole magnesium oral tablet delayed release 20 mg	G	Select OTC; QL (90 TABLETS per 365 DAYs)
KONVOMEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (*omeprazole-sodium bicarbonate*)	NF	
lansoprazole oral capsule delayed release 30 mg	G	QL (90 CAPSULES per 365 DAYs)
lansoprazole oral tablet delayed release dispersible 30 mg	NF	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (*esomeprazole magnesium*)	G	Select OTC; QL (90 TABLETS per 365 DAYs)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (*esomeprazole magnesium*)	NF	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (*esomeprazole magnesium*)	NF	
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	G	Select OTC; QL (90 CAPSULES per 365 DAYs)
omeprazole magnesium oral tablet delayed release 20 mg	G	Select OTC; QL (90 TABLETS per 365 DAYs)
omeprazole oral capsule delayed release 10 mg, 40 mg	G	QL (90 CAPSULES per 365 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
omeprazole oral capsule delayed release 20 mg	G	Select OTC; QL (90 CAPSULES per 365 days)
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	G	Select OTC; QL (90 CAPSULES per 365 DAYs)
omeprazole-sodium bicarbonate oral capsule 40-1100 mg	NF	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	NF	
pantoprazole sodium oral packet 40 mg	NF	
pantoprazole sodium oral tablet delayed release 20 mg	G	N8 (Listing does not include certain NDCs); QL (90 TABLETS per 365 days)
pantoprazole sodium oral tablet delayed release 40 mg	G	N8 (Listing does not include certain NDCs); QL (90 TABLETS per 365 DAYs)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (*lansoprazole*)	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG (*lansoprazole*)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*)	NF	
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (*omeprazole magnesium*)	G	Select OTC; QL (90 TABLETS per 365 DAYs)
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (*pantoprazole sodium*)	NF	
qc lansoprazole oral capsule delayed release 15 mg	G	Select OTC; QL (90 CAPSULES per 365 DAYs)
ra omeprazole oral tablet delayed release 20 mg	G	Select OTC; QL (90 TABLETS per 365 DAYs)
rabeprazole sodium oral capsule sprinkle 10 mg	NPB	QL (90 CAPSULES per 365 DAYs)
rabeprazole sodium oral tablet delayed release 20 mg	G	QL (90 TABLETS per 365 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEGERID ORAL CAPSULE 40-1100 MG (*omeprazole-sodium bicarbonate*)	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (*omeprazole-sodium bicarbonate*)	NF	
RECTAL, CORTICOSTEROIDS		
hydrocortisone (perianal) external cream 2.5 %	G	
PROCTOCORT EXTERNAL CREAM 1 % (*hydrocortisone*)	NF	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	PB	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	G	
ULCER THERAPY COMBINATIONS		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	G	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	G	
HELIDAC THERAPY ORAL (*metronid-tetracyc-bis subsal*)	NF	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (*amoxicill-rifabutin-omeprazole*)	PB	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	G	
dutasteride oral capsule 0.5 mg	G	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	G	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	NF	
finasteride oral tablet 5 mg	G	
JALYN ORAL CAPSULE 0.5-0.4 MG (*dutasteride-tamsulosin hcl*)	NF	
PROSCAR ORAL TABLET 5 MG (*finasteride*)	NPB	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (*silodosin*)	NF	
silodosin oral capsule 4 mg, 8 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tamsulosin hcl oral capsule 0.4 mg	G	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (*alfuzosin hcl*)	NF	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*)	CE	N7 (Not Covered)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (*nonoxynol-9*)	CE	N7 (Not Covered)
PHEXXI VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*)	CE	N7 (NPB)
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (*nonoxynol-9*)	CE	N7 (Not Covered)
TODAY SPONGE VAGINAL 1000 MG (*nonoxynol-9*)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (*nonoxynol-9*)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (*nonoxynol-9*)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (*nonoxynol-9*)	CE	N7 (Not Covered)
ERECTILE DYSFUNCTION		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (*alprostadil (vasodilator)*)	NPB	SPC; QL (6 KIT per 25 DAYs)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG (*alprostadil (vasodilator)*)	NPB	SPC; QL (6 SOLUTION RECONSTITUTED per 25 DAYs)
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*tadalafil*)	NF	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (*alprostadil (vasodilator)*)	NPB	SPC; QL (6 KIT per 25 DAYs)
MUSE URETHRAL PELLET 1000 MCG, 250 MCG, 500 MCG (*alprostadil (vasodilator)*)	PB	SPC; QL (6 PELLET per 25 DAYs)
phenylephrine hcl intracavernosal solution 2 mg/2ml	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg	NF	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	G	SPC; QL (6 TABLETS per 25 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*)	NF	
super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg	NF	
tadalafil oral tablet 10 mg, 20 mg	G	SPC; QL (6 TABLETS per 25 days)
tadalafil oral tablet 2.5 mg, 5 mg	G	SPC; QL (30 TABLETS per 25 days)
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	SPC; QL (6 TABLETS per 25 DAYs)
vardenafil hcl oral tablet dispersible 10 mg	G	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (*sildenafil citrate*)	NF	
MISCELLANEOUS		
acetic acid irrigation solution 0.25 %	G	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	G	
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	NF	
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	NF	
LITHOSTAT ORAL TABLET 250 MG (*acetohydroxamic acid*)	NF	
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	G	N8 (Listing does not include certain NDCs)
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	G	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (*cysteamine bitartrate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*)	NF	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (*budesonide*)	NF	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (*tiopronin*)	NF	
THIOLA ORAL TABLET 100 MG (*tiopronin*)	NF	
tiopronin oral tablet 100 mg	SP	PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*)	PB	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	G	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (*tolterodine tartrate*)	NF	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (*oxybutynin chloride*)	NPB	ST; QL (30 TABLETS per 25 DAYs)
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	G	
GELNIQUE TRANSDERMAL GEL 10 % (*oxybutynin chloride*)	NF	
GEMTESA ORAL TABLET 75 MG (*vibegron*)	PB	ST; QL (30 TABLETS per 25 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (*mirabegron*)	NF	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (*mirabegron*)	NF	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
oxybutynin chloride oral solution 5 mg/5ml	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxybutynin chloride oral syrup 5 mg/5ml	G	
oxybutynin chloride oral tablet 2.5 mg	NF	
oxybutynin chloride oral tablet 5 mg	G	
solifenacin succinate oral tablet 10 mg, 5 mg	G	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	G	
tolterodine tartrate oral tablet 1 mg, 2 mg	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*fesoterodine fumarate*)	NF	
trospium chloride er oral capsule extended release 24 hour 60 mg	G	
trospium chloride oral tablet 20 mg	G	
VESICARE ORAL TABLET 10 MG, 5 MG (*solifenacin succinate*)	NF	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
clindamycin phosphate vaginal cream 2 %	G	
metronidazole vaginal gel 0.75 %	G	
miconazole 3 vaginal suppository 200 mg	G	
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	NF	
terconazole vaginal cream 0.4 %, 0.8 %	G	
terconazole vaginal suppository 80 mg	G	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	NF	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (*apixaban*)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (*apixaban*)	PB	
enoxaparin sodium injection solution 300 mg/3ml	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	G	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	G	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (*dalteparin sodium*)	NF	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (*dalteparin sodium*)	NF	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	G	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	G	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*)	NF	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (*dabigatran etexilate mesylate*)	NF	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*)	NF	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	G	LGC
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (*rivaroxaban*)	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (*rivaroxaban*)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (*rivaroxaban*)	PB	
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*)	SP	PA
CABLIVI INJECTION KIT 11 MG (*caplacizumab-yhdp*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (*factor xiii concentrate human*)	SP	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (*antiinhibitor coagulant cmplx*)	NF	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	SP	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (*antihemophilic factor-vwf*)	SP	PA
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (*prothrombin complex conc human*)	SP	PA
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (*coagulation factor viia recomb*)	SP	PA
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	SP	PA
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (*coagulation factor viia-jncw*)	SP	PA
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT (*coagulation factor xiii a-sub*)	SP	PA
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (*antihemophilic factor-vwf*)	SP	PA
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*)	SP	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (*darbepoetin alfa*)	SP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOPTELET ORAL TABLET 20 MG (*avatrombopag maleate*)	SP	PA; QL (60 TABLETS per 30 DAYs)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa*)	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-jmdb*)	NF	
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-pbbk*)	NF	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*tbo-filgrastim*)	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*tbo-filgrastim*)	NF	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (*sargramostim*)	NF	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (*methoxy peg-epoetin beta*)	NF	
MULPLETA ORAL TABLET 3 MG (*lusutrombopag*)	SP	PA; QL (7 TABLETS per 14 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (*pegfilgrastim*)	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	NF	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim*)	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim*)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim-aafi*)	SP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*)	SP	PA
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (*romiplostim*)	NF	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-apgf*)	NF	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa*)	SP	PA
PROMACTA ORAL PACKET 12.5 MG (*eltrombopag olamine*)	SP	PA; QL (120 PACKETS per 30 DAYs)
PROMACTA ORAL PACKET 25 MG (*eltrombopag olamine*)	SP	PA; QL (180 PACKETS per 30 DAYs)
PROMACTA ORAL TABLET 12.5 MG, 25 MG (*eltrombopag olamine*)	SP	PA; QL (30 TABLETS per 30 DAYs)
PROMACTA ORAL TABLET 50 MG, 75 MG (*eltrombopag olamine*)	SP	PA; QL (60 TABLETS per 30 DAYs)
RELEUKO INJECTION SOLUTION 300 MCG/ML (*filgrastim-ayow*)	NF	
releuko injection solution 480 mcg/1.6ml	NF	
releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	NF	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa-epbx*)	SP	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (*eflapegrastim-xnst*)	NF	
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-fpgk*)	NF	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-sndz*)	NF	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-bmez*)	SP	PA; QL (2 INJECTIONS per 28 DAYs)
HEMOPHILIA A AGENTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	SP	PA
adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit	SP	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact single chain*)	SP	PA
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact fc-vwf-xten-ehtl*)	NF	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (*antihem fact (bdd-rfviiifc)*)	SP	PA
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*antihemoph fact rcmb gpeg-exei*)	SP	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (*emicizumab-kxwh*)	SP	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	SP	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*ahf (bdd-rfviii peg-aucl)*)	SP	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMOPHILIA B AGENTS		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*coagulation factor ix*)	SP	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*coagulation factor ix (rfixfc)*)	SP	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	NF	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (*coagulation factor x (human)*)	SP	PA
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (*coagulation factor ix (rix-fp)*)	SP	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	NF	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*factor ix complex*)	SP	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix glycopeg*)	SP	PA
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	NF	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (*von willebrand factor (recomb)*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS		
AGRYLIN ORAL CAPSULE 0.5 MG (*anagrelide hcl*)	NPB	QL (180 CAPSULES per 25 DAYs)
AMICAR ORAL SOLUTION 0.25 GM/ML (*aminocaproic acid*)	NF	
aminocaproic acid oral solution 0.25 gm/ml	G	
aminocaproic acid oral tablet 1000 mg, 500 mg	G	
anagrelide hcl oral capsule 0.5 mg	G	QL (180 CAPSULES per 25 DAYs)
anagrelide hcl oral capsule 1 mg	G	QL (90 CAPSULES per 25 DAYs)
cilostazol oral tablet 100 mg, 50 mg	G	QL (60 TABLETS per 25 DAYs)
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (*cysteamine hcl*)	NF	
LACRISERT OPHTHALMIC INSERT 5 MG (*artificial tear insert*)	NF	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (*cenegermin-bkbj*)	SP	PA; QL (2 CARTONS per 7 DAYs)
pentoxifylline er oral tablet extended release 400 mg	G	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (*mitapivat sulfate*)	NF	
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (*mitapivat sulfate*)	NF	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	SP	PA; QL (2 VIALS per 28 DAYs)
TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*)	SP	PA; QL (60 TABLETS per 30 days)
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	SP	PA; QL (180 CAPSULES per 30 days)
tranexamic acid oral tablet 650 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tropicamide ophthalmic solution 1 %	G	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (*oxymetazoline hcl*)	NF	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (*verteporfin*)	SP	PA
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	SP	PA; QL (10 VIALS per 30 days)
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	G	QL (60 CAPSULES per 25 DAYs)
BRILINTA ORAL TABLET 60 MG, 90 MG (*ticagrelor*)	PB	QL (60 TABLETS per 25 DAYs)
clopidogrel bisulfate oral tablet 300 mg, 75 mg	G	
dipyridamole oral tablet 25 mg, 75 mg	G	QL (120 TABLETS per 25 DAYs)
dipyridamole oral tablet 50 mg	G	QL (240 TABLETS per 25 DAYs)
EFFIENT ORAL TABLET 10 MG, 5 MG (*prasugrel hcl*)	NPB	QL (30 TABLETS per 25 days)
PLAVIX ORAL TABLET 75 MG (*clopidogrel bisulfate*)	NF	
prasugrel hcl oral tablet 10 mg, 5 mg	G	QL (30 TABLETS per 25 DAYs)
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (*aspirin-omeprazole*)	NF	
ZONTIVITY ORAL TABLET 2.08 MG (*vorapaxar sulfate*)	NF	
SICKLE CELL DISEASE		
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	SP	PA; QL (180 PACKETS per 30 days)
OXBRYTA ORAL TABLET 300 MG, 500 MG (*voxelotor*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXBRYTA ORAL TABLET SOLUBLE 300 MG (*voxelotor*)	NF	
SIKLOS ORAL TABLET 100 MG, 1000 MG (*hydroxyurea*)	PB	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (*timothy grass pollen allergen*)	PB	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (*dust mite mixed allergen ext*)	NPB	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	SP	PA
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (*peanut powder-dnfp*)	NF	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (*peanut powder-dnfp*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (*peanut powder-dnfp*)	NF	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (*peanut powder-dnfp*)	NF	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (*short ragweed pollen ext*)	PB	PA
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab*)	NF	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	NF	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	NF	IBC (Available as NPSP with PA for Ulcerative Colitis)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	SP	PA; QL (1 SYRINGE per 90 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	NF	
infliximab intravenous solution reconstituted 100 mg	NF	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*)	NF	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	SP	PA; QL (5 VIALS per 42 days)
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	NF	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	SP	PA; QL (200 MG per 56 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-atto*)	SP	PA; N8 (Listing does not include certain NDCs); QL (4 PENS per 28 DAYs)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-atto*)	SP	PA; QL (4 INJECTIONS per 28 DAYs)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (*certolizumab pegol*)	SP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (1 KIT per 28 days)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (*certolizumab pegol*)	SP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (2 KITS per 28 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	SP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	SP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	SP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	SP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*secukinumab*)	SP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 SYRINGE per 28 DAYs)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	SP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 CARTRIDGES per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	SP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 VIALS per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (*etanercept*)	SP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (*etanercept*)	SP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	SP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	SP	PA; ST; QL (1 KIT per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (*adalimumab*)	SP	PA; ST; QL (4 INJECTIONS per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	SP	PA; ST; QL (4 PENS per 28 DAYs)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	SP	PA; ST; QL (1 KIT per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	SP	PA; ST; QL (1 KIT per 28 days)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	SP	PA; ST; QL (1 KIT per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML (*adalimumab*)	SP	PA; ST; QL (2 INJECTIONS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	SP	PA; ST; QL (4 INJECTIONS per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	SP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 PENS per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	SP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 SYRINGES per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (*baricitinib*)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	SP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	SP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
OTEZLA ORAL TABLET 30 MG (*apremilast*)	SP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	SP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*upadacitinib*)	SP	PA; IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis, Ulcerative Colitis and Non-radiographical Axial Spondyloarthritis); QL (30 TABLETS per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (*upadacitinib*)	SP	PA; IBC (Preferred agent for Atopic Dermatitis, Ulcerative Colitis); QL (30 TABLETS per 30 DAYs)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (*upadacitinib*)	SP	PA; IBC (Preferred agent for Ulcerative Colitis); QL (56 TABLETS per 56 DAYs)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	NF	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	NF	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	SP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML (*risankizumab-rzaa*)	SP	PA; IBC (Preferred agent for Crohn's Disease); QL (1 CARTRIDGE per 56 DAYs)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	SP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*)	SP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab*)	SP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab*)	SP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 56 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*)	SP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (*ixekizumab*)	SP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	SP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 56 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	SP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 56 days)
XELJANZ ORAL SOLUTION 1 MG/ML (*tofacitinib citrate*)	SP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (240 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	SP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (60 TABLETS per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (*tofacitinib citrate*)	SP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (30 TABLETS per 30 days)
BIOLOGIC DISEASE-MODIFYING AGENTS		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	SP	PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate oral tablet 200 mg	G	
leflunomide oral tablet 10 mg, 20 mg	G	
methotrexate oral tablet 2.5 mg	CE	N7 (G)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (*methotrexate (anti-rheumatic)*)	NF	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (*methotrexate (anti-rheumatic)*)	SP	PA; QL (4 INJECTIONS per 28 days)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.4ML, 12.5 MG/0.5ML, 15 MG/0.6ML, 17.5 MG/0.7ML, 20 MG/0.8ML, 22.5 MG/0.9ML, 25 MG/ML, 7.5 MG/0.3ML (*methotrexate (anti-rheumatic)*)	NF	
HEREDITARY ANGIOEDEMA		
BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*)	NF	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	NF	
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*)	NF	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	SP	PA; QL (20 VIALS per 30 days)
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	SP	PA; QL (45 SYRINGES per 90 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (*ecallantide*)	SP	PA; QL (30 CARTONS per 90 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	SP	PA; QL (28 CAPSULES per 28 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	SP	PA; QL (60 VIALS per 90 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (*lanadelumab-flyo*)	SP	PA; QL (2 SYRINGES per 28 DAYs)
IMMUNOGLOBULIN		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)-slra*)	NF	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	SP	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (*immune globulin (human)-hipp*)	SP	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (*immune globulin (human)*)	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	SP	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)*)	SP	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (*immune globulin (human)*)	SP	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	SP	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	SP	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*)	SP	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (*rho d immune globulin*)	SP	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (*varicella-zoster immune glob*)	SP	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (*rho d immune globulin*)	SP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)-klhw*)	NF	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (*interferon gamma-1b*)	SP	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	NF	
JOENJA ORAL TABLET 70 MG (*leniolisib phosphate*)	NF	
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	NPB	
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML (*lymphocyte,anti-thymo imm glob*)	NPB	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	G	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (*belimumab*)	SP	PA; QL (4 VIALS per 28 DAYs)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	SP	PA; QL (4 INJECTIONS per 28 DAYs)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	SP	PA; QL (4 INJECTIONS per 28 DAYs)
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*mycophenolate mofetil hcl*)	NF	
cyclosporine intravenous solution 50 mg/ml	G	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclosporine modified oral solution 100 mg/ml	G	
cyclosporine oral capsule 100 mg, 25 mg	G	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	SP	PA; QL (1 SYRINGE per 28 days)
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	G	
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	G	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	G	
IMURAN ORAL TABLET 50 MG (*azathioprine*)	NPB	
LUPKYNIS ORAL CAPSULE 7.9 MG (*voclosporin*)	NF	
mycophenolate mofetil oral capsule 250 mg	G	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	G	
mycophenolate mofetil oral tablet 500 mg	G	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	G	
NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*)	SP	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	SP	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (*tacrolimus*)	SP	
REZUROCK ORAL TABLET 200 MG (*belumosudil mesylate*)	NF	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (*cyclosporine*)	SP	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	SP	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (*cyclosporine*)	SP	
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (*basiliximab*)	NPB	
sirolimus oral solution 1 mg/ml	G	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	G	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (*anti-thymocyte glob (rabbit)*)	NPB	
MISCELLANEOUS		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML (*palivizumab*)	SP	PA
MEDICAL DEVICES		
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 DAYs)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (*cervical caps*)	CE	N7 (NPB); QL (1 DEVICE per 300 DAYs)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (*diaphragms*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 DAYs)
DIABETIC SUPPLIES		
ACCU-CHEK FASTCLIX LANCETS (*lancets*)	NPB	
ACCU-CHEK SOFTCLIX LANCETS (*lancets*)	NPB	
ACCUTREND GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
ADVANCE INTUITION TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (*glucose blood*)	NF	
ADVOCATE TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX JAZZ TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (*glucose blood*)	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP (*glucose blood*)	NF	
alcohol swabs pad	NPB	
ASSURE 3 TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE 4 TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE II CHECK IN VITRO STRIP (*glucose blood*)	NF	
ASSURE II IN VITRO STRIP (*glucose blood*)	NF	
ASSURE LANCE LANCETS (*lancets*)	NPB	
ASSURE PLATINUM IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP (*glucose blood*)	NF	
ASSURE PRO TEST IN VITRO STRIP (*glucose blood*)	NF	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	PB	N8 (BD syringes and needles are the only preferred options)
BD LANCET ULTRAFINE 30G (*lancets*)	NPB	
BD LANCET ULTRAFINE 33G (*lancets*)	NPB	
BD MICROTAINER LANCETS (*lancets*)	NPB	
BD PEN NEEDLE MICRO U/F 32G X 6 MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE MINI U/F 31G X 5 MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO U/F 32G X 4 MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE SHORT U/F 31G X 8 MM (*insulin pen needle*)	PB	N8 (BD syringes and needles are the only preferred options)
blood glucose test in vitro strip	NF	
CARESENS LANCETS (*lancets*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARESENS N GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
CARETOUCH TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHEK TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP (*glucose blood*)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (*glucose blood*)	NF	
COAGUCHEK LANCETS (*lancets*)	NPB	
comfort assured lancets 28g	NPB	
comfort assured lancets 33g	NPB	
COMFORT TOUCH LANCETS 31G (*lancets*)	NPB	
COMFORT TOUCH PLUS LANCETS 30G (*lancets*)	NPB	
CONTOUR NEXT TEST IN VITRO STRIP (*glucose blood*)	NF	
CONTOUR TEST IN VITRO STRIP (*glucose blood*)	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
diatrue plus test in vitro strip	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET PERSONAL LANCETS 30G (*lancets*)	NPB	
DUO-CARE TEST IN VITRO STRIP (*glucose blood*)	NF	
easy plus ii glucose test in vitro strip	NF	
EASY STEP TEST IN VITRO STRIP (*glucose blood*)	NF	
easy talk blood glucose test in vitro strip	NF	
EASY TOUCH LANCETS 21G (*lancets*)	NPB	
EASY TOUCH LANCETS 23G (*lancets*)	NPB	
EASY TOUCH LANCETS 26G (*lancets*)	NPB	
EASY TOUCH LANCETS 28G (*lancets*)	NPB	
EASY TOUCH LANCETS 28G/TWIST (*lancets*)	NPB	
EASY TOUCH LANCETS 30G (*lancets*)	NPB	
EASY TOUCH LANCETS 30G/TWIST (*lancets*)	NPB	
EASY TOUCH LANCETS 32G (*lancets*)	NPB	
EASY TOUCH LANCETS 32G/TWIST (*lancets*)	NPB	
EASY TOUCH LANCETS 33G/TWIST (*lancets*)	NPB	
EASY TOUCH LANCING DEVICE (*lancet devices*)	NPB	
EASY TOUCH SAFETY LANCETS 21G (*lancets*)	NPB	
EASY TOUCH SAFETY LANCETS 23G (*lancets*)	NPB	
EASY TOUCH SAFETY LANCETS 26G (*lancets*)	NPB	
EASY TOUCH SAFETY LANCETS 28G (*lancets*)	NPB	
easy trak blood glucose test in vitro strip	NF	
EASYGLUCO IN VITRO STRIP (*glucose blood*)	NF	
EASYMAX 15 TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYMAX TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EASYPRO PLUS IN VITRO STRIP (*glucose blood*)	NF	
element compact test in vitro strip	NF	
ELEMENT TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
ENLITE GLUCOSE SENSOR (*continuous blood gluc sensor*)	NF	
eq blood glucose test in vitro strip	NF	
EVERSENSE SENSOR/HOLDER (*continuous blood gluc sensor*)	NF	
EVERSENSE SMART TRANSMITTER (*continuous blood gluc transmit*)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (*glucose blood*)	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (*glucose blood*)	NF	
FINGERSTIX LANCETS (*lancets*)	NPB	
FORA 6 CONNECT IN VITRO STRIP (*glucose blood*)	NF	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GD20 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA TN'G ADVANCE PRO IN VITRO STRIP (*glucose blood*)	NF	
FORA TN'G/TN'G VOICE IN VITRO STRIP (*glucose blood*)	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE GD40 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (*glucose blood*)	NF	
FORACARE TEST N GO TEST IN VITRO STRIP (*glucose blood*)	NF	
FORTISCARE TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE INSULINX TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE LANCETS (*lancets*)	NPB	
FREESTYLE LIBRE READER DEVICE (*continuous blood gluc receiver*)	NF	
FREESTYLE LITE TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (*glucose blood*)	NF	
FREESTYLE TEST IN VITRO STRIP (*glucose blood*)	NF	
ge100 blood glucose test in vitro strip	NF	
GENULTIMATE TEST IN VITRO STRIP (*glucose blood*)	NF	
ght test in vitro strip	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD VITAL TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCARD X-SENSOR IN VITRO STRIP (*glucose blood*)	NF	
GLUCOCOM TEST IN VITRO STRIP (*glucose blood*)	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
glucose control in vitro solution	NPB	
glucose meter test in vitro strip	NF	
gnp easy touch glucose test in vitro strip	NF	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (*glucose blood*)	NF	
goodsense blood glucose in vitro strip	NF	
GUARDIAN REAL-TIME REPLACE PED DEVICE (*continuous blood gluc receiver*)	NF	
GUARDIAN SENSOR (3) (*continuous blood gluc sensor*)	NF	
guardian sensor 3	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	NF	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
INFINITY VOICE IN VITRO STRIP (*glucose blood*)	NF	
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
KROGER HEALTHPRO LANCET 26G (*lancets*)	NPB	
lancets super thin 28g	NPB	
lancets ultra thin 30g	NPB	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (*glucose blood*)	NF	
liberty test in vitro strip	NF	
lite touch lancets	NPB	
LITETOUCH LANCETS (*lancets*)	NPB	
meijer essential glucose test in vitro strip	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NF	
MICRODOT TEST IN VITRO STRIP (*glucose blood*)	NF	
MICROLET LANCETS (*lancets*)	NPB	
MYGLUCOHEALTH TEST IN VITRO STRIP (*glucose blood*)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (*glucose blood*)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
OMNIPOD CLASSIC PODS (GEN 3) (*insulin disposable pump*)	PB	
one drop test in vitro strip	NF	
ONETOUCH DELICA PLUS LANCET30G (*lancets*)	PB	
OPTIUMEZ TEST IN VITRO STRIP (*glucose blood*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (*glucose blood*)	NF	
pharmacist choice no coding in vitro strip	NF	
POCKETCHEM EZ TEST IN VITRO STRIP (*glucose blood*)	NF	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (*glucose blood*)	NF	
PRECISION THINS GP LANCETS (*lancets*)	NPB	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
premium blood glucose test in vitro strip	NF	
pro voice v8/v9 glucose in vitro strip	NF	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (*glucose blood*)	NF	
QUICKTEK TEST IN VITRO STRIP (*glucose blood*)	NF	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION PRIME TEST IN VITRO STRIP (*glucose blood*)	NF	
RELION ULTIMA TEST IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	NF	
sapscare twist top lancets	NPB	
SIMPLE DIAGNOSTICS LANCING DEV (*lancet devices*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMART SENSE PREMIUM TEST IN VITRO STRIP (*glucose blood*)	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
SOLUS V2 TEST IN VITRO STRIP (*glucose blood*)	NF	
super thin lancets	NPB	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	NF	
TRUEPLUS LANCETS 26G (*lancets*)	NPB	
TRUEPLUS LANCETS 30G (*lancets*)	NPB	
TRUEPLUS SAFETY LANCETS 28G (*lancets*)	NPB	
TRUETEST TEST IN VITRO STRIP (*glucose blood*)	NF	
TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	NF	
UNISTRIP1 GENERIC IN VITRO STRIP (*glucose blood*)	NF	
verasens blood glucose test in vitro strip	NF	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	G	
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	G	
potassium chloride crys er (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	G	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	G	
potassium chloride (Klor-Con Oral Packet 20 Meq)	G	
potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	G	N8 (Listing does not include certain NDCs)
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride er oral capsule extended release 10 meq, 8 meq	G	
potassium chloride er oral tablet extended release 10 meq, 20 meq	G	
potassium chloride er oral tablet extended release 8 meq	G	N8 (Listing does not include certain NDCs)
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	G	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg	CE	N7 (Not Covered); AL (Max 5 Years)
PRENATAL VITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (*prenatal vit-dss-fe cbn-fa*)	NF	
azesco oral tablet 13-1 mg	NF	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NF	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NF	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (*prenat w/o a fecbnfeglu-fa &b6*)	NF	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (*prenatal-dss-fecb-fegl-fa*)	NF	
CITRANATAL DHA ORAL 27-1 & 250 MG (*prenat w/o a-fecbgl-dss-fa-dha*)	NF	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (*prenat-fefmcb-dss-fa-dha w/o a*)	NF	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	NF	
complete natal dha oral 29-1-200 & 200 mg	NF	
completenate oral tablet chewable 29-1 mg	NF	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (*prenat w/o a vit-fefum-fepo-fa*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUET DHA 400 ORAL 25-1 & 400 MG (*prenat-fepoly-fered-fa-omega 3*)	NF	
DUET DHA BALANCED ORAL 25-1 & 267 MG (*prenat-fepoly-fered-fa-omega 3*)	NF	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	NF	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (*prenat w/o a vit-fefum-fepo-fa*)	NF	
INATAL GT ORAL TABLET (*prenatal vit-dss-fe cbn-fa*)	G	
jenliva prenatal/postnatal oral capsule 1 mg	NF	
kosher prenatal plus iron oral tablet 30-1 mg	NF	
multi-mac oral tablet 15-0.75-1 mg	NF	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (*prenatal vit-fe fum-fe bisg-fa*)	NF	
natal pnv oral tablet 6-0.5 mg	NF	
NATALVIT ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NF	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (*prenat w/oa-fefum-methf-omegas*)	NF	
neonatal + dha oral 29-1 & 200 mg	NF	
neonatal 19 oral tablet 1 mg	NF	
neonatal fe oral tablet 90-1 mg	NF	
NESTABS DHA ORAL 32-1 MG (*prenat-w/oa-fe bisgly-fa-omega*)	NF	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	NF	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	NF	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (*prenat-fecbn-feaspgl-fa-fish*)	NF	
OB COMPLETE ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	NF	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (*prenatal-fe cbn-fe asp gly-fa*)	NF	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	NF	
OBSTETRIX ONE (WITH DOCUSATE) ORAL CAPSULE 38-1-225 MG (*prenat-fe-methyl-dss-dha w/o a*)	NF	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	NF	
pnv tabs 20-1 oral tablet 20-1 mg	NF	
pnv-dha oral capsule 27-0.6-0.4-300 mg	G	
pnv-dha+docusate oral capsule 27-1.25-300 mg	NF	
pnv-omega oral capsule 28-0.6-0.4-340 mg	NF	
pregen dha oral capsule 28-1-35 mg	NF	
pregenna oral tablet 20-1 mg	NF	
prena 1 true oral 30-1.4 & 300 mg	NF	
prenaissance oral capsule 29-1.25-325 mg	NF	
prenaissance plus oral capsule 28-1-250 mg	NF	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (*prenatal w/o a vit-fe fum-fa*)	NF	
PRENATE AM ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	NF	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	NF	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	NF	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	NF	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	NF	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	NF	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	NF	
prenatvite plus oral tablet 1 mg	NF	
PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*)	NF	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (*prenat w/o a vit-fefum-fepo-fa*)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (*prenat vit-fepoly-methylfol-fa*)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	NF	
SELECT-OB+DHA ORAL 29-1 & 250 MG (*prenatal vit-fepoly-fa-dha*)	NF	
TARON-C DHA ORAL CAPSULE 35-1 MG (*prenat-fefum-fepo-fa-omega 3*)	NF	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	G	
tristart dha oral capsule 31-0.6-0.4-200 mg	NF	
VINATE II ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	NF	
VINATE ONE ORAL TABLET 60-1 MG (*prenatal vit-fe fumarate-fa*)	NF	
virt-pn dha oral capsule 27-0.6-0.4-300 mg	NF	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (*prenatal vit-fe phos-fa-omega*)	NF	
VITAFOL STRIPS ORAL FILM 1 MG (*prenatal-b6-b12-d3-folic acid*)	NF	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (*prenatal-fe fum-methf-fa w/o a*)	NF	
VITAFOL-OB ORAL TABLET (*prenatal vit-fe fumarate-fa*)	NF	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	NF	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (*prenatal vit-fepoly-fa-dha*)	NF	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG (*prenat-b2-b6-b12-d3-fa*)	NF	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*)	NF	
VIVA DHA ORAL CAPSULE 28-1-200 MG (*prenatal vit-fe fum-fa-omega*)	NF	
wescap-c dha oral capsule 53.5-38-1 mg	NF	
westgel dha oral capsule 31-0.6-0.4-200 mg	NF	
zalvit oral tablet 13-1 mg	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
ACCRUFER ORAL CAPSULE 30 MG (*ferric maltol*)	NF	
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML (*ascorbic acid*)	NF	
cyanocobalamin injection solution 1000 mcg/ml	G	
b complex-c-folic acid (Dexifol Oral Tablet 5 Mg)	NF	
FA-8 ORAL CAPSULE 0.8 MG (*folic acid*)	CE	N7 (Not Covered); QL (100 CAPSULES per 30 DAYs); AL (Max 55 Years)
FERRO-PLEX ORAL TABLET 115-1 MG (*fe fum-fa-c-e-b12-intrins fact*)	NF	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	NF	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*ped multiple vit-minerals-fl*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluoritab oral solution 0.275 (0.125 f) mg/drop	CE	N7 (Not Covered); AL (Max 5 Years)
folbee plus oral tablet	G	
FOLGARD OS ORAL TABLET 500-1.1 MG (*multiple vit-min-calcium-fa*)	NF	
folic acid oral tablet 400 mcg, 800 mcg	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Max 55 Years)
na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml	G	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	NF	
NEPHPLEX RX ORAL TABLET (*b complex-c-zn-folic acid*)	NF	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*)	NF	
nicotinamide oral tablet 750-27-2-0.5 mg	NF	
phytonadione oral tablet 5 mg	G	QL (25 TABLETS per 25 days)
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	NF	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*)	NF	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	NF	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	NF	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (*ped multivitamins-fl-iron*)	NF	
RENATABS WITH IRON ORAL 1 & 100 MG (*b complex-c-biotin-e-fa-fe cbn*)	NF	
reno caps oral capsule 1 mg	G	Select OTC
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	CE	N7 (Not Covered); AL (Max 5 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium fluoride oral tablet 1.1 (0.5 f) mg	CE	N7 (Not Covered); AL (Max 5 Years)
sodium fluoride oral tablet 2.2 (1 f) mg	G	
sodium fluoride oral tablet chewable 1.1 (0.5 f) mg	CE	N7 (Not Covered); AL (Max 5 Years)
sodium fluoride oral tablet chewable 2.2 (1 f) mg	G	
TRIFERIC HEMODIALYSIS PACKET 272 MG (*ferric pyrophosphate citrate*)	NF	
tri-vi-floro oral suspension 0.25 mg/ml	NF	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (*iron sucrose*)	SP	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	G	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl ophthalmic solution 0.05 %	G	
bepotastine besilate ophthalmic solution 1.5 %	NF	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (*bepotastine besilate*)	NF	
cromolyn sodium ophthalmic solution 4 %	G	
epinastine hcl ophthalmic solution 0.05 %	G	
ketotifen fumarate ophthalmic solution 0.025 %	G	Select OTC
ZADITOR OPHTHALMIC SOLUTION 0.025 % (*ketotifen fumarate*)	G	Select OTC
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*)	NF	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (*brimonidine tartrate*)	PB	
AZOPT OPHTHALMIC SUSPENSION 1 % (*brinzolamide*)	NF	
betaxolol hcl ophthalmic solution 0.5 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol hemihydrate*)	NF	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*)	NF	
bimatoprost ophthalmic solution 0.03 %	G	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	G	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	G	
brinzolamide ophthalmic suspension 1 %	G	
carteolol hcl ophthalmic solution 1 %	G	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	NF	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	NF	
dorzolamide hcl ophthalmic solution 2 %	G	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	G	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	G	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	NF	
latanoprost ophthalmic solution 0.005 %	G	
levobunolol hcl ophthalmic solution 0.5 %	G	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*)	NF	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	G	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*)	NF	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	NF	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	PB	
tafluprost (pf) ophthalmic solution 0.0015 %	G	
timolol maleate (once-daily) ophthalmic solution 0.5 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
timolol maleate (Timolol Maleate Ocudose Ophthalmic Solution 0.5 %)	NF	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	G	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	G	
timolol maleate pf ophthalmic solution 0.25 %	NF	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol maleate*)	NF	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (*travoprost*)	NF	
travoprost (bak free) ophthalmic solution 0.004 %	G	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (*latanoprostene bunod*)	NF	
XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*)	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (*tafluprost*)	PB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	G	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	G	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	NF	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (*tobramycin-dexamethasone*)	NF	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	NF	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	G	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*)	NPB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin ophthalmic ointment 500 unit/gm	G	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	G	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*)	NF	
ciprofloxacin hcl ophthalmic solution 0.3 %	G	
erythromycin ophthalmic ointment 5 mg/gm	G	
gatifloxacin ophthalmic solution 0.5 %	G	
gentamicin sulfate ophthalmic solution 0.3 %	G	QL (20 ML per 25 days)
KLARITY-A OPHTHALMIC SOLUTION 1 % (*azithromycin*)	NF	
levofloxacin ophthalmic solution 1.5 %	NF	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	G	
moxifloxacin hcl ophthalmic solution 0.5 %	G	
ofloxacin ophthalmic solution 0.3 %	G	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	G	
sulfacetamide sodium ophthalmic ointment 10 %	G	
sulfacetamide sodium ophthalmic solution 10 %	G	
tobramycin ophthalmic solution 0.3 %	G	
trifluridine ophthalmic solution 1 %	G	
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (*gatifloxacin*)	NF	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (*ketorolac tromethamine*)	NF	
ALREX OPHTHALMIC SUSPENSION 0.2 % (*loteprednol etabonate*)	NF	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*)	NF	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	G	
diclofenac sodium ophthalmic solution 0.1 %	G	
difluprednate ophthalmic emulsion 0.05 %	G	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (*loteprednol etabonate*)	NPB	PA; QL (2 BOTTLES per 90 days)
FLAREX OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone acetate*)	NF	
fluorometholone ophthalmic suspension 0.1 %	G	
flurbiprofen sodium ophthalmic solution 0.03 %	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*)	NF	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone*)	NF	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*)	NF	
INVELTYS OPHTHALMIC SUSPENSION 1 % (*loteprednol etabonate*)	NF	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	G	
LOTEMAX OPHTHALMIC GEL 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (*loteprednol etabonate*)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (*loteprednol etabonate*)	NF	
loteprednol etabonate ophthalmic gel 0.5 %	NF	
loteprednol etabonate ophthalmic suspension 0.5 %	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*)	NF	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (*prednisolone acetate*)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	NF	
prednisolone acetate ophthalmic suspension 1 %	G	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*)	NF	
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*)	NF	
cyclosporine ophthalmic emulsion 0.05 %	NF	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	PB	
XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*)	PB	
MISCELLANEOUS		
atropine sulfate ophthalmic solution 1 %	G	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*)	SP	PA; QL (4 BOTTLES per 28 days)
tropicamide ophthalmic solution 0.5 %	G	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (*varenicline tartrate*)	NF	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	NF	
RETINAL DISORDERS		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (*ranibizumab-nuna*)	NF	
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab-eqrn*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	SP	PA
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	SP	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML (*ranibizumab*)	SP	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	SP	PA
OTHER		
IRRIGATION SOLUTIONS		
sterile water for irrigation irrigation solution	G	STX
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (*alpha1-proteinase inhibitor*)	NF	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (*alpha1-proteinase inhibitor*)	NF	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (*alpha1-proteinase inhibitor*)	SP	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*)	SP	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*)	SP	PA
ANAPHYLAXIS TREATMENT AGENTS		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	PB	QL (4 INJ per 25 days)
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	G	QL (4 INJ per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (*epinephrine*)	NF	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (*epinephrine*)	PB	QL (4 INJ per 25 DAYs)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (*epinephrine*)	PB	QL (4 INJ per 25 DAYs)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (*epinephrine*)	NF	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
acetylcysteine inhalation solution 10 %	G	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (*fluticasone-salmeterol*)	NF	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	PB	QL (1 PACKAGE per 25 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	NF	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	PB	QL (1 PACKAGE per 25 DAYs)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	NPB	QL (2 PACKAGES per 25 DAYs)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	G	QL (6 BOXES per 25 DAYs)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	PB	QL (1 PACKAGE per 25 days)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	PB	QL (1 PACKAGE per 25 Days)
ANTICHOLINERGICS		
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*)	NF	
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*)	NF	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (*umeclidinium bromide*)	NF	
ipratropium bromide inhalation solution 0.02 %	G	QL (5 BOXES per 25 DAYs)
ipratropium bromide nasal solution 0.03 %, 0.06 %	G	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (*glycopyrrolate*)	NF	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (*glycopyrrolate*)	NF	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide monohydrate*)	PB	QL (1 PACKAGE per 25 DAYs)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (*tiotropium bromide monohydrate*)	PB	QL (1 PACKAGE per 25 DAYs)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (*loratadine*)	G	Select OTC
clemastine fumarate oral syrup 0.67 mg/5ml	NF	
cvs allergy relief childrens oral suspension 30 mg/5ml	G	Select OTC
cyproheptadine hcl oral syrup 2 mg/5ml	G	
cyproheptadine hcl oral tablet 4 mg	G	N8 (Listing does not include certain NDCs)
desloratadine oral tablet 5 mg	G	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	G	
eq loratadine childrens oral tablet chewable 5 mg	G	Select OTC
fexofenadine hcl oral tablet 180 mg	G	Select OTC
hydroxyzine hcl oral syrup 10 mg/5ml	G	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	G	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	NPB	ST
kp fexofenadine hcl oral tablet 60 mg	G	Select OTC
levocetirizine dihydrochloride oral tablet 5 mg	G	Select OTC
loratadine oral capsule 10 mg	G	Select OTC
loratadine oral tablet 10 mg	G	Select OTC
olopatadine hcl nasal solution 0.6 %	G	QL (1 SOLUTION per 25 DAYs)
PATANASE NASAL SOLUTION 0.6 % (*olopatadine hcl*)	NPB	QL (1 SOLUTION per 25 days)
RYVENT ORAL TABLET 6 MG (*carbinoxamine maleate*)	NF	
sm loratadine allergy relief oral tablet dispersible 10 mg	G	Select OTC
sm loratadine oral solution 5 mg/5ml	G	Select OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (*levocetirizine dihydrochloride*)	G	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (*cetirizine hcl*)	G	Select OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG (*cetirizine hcl*)	G	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML (*cetirizine hcl*)	G	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 2.5 MG (*cetirizine hcl*)	G	LGC; Select OTC
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	G	N8 (Listing does not include certain NDCs); QL (2 INHALERS per 25 DAYs)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml	G	QL (5 BOXES per 25 DAYs)
albuterol sulfate inhalation nebulization solution 1.25 mg/3ml	G	QL (5 BOXES per 25 days)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	G	QL (60 ML per 25 DAYs)
albuterol sulfate oral syrup 2 mg/5ml	G	
albuterol sulfate oral tablet 2 mg, 4 mg	G	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	NF	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (*arformoterol tartrate*)	NF	
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	G	QL (2 BOXES per 25 DAYs)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	G	QL (300 ML per 25 DAYs)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	G	QL (45 ML per 25 DAYs)
levalbuterol tartrate inhalation aerosol 45 mcg/act	G	QL (2 INHALERS per 25 DAYs)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	NPB	QL (60 VIALS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate (sensor)*)	NF	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	PB	QL (1 PACKAGE per 25 DAYs)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	NF	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	NF	
COLD/COUGH		
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (*fexofenadine-pseudoephedrine*)	G	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (*fexofenadine-pseudoephedrine*)	G	Select OTC
benzonatate oral capsule 100 mg, 150 mg, 200 mg	G	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	G	Select OTC
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*loratadine-pseudoephedrine*)	G	Select OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (*loratadine-pseudoephedrine*)	G	Select OTC
coditussin ac oral liquid 200-10 mg/5ml	G	Select OTC; QL (60 ML per 1 DAY)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg	G	Select OTC
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg	G	Select OTC
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (*hydrocodone bit-homatrop mbr*)	NF	
HYCODAN ORAL TABLET 5-1.5 MG (*hydrocodone bit-homatrop mbr*)	NF	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	G	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	G	QL (30 ML per 1 DAY)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	G	QL (6 TABLETS per 1 DAY)
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	G	Select OTC
m-clear wc oral solution 100-6.33 mg/5ml	G	Select OTC
promethazine vc oral syrup 6.25-5 mg/5ml	G	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	G	QL (30 ML per 1 DAY)
promethazine-codeine oral solution 6.25-10 mg/5ml	G	QL (30 ML per 1 DAY)
promethazine-dm oral syrup 6.25-15 mg/5ml	G	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	G	N8 (Listing does not include certain NDCs)
sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg	G	Select OTC
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	NF	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML (*codeine polst-chlorphen polst*)	NF	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*cetirizine-pseudoephedrine*)	G	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYSTIC FIBROSIS		
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	NF	
BRONCHITOL INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	NF	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (*ivacaftor*)	SP	PA; QL (56 PACKETS per 28 days)
KALYDECO ORAL TABLET 150 MG (*ivacaftor*)	SP	PA; QL (1 CARTON per 28 days)
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NF	
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (*lumacaftor-ivacaftor*)	SP	PA; QL (56 PACKETS per 28 days)
ORKAMBI ORAL PACKET 75-94 MG (*lumacaftor-ivacaftor*)	SP	PA; QL (56 PACKETS per 28 DAYs)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	SP	PA; QL (112 TABLETS per 28 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	SP	PA; QL (150 ML per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (*tezacaftor-ivacaftor*)	SP	PA; QL (56 TABLETS per 28 days)
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	NF	
tobramycin inhalation nebulization solution 300 mg/4ml	G	PA; QL (224 ML per 28 days)
tobramycin inhalation nebulization solution 300 mg/5ml	G	PA; QL (280 ML per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (*elexacaftor-tezacaftor-ivacaft*)	SP	PA; QL (84 TABLETS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	SP	PA; QL (84 TABLETS per 28 DAYs)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*)	SP	PA
LEUKOTRIENE MODIFIERS		
ZYFLO ORAL TABLET 600 MG (*zileuton*)	NF	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
montelukast sodium oral packet 4 mg	G	
montelukast sodium oral tablet 10 mg	G	
montelukast sodium oral tablet chewable 4 mg, 5 mg	G	
SINGULAIR ORAL PACKET 4 MG (*montelukast sodium*)	NF	
SINGULAIR ORAL TABLET 10 MG (*montelukast sodium*)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (*montelukast sodium*)	NF	
zafirlukast oral tablet 10 mg, 20 mg	G	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	G	QL (2 BOXES per 25 DAYs)
MISCELLANEOUS		
acetylcysteine inhalation solution 20 %	G	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (*roflumilast*)	NF	
roflumilast oral tablet 250 mcg, 500 mcg	G	
sodium chloride inhalation nebulization solution 10 %, 3 %	G	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (*beclomethasone diprop monohyd*)	NF	
budesonide nasal suspension 32 mcg/act	G	Select OTC; QL (2 PACKAGES per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (*fluticasone propionate*)	G	Select OTC; QL (1 PACKAGE per 25 DAYs)
flunisolide nasal solution 25 mcg/act (0.025%)	G	QL (3 CONTAINERS per 25 DAYs)
fluticasone propionate nasal suspension 50 mcg/act	G	Select OTC; QL (1 PACKAGE per 25 DAYs)
mometasone furoate nasal suspension 50 mcg/act	G	QL (2 PACKAGES per 25 days)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (*triamcinolone acetonide*)	G	Select OTC; QL (1 PACKAGE per 25 DAYs)
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	NF	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	NF	
triamcinolone acetonide nasal aerosol 55 mcg/act	G	Select OTC; QL (1 PACKAGE per 25 DAYs)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	NPB	PA; QL (2 PACKAGES per 25 days)
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (*ciclesonide*)	NF	
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG (*pirfenidone*)	NF	
ESBRIET ORAL TABLET 267 MG, 801 MG (*pirfenidone*)	NF	
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	SP	PA; QL (60 CAPSULES per 30 DAYs)
pirfenidone oral capsule 267 mg	SP	PA; QL (270 CAPSULES per 30 DAYs)
pirfenidone oral tablet 267 mg	SP	PA; QL (270 TABLETS per 30 DAYs)
pirfenidone oral tablet 534 mg	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pirfenidone oral tablet 801 mg	SP	PA; QL (90 TABLETS per 30 DAYs)
SEVERE ASTHMA AGENTS		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*dupilumab*)	SP	PA; QL (2 SYRINGES per 28 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	SP	PA; QL (1 SYRINGE per 56 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (*benralizumab*)	SP	PA; QL (1 SYRINGE per 56 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mepolizumab*)	SP	PA; QL (3 INJECTIONS per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mepolizumab*)	SP	PA; QL (3 INJECTIONS per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*mepolizumab*)	SP	PA; QL (1 SYRINGE per 28 DAYs)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (*mepolizumab*)	NF	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (*tezepelumab-ekko*)	SP	PA; QL (1 PEN per 28 DAYs)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*omalizumab*)	SP	PA; QL (8 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*omalizumab*)	SP	PA; QL (2 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	SP	PA; QL (8 VIALS per 28 days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (*fluticasone propionate (sensor)*)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (*mometasone furoate*)	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	NF	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*mometasone furoate*)	NF	
budesonide inhalation suspension 0.25 mg/2ml	G	QL (3 BOXES per 25 DAYs)
budesonide inhalation suspension 0.5 mg/2ml	G	QL (2 BOXES per 25 DAYs)
budesonide inhalation suspension 1 mg/2ml	G	QL (1 BOX per 25 DAYs)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT (*fluticasone propionate (inhal)*)	NF	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (*fluticasone propionate hfa*)	NF	
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	NF	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT (*budesonide*)	PB	QL (2 PACKAGES per 25 DAYs)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT (*budesonide*)	PB	QL (3 PACKAGES per 25 DAYs)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (*budesonide*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	NF	N8 (Covered for members age 5 years and younger)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (*fluticasone-salmeterol*)	PB	QL (1 inhaler per 25 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	NF	
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (*fluticasone-salmeterol(sensor)*)	NF	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (*fluticasone furoate-vilanterol*)	PB	N8 (Listing does not include certain NDCs); QL (1 PACKAGE per 25 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	NF	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (*aclidinium br-formoterol fum*)	NF	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	NF	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NF	
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	NF	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	PB	QL (3 PACKAGES per 25 days)
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	NF	
XANTHINES - DRUGS TO TREAT COPD		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	NF	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	G	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	G	
theophylline oral elixir 80 mg/15ml	G	
theophylline oral solution 80 mg/15ml	G	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*)	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (*isotretinoin*)	NF	
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	NF	
isotretinoin (Accutane Oral Capsule 20 Mg, 30 Mg, 40 Mg)	G	PA
ACZONE EXTERNAL GEL 5 %, 7.5 % (*dapsone*)	NF	
adapalene external cream 0.1 %	G	PA; QL (45 G per 25 days); AL (Max 35 Years)
adapalene external gel 0.1 %	G	PA; Select OTC; QL (45 G per 25 days); AL (Max 35 Years)
adapalene external gel 0.3 %	G	PA; QL (45 G per 25 days); AL (Max 35 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adapalene external pad 0.1 %	NF	
adapalene external solution 0.1 %	NF	
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	G	PA; AL (Max 35 Years)
AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*)	PB	PA
ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*)	NF	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	G	PA
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	NF	
ARAZLO EXTERNAL LOTION 0.045 % (*tazarotene*)	PB	PA; AL (Max 35 Years)
ATRALIN EXTERNAL GEL 0.05 % (*tretinoin*)	NF	
AZELEX EXTERNAL CREAM 20 % (*azelaic acid*)	NF	
benzoyl peroxide-erythromycin external gel 5-3 %	G	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	PA
CLEOCIN-T EXTERNAL LOTION 1 % (*clindamycin phosphate*)	NPB	QL (60 ML per 25 DAYs)
clindamycin phosphate (Clindacin-P External Swab 1 %)	G	
CLINDAGEL EXTERNAL GEL 1 % (*clindamycin phosphate*)	NF	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	G	
clindamycin phosphate external foam 1 %	G	N8 (Listing does not include certain NDCs)
clindamycin phosphate external gel 1 %	G	N8 (Listing does not include certain NDCs); QL (75 G per 25 DAYs)
clindamycin phosphate external lotion 1 %	G	QL (60 ML per 25 DAYs)
clindamycin phosphate external solution 1 %	G	QL (60 ML per 25 DAYs)
clindamycin-tretinoin external gel 1.2-0.025 %	G	PA; N8 (Listing does not include certain NDCs); AL (Max 35 Years)
dapsone external gel 5 %, 7.5 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFFERIN EXTERNAL CREAM 0.1 % (*adapalene*)	NPB	PA; QL (45 G per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.1 % (*adapalene*)	G	PA; Select OTC; QL (45 G per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.3 % (*adapalene*)	NPB	PA; QL (45 G per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL LOTION 0.1 % (*adapalene*)	NF	
EPIDUO EXTERNAL GEL 0.1-2.5 % (*adapalene-benzoyl peroxide*)	PB	PA; AL (Max 35 Years)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	PB	PA; AL (Max 35 Years)
ery external pad 2 %	G	
ERYGEL EXTERNAL GEL 2 % (*erythromycin*)	NPB	QL (60 G per 25 DAYs)
erythromycin external gel 2 %	G	QL (60 G per 25 days)
erythromycin external solution 2 %	G	QL (60 ML per 25 DAYs)
FABIOR EXTERNAL FOAM 0.1 % (*tazarotene*)	NF	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	G	PA
KLARON EXTERNAL LOTION 10 % (*sulfacetamide sodium (acne)*)	NPB	ST
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	PB	
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (*tretinoin*)	NPB	PA; AL (Max 35 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (*tretinoin*)	NPB	PA; AL (Max 35 Years)
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	NPB	PA; AL (Max 35 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (*tretinoin microsphere*)	NPB	PA; AL (Max 35 Years)
sulfacetamide sodium (acne) external lotion 10 %	G	
tazarotene external foam 0.1 %	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	G	PA; AL (Max 35 Years)
tretinoin external gel 0.01 %, 0.05 %	G	PA; AL (Max 35 Years)
tretinoin microsphere external gel 0.04 %, 0.1 %	G	PA; AL (Max 35 Years)
TWYNEO EXTERNAL CREAM 0.1-3 % (*tretinoin-benzoyl peroxide*)	PB	
VELTIN EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	NF	
WINLEVI EXTERNAL CREAM 1 % (*clascoterone*)	PB	PA
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	PA
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	NF	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC EXTERNAL CREAM 0.5 % (*fluorouracil*)	NF	
fluorouracil external cream 0.5 %	NF	
fluorouracil external cream 5 %	G	
fluorouracil external solution 2 %, 5 %	G	
imiquimod external cream 5 %	G	QL (2 BOXES per 21 days)
imiquimod pump external cream 3.75 %	G	PA
KLISYRI EXTERNAL OINTMENT 1 % (*tirbanibulin*)	NF	
ZYCLARA EXTERNAL CREAM 3.75 % (*imiquimod*)	NF	
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (*imiquimod*)	NF	
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate external cream 0.1 %	G	QL (120 G per 25 days)
gentamicin sulfate external ointment 0.1 %	G	QL (120 G per 25 days)
mafenide acetate external packet 5 %	G	
mupirocin calcium external cream 2 %	NF	
mupirocin external ointment 2 %	G	QL (30 G per 25 DAYs)
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
silver sulfadiazine external cream 1 %	G	
silver sulfadiazine (Ssd External Cream 1 %)	G	
XEPI EXTERNAL CREAM 1 % (*ozenoxacin*)	NPB	PA; QL (30 G per 25 DAYs)
DERMATOLOGY, ANTIFUNGALS		
butenafine hcl external cream 1 %	G	QL (60 G per 25 days)
ciclopirox external gel 0.77 %	G	
ciclopirox external shampoo 1 %	G	
ciclopirox external solution 8 %	G	PA; STX; QL (6.6 ML per 21 days)
ciclopirox olamine external cream 0.77 %	G	
ciclopirox olamine external suspension 0.77 %	G	
clotrimazole-betamethasone external cream 1-0.05 %	G	STX; QL (60 G per 25 DAYs)
clotrimazole-betamethasone external lotion 1-0.05 %	G	STX; QL (60 ML per 25 DAYs)
econazole nitrate external cream 1 %	G	QL (85 G per 25 DAYs)
ECOZA EXTERNAL FOAM 1 % (*econazole nitrate*)	NF	
ERTACZO EXTERNAL CREAM 2 % (*sertaconazole nitrate*)	NF	
EXELDERM EXTERNAL CREAM 1 % (*sulconazole nitrate*)	NPB	ST; QL (60 G per 25 DAYs)
EXELDERM EXTERNAL SOLUTION 1 % (*sulconazole nitrate*)	NPB	ST; QL (60 ML per 25 DAYs)
JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*)	NPB	PA; QL (4 ML per 21 days)
ketoconazole external cream 2 %	G	
ketoconazole external foam 2 %	NF	
LOPROX EXTERNAL SHAMPOO 1 % (*ciclopirox*)	NPB	ST
LOPROX EXTERNAL SUSPENSION 0.77 % (*ciclopirox olamine*)	NF	
luliconazole external cream 1 %	NF	
LUZU EXTERNAL CREAM 1 % (*luliconazole*)	NF	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcipotriene external foam 0.005 %	NF	
calcipotriene external ointment 0.005 %	G	ST; QL (60 G per 25 DAYs)
calcipotriene external solution 0.005 %	G	ST; QL (60 ML per 25 DAYs)
calcitriol external ointment 3 mcg/gm	NF	
methoxsalen rapid oral capsule 10 mg	G	
SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*)	NF	
SOTYKTU ORAL TABLET 6 MG (*deucravacitinib*)	NF	
tazarotene external cream 0.1 %	G	PA; AL (Max 35 Years)
tazarotene external gel 0.05 %, 0.1 %	NF	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (*tazarotene*)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (*calcitriol*)	NF	
VTAMA EXTERNAL CREAM 1 % (*tapinarof*)	PB	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	NF	
ZORYVE EXTERNAL CREAM 0.3 % (*roflumilast*)	NF	
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole external shampoo 2 %	G	
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*tralokinumab-ldrm*)	SP	PA; QL (4 SYRINGES per 28 days)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	SP	PA; QL (30 TABLETS per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (*dupilumab*)	SP	PA; QL (2 PENS per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (*dupilumab*)	SP	PA; QL (4 PENS per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*dupilumab*)	SP	PA; QL (2 SYRINGES per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*dupilumab*)	SP	PA; QL (4 SYRINGES per 28 days)
OPZELURA EXTERNAL CREAM 1.5 % (*ruxolitinib phosphate*)	NPB	PA; QL (60 G per 28 days)
DERMATOLOGY, CORTICOSTEROIDS		
alclometasone dipropionate external cream 0.05 %	G	QL (120 G per 25 DAYs)
alclometasone dipropionate external ointment 0.05 %	G	QL (120 G per 25 DAYs)
amcinonide external lotion 0.1 %	G	QL (120 ML per 25 DAYs)
amcinonide external ointment 0.1 %	NPB	PA; QL (180 G per 25 DAYs)
APEXICON E EXTERNAL CREAM 0.05 % (*diflorasone diacet emoll base*)	NF	
betamethasone dipropionate aug external cream 0.05 %	G	QL (120 G per 25 DAYs)
betamethasone dipropionate aug external gel 0.05 %	G	QL (120 G per 25 DAYs)
betamethasone dipropionate aug external lotion 0.05 %	G	QL (120 ML per 25 DAYs)
betamethasone dipropionate aug external ointment 0.05 %	G	QL (120 G per 25 DAYs)
betamethasone dipropionate external cream 0.05 %	G	QL (120 G per 25 DAYs)
betamethasone dipropionate external lotion 0.05 %	G	QL (120 ML per 25 DAYs)
betamethasone dipropionate external ointment 0.05 %	NF	
betamethasone valerate external cream 0.1 %	G	QL (120 G per 25 DAYs)
betamethasone valerate external foam 0.12 %	G	QL (120 G per 25 DAYs)
betamethasone valerate external lotion 0.1 %	G	QL (120 ML per 25 DAYs)
betamethasone valerate external ointment 0.1 %	G	QL (120 G per 25 DAYs)
BRYHALI EXTERNAL LOTION 0.01 % (*halobetasol propionate*)	PB	QL (120 G per 25 DAYs)
calcipotriene-betameth diprop external ointment 0.005-0.064 %	NF	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	NF	
CAPEX EXTERNAL SHAMPOO 0.01 % (*fluocinolone acetonide*)	NF	
clobetasol propionate e external cream 0.05 %	G	QL (120 G per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobetasol propionate emulsion external foam 0.05 %	NF	
clobetasol propionate external cream 0.05 %	G	QL (120 G per 25 DAYs)
clobetasol propionate external foam 0.05 %	G	QL (120 G per 25 days)
clobetasol propionate external gel 0.05 %	G	QL (120 G per 25 DAYs)
clobetasol propionate external liquid 0.05 %	NF	
clobetasol propionate external lotion 0.05 %	G	QL (120 ML per 25 DAYs)
clobetasol propionate external ointment 0.05 %	G	QL (120 G per 25 DAYs)
clobetasol propionate external shampoo 0.05 %	G	QL (120 ML per 25 DAYs)
clobetasol propionate external solution 0.05 %	G	QL (120 ML per 25 DAYs)
CLOBEX EXTERNAL LOTION 0.05 % (*clobetasol propionate*)	NPB	PA; QL (180 ML per 25 DAYs)
CLOBEX EXTERNAL SHAMPOO 0.05 % (*clobetasol propionate*)	NPB	PA; QL (180 ML per 25 DAYs)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (*clobetasol propionate*)	NF	
clocortolone pivalate external cream 0.1 %	NF	
CLODERM EXTERNAL CREAM 0.1 % (*clocortolone pivalate*)	NPB	PA; QL (180 G per 25 DAYs)
CORDRAN EXTERNAL CREAM 0.05 % (*flurandrenolide*)	NF	
CORDRAN EXTERNAL LOTION 0.05 % (*flurandrenolide*)	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*)	NF	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	NPB	PA; QL (180 ML per 25 DAYs)
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	NPB	PA; QL (180 ML per 25 DAYs)
desonide external cream 0.05 %	G	QL (120 G per 25 DAYs)
desonide external gel 0.05 %	NF	
desonide external lotion 0.05 %	G	QL (120 ML per 25 days)
desonide external ointment 0.05 %	G	QL (120 G per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DESOWEN EXTERNAL CREAM 0.05 % (*desonide*)	NPB	PA; QL (180 G per 25 DAYs)
desoximetasone external cream 0.05 %, 0.25 %	G	QL (120 G per 25 DAYs)
desoximetasone external gel 0.05 %	G	QL (120 G per 25 DAYs)
desoximetasone external liquid 0.25 %	G	QL (120 ML per 25 DAYs)
desoximetasone external ointment 0.05 %	NF	
desoximetasone external ointment 0.25 %	G	QL (120 G per 25 DAYs)
desonide (Desrx External Gel 0.05 %)	NF	
diflorasone diacetate external cream 0.05 %	NF	
diflorasone diacetate external ointment 0.05 %	NF	
DIPROLENE EXTERNAL OINTMENT 0.05 % (*betamethasone dipropionate aug*)	NPB	PA; QL (180 G per 25 days)
DUOBRII EXTERNAL LOTION 0.01-0.045 % (*halobetasol prop-tazarotene*)	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	PB	
fluocinolone acetonide body external oil 0.01 %	G	QL (120 ML per 25 DAYs)
fluocinolone acetonide external cream 0.01 %, 0.025 %	G	QL (120 G per 25 DAYs)
fluocinolone acetonide external ointment 0.025 %	G	QL (120 G per 25 DAYs)
fluocinolone acetonide external solution 0.01 %	G	QL (120 ML per 25 DAYs)
fluocinolone acetonide scalp external oil 0.01 %	G	QL (120 ML per 25 DAYs)
fluocinonide emulsified base external cream 0.05 %	G	QL (120 G per 25 DAYs)
fluocinonide external cream 0.05 %	G	QL (120 G per 25 DAYs)
fluocinonide external cream 0.1 %	NF	
fluocinonide external gel 0.05 %	G	QL (120 G per 25 DAYs)
fluocinonide external ointment 0.05 %	G	QL (120 G per 25 DAYs)
fluocinonide external solution 0.05 %	G	QL (120 ML per 25 days)
flurandrenolide external cream 0.05 %	NF	
flurandrenolide external lotion 0.05 %	NF	
fluticasone propionate external cream 0.05 %	G	QL (120 G per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone propionate external lotion 0.05 %	G	QL (120 ML per 25 days)
fluticasone propionate external ointment 0.005 %	G	QL (120 G per 25 DAYs)
halcinonide external cream 0.1 %	NF	
halobetasol propionate external cream 0.05 %	G	QL (120 G per 25 DAYs)
halobetasol propionate external foam 0.05 %	NF	
halobetasol propionate external ointment 0.05 %	G	QL (120 G per 25 DAYs)
HALOG EXTERNAL CREAM 0.1 % (*halcinonide*)	NF	
HALOG EXTERNAL OINTMENT 0.1 % (*halcinonide*)	NF	
HALOG EXTERNAL SOLUTION 0.1 % (*halcinonide*)	NF	
hydrocortisone butyr lipo base external cream 0.1 %	NF	
hydrocortisone butyrate external cream 0.1 %	G	QL (120 G per 25 DAYs)
hydrocortisone butyrate external lotion 0.1 %	NF	
hydrocortisone butyrate external ointment 0.1 %	G	QL (120 G per 25 DAYs)
hydrocortisone butyrate external solution 0.1 %	G	QL (120 ML per 25 DAYs)
hydrocortisone external cream 2.5 %	G	QL (120 G per 25 DAYs)
hydrocortisone external lotion 2.5 %	G	QL (120 ML per 25 DAYs)
hydrocortisone external ointment 2.5 %	G	QL (120 G per 25 DAYs)
hydrocortisone valerate external cream 0.2 %	G	QL (120 G per 25 days)
hydrocortisone valerate external ointment 0.2 %	G	QL (120 G per 25 days)
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%) (*clobetasol propionate*)	NF	
IMPOYZ EXTERNAL CREAM 0.025 % (*clobetasol propionate*)	NF	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (*triamcinolone acetonide*)	NF	
LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*)	NF	
LOCOID EXTERNAL LOTION 0.1 % (*hydrocortisone butyrate*)	NPB	PA; QL (180 ML per 25 DAYs)
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (*hydrocortisone butyr lipo base*)	NPB	PA; QL (180 G per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUXIQ EXTERNAL FOAM 0.12 % (*betamethasone valerate*)	NF	
mometasone furoate external cream 0.1 %	G	QL (120 G per 25 DAYs)
mometasone furoate external ointment 0.1 %	G	QL (120 G per 25 DAYs)
mometasone furoate external solution 0.1 %	G	QL (120 ML per 25 DAYs)
OLUX-E EXTERNAL FOAM 0.05 % (*clobetasol propionate emulsion*)	NF	
PANDEL EXTERNAL CREAM 0.1 % (*hydrocortisone probutate*)	NPB	PA; QL (180 G per 25 DAYs)
SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*)	NPB	PA; STX; QL (120 ML per 25 DAYs)
SYNALAR EXTERNAL CREAM 0.025 % (*fluocinolone acetonide*)	NPB	PA; QL (180 G per 25 DAYs)
SYNALAR EXTERNAL OINTMENT 0.025 % (*fluocinolone acetonide*)	NPB	PA; QL (180 G per 25 DAYs)
SYNALAR EXTERNAL SOLUTION 0.01 % (*fluocinolone acetonide*)	NPB	PA; QL (180 ML per 25 DAYs)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (*calcipotriene-betameth diprop*)	PB	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	PB	
TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*)	NPB	PA; QL (180 ML per 25 DAYs)
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (*desoximetasone*)	NPB	PA; QL (180 G per 25 DAYs)
TOPICORT EXTERNAL GEL 0.05 % (*desoximetasone*)	NPB	PA; QL (180 G per 25 DAYs)
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (*desoximetasone*)	NPB	PA; QL (180 G per 25 DAYs)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (*desoximetasone*)	NPB	PA; QL (180 ML per 25 DAYs)
clobetasol propionate emulsion (Tovet External Foam 0.05 %)	NF	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	G	QL (120 G per 25 DAYs)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	G	QL (120 ML per 25 DAYs)
triamcinolone acetonide external ointment 0.025 %, 0.1 %	G	QL (120 G per 25 DAYs)
triamcinolone acetonide external ointment 0.5 %	G	QL (120 G per 25 days)
TRIDESILON EXTERNAL CREAM 0.05 % (*desonide*)	NPB	PA; QL (180 G per 25 DAYs)
ULTRAVATE EXTERNAL LOTION 0.05 % (*halobetasol propionate*)	NF	
VANOS EXTERNAL CREAM 0.1 % (*fluocinonide*)	NF	
VERDESO EXTERNAL FOAM 0.05 % (*desonide*)	NF	
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine external ointment 5 %	G	QL (50 G per 25 DAYs)
lidocaine external patch 5 %	G	PA; QL (90 PATCHES per 25 DAYs)
lidocaine hcl external solution 4 %	G	QL (50 ML per 25 DAYs)
lidocaine-prilocaine external cream 2.5-2.5 %	G	QL (30 G per 25 DAYs)
LIDODERM EXTERNAL PATCH 5 % (*lidocaine*)	NPB	PA; QL (90 PATCHES per 25 DAYs)
PLIAGLIS EXTERNAL CREAM 7-7 % (*lidocaine-tetracaine*)	NF	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 % (*lidocaine hcl & post-op system*)	NF	
SYNERA EXTERNAL PATCH 70-70 MG (*lidocaine-tetracaine*)	NPB	QL (2 PATCHES per 25 DAYs)
ZTLIDO EXTERNAL PATCH 1.8 % (*lidocaine*)	NPB	QL (90 PATCHES per 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ABREVA EXTERNAL CREAM 10 % (*docosanol*)	G	Select OTC
acyclovir external cream 5 %	NF	
acyclovir external ointment 5 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (*interferon alfa-n3*)	SP	
AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*)	NF	
bexarotene external gel 1 %	SP	PA
DENAVIR EXTERNAL CREAM 1 % (*penciclovir*)	NPB	PA
diclofenac epolamine external patch 1.3 %	G	STX; QL (30 PATCHES per 25 DAYs)
diclofenac sodium external gel 3 %	G	PA; QL (100 G per 25 days)
diclofenac sodium external solution 1.5 %	G	PA; QL (300 ML per 21 days)
diclofenac sodium external solution 2 %	NF	
docosanol external cream 10 %	G	Select OTC
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	NF	
EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*)	PB	
FLECTOR EXTERNAL PATCH 1.3 % (*diclofenac epolamine*)	NF	
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	NF	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	SP	QL (1 STICK per 25 DAYs)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (*diclofenac epolamine*)	NF	
penciclovir external cream 1 %	NF	
PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*)	NF	
pimecrolimus external cream 1 %	G	PA
podofilox external solution 0.5 %	G	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	NPB	PA
tacrolimus external ointment 0.03 %, 0.1 %	G	PA
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	SP	PA; QL (2 TUBES per 30 DAYs)
VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*)	NF	
ZOVIRAX EXTERNAL CREAM 5 % (*acyclovir*)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (*acyclovir*)	NF	
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (*imiquimod*)	NF	
DERMATOLOGY, ROSACEA		
azelaic acid external gel 15 %	G	
brimonidine tartrate external gel 0.33 %	NF	
doxycycline oral capsule delayed release 40 mg	NF	
EPSOLAY EXTERNAL CREAM 5 % (*benzoyl peroxide*)	NF	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	PB	PA
FINACEA EXTERNAL GEL 15 % (*azelaic acid*)	NF	
ivermectin external cream 1 %	NF	
METROCREAM EXTERNAL CREAM 0.75 % (*metronidazole*)	NPB	ST; QL (60 G per 25 days)
METROGEL EXTERNAL GEL 1 % (*metronidazole*)	NF	
METROLOTION EXTERNAL LOTION 0.75 % (*metronidazole*)	NPB	QL (60 ML per 25 DAYs)
metronidazole external cream 0.75 %	G	QL (60 G per 25 days)
metronidazole external gel 0.75 %, 1 %	G	QL (60 G per 25 days)
metronidazole external lotion 0.75 %	G	QL (60 ML per 25 days)
MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*)	NF	
NORITATE EXTERNAL CREAM 1 % (*metronidazole*)	NF	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	PB	
RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*)	NF	
SOOLANTRA EXTERNAL CREAM 1 % (*ivermectin*)	PB	
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (*crotamiton*)	G	
malathion external lotion 0.5 %	G	
permethrin external cream 5 %	G	
spinosad external suspension 0.9 %	G	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX EXTERNAL GEL 0.01 % (*becaplermin*)	NPB	PA; QL (30 G per 25 DAYs)
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	G	
chlorhexidine gluconate mouth/throat solution 0.12 %	G	
clotrimazole mouth/throat troche 10 mg	G	QL (90 LOZENGES per 25 days)
lidocaine viscous hcl mouth/throat solution 2 %	G	
nystatin mouth/throat suspension 100000 unit/ml	G	
ORAVIG BUCCAL TABLET 50 MG (*miconazole*)	NPB	QL (14 TABLETS per 25 days)
pilocarpine hcl oral tablet 5 mg, 7.5 mg	G	
triamcinolone acetonide mouth/throat paste 0.1 %	G	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid otic solution 2 %	G	
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (*ciprofloxacin-dexamethasone*)	NF	
ciprofloxacin hcl otic solution 0.2 %	G	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	G	
fluocinolone acetonide otic oil 0.01 %	G	
hydrocortisone-acetic acid otic solution 1-2 %	G	
neomycin-polymyxin-hc otic solution 1 %	G	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	G	
ofloxacin otic solution 0.3 %	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTOVEL OTIC SOLUTION 0.3-0.025 % (*ciprofloxacin-fluocinolone*)	NF	

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