

Plan for your best health

2020 Aetna Pharmacy Drug Guide Advanced Control Plan - Aetna



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How to use this guide

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

Your plan includes

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

What you can expect to pay

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

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

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

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

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

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

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

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

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

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

Have more questions about your pharmacy benefits?

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

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

Specialty Pharmacy Network

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

How to get started with a specialty pharmacy

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

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
 - 1. Electronically:** Through e-prescribe
 - 2. Fax: 1-866-FAX-ASRX (1-866-329-2779)**
 - 3. Phone: 1-866-782-ASRX (1-866-782-2779),**
option 2

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

CVS Caremark Mail Service Pharmacy®

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

Get started right away

You can submit your order using one of these options:

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

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

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

Frequently asked questions

How can I save on prescriptions?

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

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

What are generic drugs?

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

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

What is precertification?

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

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

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

What is step therapy?

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

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

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

What are quantity limits?

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

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

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

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

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

How can your provider request a medical exception?

- Submit their request through our secure provider website on NaviNet®.
- Call the Aetna Pharmacy Precertification Unit at **1-855-240-0535**.
- Fax the completed request form to **1-877-269-9916**.
- Mail the completed request form to:
Aetna Pharmacy Management
1300 East Campbell Road
Richardson, TX 75081

Pharmacy and Therapeutics (P&T) committee

We use the services of an independent National Pharmacy and Therapeutics Committee (“P&T Committee”) 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. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no CVS Caremark or Aetna employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

Can the formulary change during the year?

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

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

Commercial 1557 Nondiscrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, 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 a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705),

CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at:

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

TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah níłíigo nanitinígíí bee néého'dółzinígíí béésh bee hane'í bikáá' áají' hólne'. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. (Albanian)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك الشخصية. (Arabic)

Անվճար լեզվական ծառայություններին օգտվելու համար զանգահարեք ձեր ինքնության (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z'indimi atakiguzi, Hamagara inumero iri kuri karangamuntu kawe. (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa numero sa nimong ID card. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al número indicat a la seva targeta d'identificació. (Catalan)

Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

M dyi wuḍu-dù kà kò dò bě dyi móuń nì pídýi ní, nìí, dǎ nòbà nǎ nì ID káàò kǝ. (Kru-Bassa)

بۆ دەسپێر اگەشتن بە خزمەتگوزاری زمان بەی تێچوون بۆ تۆ، پەيوەندی بکە بە ژمارەى سەر ئای دى (ID) کارتی خۆت.
(Kurdish)

ເພື່ອຂໍ້ໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທົບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डवरील क्रमांकावर फोन करा. (Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirllok nomba eo ilo ID kaat eo am.
(Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
(Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस् । (Nepali)

Tě kɔɔr yīn wěēr de thokic ke cīn wēu kɔr keek tēnɔŋ yīn. Ke cɔl kɔc ye kɔc kuɔny nē nɔmba de abac tō
nē ID kard du kōu. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. (Norwegian)

Um Schprooch Services zu griegie mitaus Koscht, ruff die Nummer uff dei ID Kaart. (Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej
Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua
identidade. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਫ਼ੋਨ
ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul dvs. de identificare.
(Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному
на вашей карточке участника плана. (Russian)

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.

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Pharmacy Drug Guide (formulary) may be subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug. Louisiana members: depending on your specific plan and the prescription medication in question, you may in some instances be subject to an excess consumer cost burden for prescription drugs as defined by your state.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through specialty pharmacy prescription fulfillment.

Not all health services are covered. Your plan may not cover certain drugs such as infertility, erectile dysfunction, weight loss and smoking cessation. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna may receive rebates from certain drug manufacturers. Generally, such rebates do not directly reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change.

The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans.

In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Pharmacy Drug Guide (formulary), Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "pre-service utilization review." It is not "verification" as defined by Texas law.

In accordance with state law, fully insured Commercial California health maintenance organization (HMO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the Precertification or Step-Therapy Lists or removed from the Pharmacy Drug Guide (formulary) 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 enrollee's medical condition. 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 medications that are added to the Precertification or Step-Therapy Lists will continue to have those medications 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.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. Aetna and CVS Caremark Mail Service Pharmacy are part of the CVS Health family of companies.



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		Coverage Requirements and Limits AL = Age Limit 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. IBC = Indication Based Coverage LGC = Lowest Generic Copay Applies PA = Prior Authorization QL = Quantity Limit QLR = Quantity Limit Restriction Based on Age 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
		Drug Tier FE = Formulary Excluded NC = Not Covered NP = Non-Preferred Brand and Generic NPS = Non-Preferred Specialty PB = Preferred Brand PG = Preferred Generic PSP = Preferred Specialty
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	NP	ST; QL (90 TABLETS per 25 DAYS)
ADDERALL ORAL TABLET 15 MG, 20 MG (<i>amphetamine-dextroamphetamine</i>)	NP	ST; QL (60 TABLETS per 25 DAYS)
ADDERALL ORAL TABLET 30 MG (<i>amphetamine-dextroamphetamine</i>)	NP	ST; QL (30 TABLETS per 25 DAYS)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NP	QL (90 CAPSULES per 25 days)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 25 MG, 30 MG (<i>amphetamine-dextroamphetamine</i>)	NP	QL (30 CAPSULES per 25 days)
ADHANSIA XR (<i>methylphenidate hcl</i>)	FE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADIPEX-P (<i>phentermine hcl</i>)	NP	PA; SPC (Only available for select plans)
ADZENYS ER (<i>amphetamine</i>)	NP	ST; QL (450 ML per 25 DAYS)
ADZENYS XR-ODT (<i>amphetamine</i>)	FE	
<i>amphetamine sulfate</i>	NP	STX; QL (120 TABLETS per 25 DAYS)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 5 mg</i>	PG	QL (90 CAPSULES per 25 DAYS)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	PG	QL (30 CAPSULES per 25 DAYS)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	PG	QL (90 TABLETS per 25 DAYS)
<i>amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg</i>	PG	QL (60 TABLETS per 25 DAYS)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	PG	QL (30 TABLETS per 25 DAYS)
APTENSIO XR (<i>methylphenidate hcl</i>)	FE	
<i>armodafinil</i>	PG	PA
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	PG	QL (120 CAPSULES per 25 DAYS)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	PG	QL (30 CAPSULES per 25 DAYS)
<i>atomoxetine hcl oral capsule 40 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)
BELVIQ (<i>lorcaserin hcl</i>)	PB	PA; SPC (Only available for select plans)
BELVIQ XR (<i>lorcaserin hcl</i>)	PB	PA; SPC (Only available for select plans)
<i>benzphetamine hcl</i>	PG	PA; SPC (Only available for select plans)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG (<i>methylphenidate hcl</i>)	NP	QL (60 TABLETS per 25 DAYS)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (<i>methylphenidate hcl</i>)	NP	QL (30 TABLETS per 25 DAYS)
COTEMPLA XR-ODT (<i>methylphenidate</i>)	FE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAYTRANA (<i>methylphenidate</i>)	NP	ST; QL (30 PATCHES per 25 DAYs)
DESOXYN (<i>methamphetamine hcl</i>)	NP	QL (150 TABLETS per 25 DAYs)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (<i>dextroamphetamine sulfate</i>)	NP	ST; QL (120 CAPSULES per 25 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG (<i>dextroamphetamine sulfate</i>)	NP	ST; QL (60 CAPSULES per 25 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	QL (60 CAPSULES per 25 DAYs)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 40 mg</i>	PG	QL (30 CAPSULES per 25 DAYs)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 35 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	PG	QL (60 TABLETS per 25 DAYs)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 DAYs)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	PG	QL (120 CAPSULES per 25 DAYs)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	PG	QL (60 CAPSULES per 25 DAYs)
<i>dextroamphetamine sulfate oral solution</i>	PG	QL (1200 ML per 25 DAYs)
<i>dextroamphetamine sulfate oral tablet</i>	PG	QL (120 TABLETS per 25 DAYs)
<i>diethylpropion hcl er</i>	PG	PA; SPC (Only available for select plans)
<i>diethylpropion hcl oral</i>	PG	PA; SPC (Only available for select plans)
DYANAVEL XR (<i>amphetamine</i>)	NP	ST; QL (240 ML per 25 DAYs)
EVEKEO (<i>amphetamine sulfate</i>)	FE	
EVEKEO ODT (<i>amphetamine sulfate</i>)	FE	
FOCALIN ORAL TABLET 10 MG (<i>dexmethylphenidate hcl</i>)	NP	QL (60 TABLETS per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOCALIN ORAL TABLET 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NP	QL (120 TABLETS per 25 DAYS)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NP	ST; QL (60 CAPSULES per 25 DAYS)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG (<i>dexmethylphenidate hcl</i>)	NP	ST; QL (30 CAPSULES per 25 DAYS)
<i>guanfacine hcl er</i>	NP	
INTUNIV (<i>guanfacine hcl</i>)	FE	
JORNAY PM (<i>methylphenidate hcl</i>)	FE	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>clonidine hcl</i>)	FE	
LOMAIRA (<i>phentermine hcl</i>)	FE	
<i>methylphenidate hcl er</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	PG	QL (90 TABLETS per 25 DAYS)
<i>methamphetamine hcl</i>	PG	STX; QL (150 TABLETS per 25 DAYS)
METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL (900 ML per 25 DAYS)
METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL (1800 ML per 25 DAYS)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	PG	QL (90 TABLETS per 25 DAYS)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg</i>	PG	QL (60 TABLETS per 25 DAYS)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i>	PG	QL (60 TABLETS per 25 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	PG	QL (30 TABLETS per 25 DAYS)
<i>methylphenidate hcl er oral tablet extended release 54 mg, 72 mg</i>	PG	QL (30 TABLETS per 25 DAYS)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	PG	QL (900 ML per 25 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	PG	QL (1800 ML per 25 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	PG	QL (180 TABLETS per 25 DAYS)
<i>methylphenidate hcl oral tablet 20 mg</i>	PG	QL (90 TABLETS per 25 DAYS)
<i>methylphenidate hcl oral tablet chewable</i>	NP	QL (180 TABLETS per 25 DAYS)
<i>modafinil</i>	PG	PA
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG (<i>amphetamine-dextroamphetamine</i>)	PB	QL (60 CAPSULES per 25 DAYS)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	PB	QL (30 CAPSULES per 25 DAYS)
NUVIGIL (<i>armodafinil</i>)	FE	
<i>phendimetrazine tartrate</i>	PG	PA; SPC (Only available for select plans)
<i>phendimetrazine tartrate er</i>	PG	PA; SPC (Only available for select plans)
<i>phentermine hcl oral</i>	PG	PA; SPC (Only available for select plans)
PROCENTRA (<i>dextroamphetamine sulfate</i>)	NP	ST; QL (1200 ML per 25 DAYS)
PROVIGIL (<i>modafinil</i>)	FE	
QSYMIA (<i>phentermine-topiramate</i>)	FE	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG (<i>methylphenidate hcl</i>)	NP	ST; QL (60 TABLETS per 25 DAYS)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (<i>methylphenidate hcl</i>)	NP	ST; QL (30 TABLETS per 25 DAYS)
QUILLIVANT XR (<i>methylphenidate hcl</i>)	NP	ST; QL (360 ML per 25 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REGIMEX (<i>benzphetamine hcl</i>)	NP	PA; SPC (Only available for select plans)
RELEXXII (<i>methylphenidate hcl</i>)	FE	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG (<i>methylphenidate hcl</i>)	NP	QL (60 CAPSULES per 25 DAYs)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>methylphenidate hcl</i>)	NP	QL (30 CAPSULES per 25 DAYs)
RITALIN ORAL TABLET 10 MG, 5 MG (<i>methylphenidate hcl</i>)	NP	QL (180 TABLETS per 25 DAYs)
RITALIN ORAL TABLET 20 MG (<i>methylphenidate hcl</i>)	NP	QL (90 TABLETS per 25 DAYs)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG (<i>atomoxetine hcl</i>)	NP	QL (120 CAPSULES per 25 DAYs)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	NP	QL (30 CAPSULES per 25 DAYs)
STRATTERA ORAL CAPSULE 40 MG (<i>atomoxetine hcl</i>)	NP	QL (60 CAPSULES per 25 DAYs)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (60 CAPSULES per 25 DAYs)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (30 CAPSULES per 25 DAYs)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (60 TABLETS per 25 DAYs)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (30 TABLETS per 25 DAYs)
XENICAL (<i>orlistat</i>)	FE	
ZENZEDI ORAL TABLET 15 MG, 20 MG (<i>dextroamphetamine sulfate</i>)	PG	QL (60 TABLETS per 25 DAYs)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	PG	QL (120 TABLETS per 25 DAYs)
ZENZEDI ORAL TABLET 30 MG (<i>dextroamphetamine sulfate</i>)	PG	QL (30 TABLETS per 25 DAYs)
*AGENTS FOR NARCOTIC WITHDRAWAL*** - DRUGS FOR ADDICTION		
LUCEMYRA (<i>lofexidine hcl</i>)	FE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR ADDICTION		
LUCEMYRA (<i>lofexidine hcl</i>)	FE	
AMEBICIDES - DRUGS FOR INFECTIONS		
SOLOSEC (<i>secnidazole</i>)	FE	
*AMINO ACIDS*** - DRUGS FOR NUTRITION		
ENDARI (<i>glutamine (sickle cell)</i>)	NPS	PA; QL (180 PACKET per 30 days)
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
BETHKIS (<i>tobramycin</i>)	PSP	PA; QL (224 ML per 28 days)
KITABIS PAK (<i>tobramycin</i>)	NPS	PA; QL (280 ML per 28 days)
<i>neomycin sulfate oral</i>	PG	
<i>paromomycin sulfate oral</i>	PG	
TOBI (<i>tobramycin</i>)	FE	
TOBI PODHALER (<i>tobramycin</i>)	FE	
<i>tobramycin inhalation</i>	PSP	PA; QL (280 ML per 28 days)
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
ACTEMRA (<i>tocilizumab</i>)	FE	
ACTEMRA ACTPEN (<i>tocilizumab</i>)	FE	
ARCALYST (<i>rilonacept</i>)	NPS	PA; QL (4 SOLUTION RECONSTITUTED per 28 days)
ARTHROTEC ORAL TABLET DELAYED RELEASE (<i>diclofenac-misoprostol</i>)	FE	
CELEBREX (<i>celecoxib</i>)	FE	
<i>celecoxib oral</i>	NP	
<i>diclofenac potassium</i>	PG	
<i>diclofenac sodium er</i>	PG	
<i>diclofenac sodium oral</i>	PG	
<i>diclofenac-misoprostol oral tablet delayed release</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUEXIS (<i>ibuprofen-famotidine</i>)	FE	
ENBREL MINI (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SOLUTION RECONSTITUTED per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 ML per 28 days)
<i>etodolac er</i>	PG	
<i>etodolac oral</i>	PG	
<i>fenoprofen calcium oral capsule</i>	FE	
<i>fenoprofen calcium oral tablet</i>	PG	
FENORTHO ORAL CAPSULE 200 MG (<i>fenoprofen calcium</i>)	FE	
<i>flurbiprofen oral</i>	PG	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; QL (4 PREFILLED SYRINGE KIT per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; QL (3 PREFILLED SYRINGE KIT per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PSP	PA; QL (2 PREFILLED SYRINGE KIT per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	PSP	PA; QL (4 PEN-INJECTOR KIT per 28 days)

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HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; QL (6 PEN-INJECTOR KIT per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; QL (1 PEN-INJECTOR KIT per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; QL (4 PEN-INJECTOR KIT per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PSP	PA; QL (1 PEN-INJECTOR KIT per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab</i>)	PSP	PA; QL (2 PREFILLED SYRINGE KIT per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; QL (4 PREFILLED SYRINGE KIT per 28 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	
ILARIS SUBCUTANEOUS SOLUTION (<i>canakinumab</i>)	NPS	PA
INDOCIN ORAL (<i>indomethacin</i>)	FE	
INDOCIN RECTAL (<i>indomethacin</i>)	FE	
<i>indomethacin oral</i>	PG	STX
<i>ketoprofen er</i>	PG	
<i>ketorolac tromethamine oral</i>	PG	QL (20 TABLETS per 25 DAYS)
KEVZARA (<i>sarilumab</i>)	NPS	PA; QL (2 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>anakinra</i>)	FE	
<i>leflunomide oral</i>	PG	
LODINE (<i>etodolac</i>)	FE	
<i>meclofenamate sodium oral</i>	PG	
<i>mefenamic acid oral</i>	NP	
<i>meloxicam oral tablet</i>	PG	
<i>nabumetone oral</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	FE	
NAPROSYN ORAL SUSPENSION (<i>naproxen</i>)	FE	
<i>naproxen dr</i>	PG	
<i>naproxen oral suspension</i>	FE	
<i>naproxen oral tablet</i>	PG	
<i>naproxen sodium er</i>	FE	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	PG	
OLUMIANT (<i>baricitinib</i>)	FE	
ORENCIA CLICKJECT (<i>abatacept</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 ML per 28 days)
ORENCIA INTRAVENOUS (<i>abatacept</i>)	FE	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>abatacept</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 ML per 28 days)
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 (<i>methotrexate (anti-rheumatic)</i>)	FE	
<i>oxaprozin</i>	PG	
<i>piroxicam oral</i>	PG	
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 (<i>methotrexate (anti-rheumatic)</i>)	PSP	PA; QL (4 ML per 28 days)
RINVOQ (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (1 TABLET EXTENDED RELEASE 24 HOUR per 1 DAY)

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SIMPONI ARIA (<i>golimumab</i>)	PSP	PA; QL (200 ML per 56 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>golimumab</i>)	FE	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>golimumab</i>)	FE	
SPRIX (<i>ketorolac tromethamine</i>)	FE	
<i>sulindac oral</i>	PG	
TIVORBEX (<i>indomethacin</i>)	FE	
<i>tolmetin sodium</i>	PG	
VIMOVO (<i>naproxen-esomeprazole</i>)	FE	
VIVLODEX (<i>meloxicam</i>)	FE	
XELJANZ ORAL TABLET 10 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Ulcerative Colitis (after failure of Humira)); QL (60 TABLETS per 30 days)
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); QL (60 TABLETS per 30 days)
XELJANZ XR (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for Psoriatic Arthritis.); QL (30 TABLETS per 30 days)
ZIPSOR (<i>diclofenac potassium</i>)	FE	
ZORVOLEX (<i>diclofenac</i>)	FE	
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
ALLZITAL (<i>butalbital-acetaminophen</i>)	FE	
<i>butalbital-acetaminophen</i> (Bupap Oral Tablet 50-300 Mg)	NP	QL (48 TABLETS per 25 DAYs)
<i>butalbital-acetaminophen capsule 50-300 mg oral</i>	FE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butalbital-acetaminophen capsule 50-300 mg oral</i>	PG	QL (48 CAPSULES per 25 DAYs)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	PG	QL (48 TABLETS per 25 DAYs)
<i>butalbital-apap-caffeine oral capsule</i>	FE	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	PG	QL (48 TABLETS per 25 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	PG	QL (48 CAPSULES per 25 DAYs)
<i>butalbital-aspirin-caffeine oral tablet</i>	FE	
<i>choline-mag trisalicylate</i>	PG	
<i>diflunisal oral</i>	PG	
ESGIC ORAL TABLET (<i>butalbital-apap-caffeine</i>)	NP	QL (48 TABLETS per 25 DAYs)
FIORICET ORAL CAPSULE (<i>butalbital-apap-caffeine</i>)	FE	
FIORINAL (<i>butalbital-aspirin-caffeine</i>)	NP	QL (48 CAPSULES per 25 days)
PRIALT (<i>ziconotide acetate</i>)	NPS	
<i>salsalate oral tablet 750 mg</i>	NP	STX
VANATOL LQ (<i>butalbital-apap-caffeine</i>)	FE	
VANATOL S (<i>butalbital-apap-caffeine</i>)	FE	
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
ABSTRAL (<i>fentanyl citrate</i>)	NP	PA; QL (120 TABLETS per 25 days)
<i>acetaminophen-codeine #2</i>	PG	QL (400 TABLETS per 25 days)
<i>acetaminophen-codeine #3</i>	PG	QL (360 TABLETS per 25 days)
<i>acetaminophen-codeine #4</i>	PG	QL (180 TABLETS per 25 days)
<i>acetaminophen-codeine oral solution</i>	PG	QL (2700 ML per 25 days)
ACTIQ (<i>fentanyl citrate</i>)	NP	PA; QL (120 LOZENGES per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APADAZ (<i>benzhydrocodone-acetaminophen</i>)	NP	STX; QL (168 TABLETS per 25 DAYs)
<i>apap-caff-dihydrocodeine oral capsule</i>	NP	QL (300 CAPSULES per 25 days)
ARYMO ER (<i>morphine sulfate</i>)	FE	
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG (<i>buprenorphine hcl</i>)	PB	ST; QL (60 FILMS per 25 DAYs)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	PB	ST
<i>benzhydrocodone-acetaminophen</i>	NP	STX; QL (168 TABLETS per 25 DAYs)
BUNAVAIL (<i>buprenorphine hcl-naloxone hcl</i>)	FE	
<i>buprenorphine hcl sublingual</i>	PG	CE; QL (90 TABLETS per 25 DAYs)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	PG	CE; QL (60 FILM per 25 DAYs)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg</i>	PG	CE; QL (90 FILM per 25 DAYs)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	PG	CE; QL (90 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	PG	CE; QL (90 TABLETS per 25 days)
<i>buprenorphine transdermal</i>	FE	
<i>butalbital-apap-caff-cod</i>	PG	QL (48 CAPSULES per 25 DAYs)
<i>butalbital-asa-caff-codeine</i>	PG	QL (48 CAPSULES per 25 DAYs)
<i>butorphanol tartrate nasal</i>	NP	QL (2 BOTTLES per 25 DAYs)
BUTRANS (<i>buprenorphine</i>)	FE	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	FE	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>tramadol hcl</i>)	NP	ST; QL (30 CAPSULES per 25 DAYs)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (<i>tramadol hcl</i>)	NP	ST
DILAUDID ORAL LIQUID (<i>hydromorphone hcl</i>)	NP	QL (600 ML per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILAUDID ORAL TABLET 2 MG (<i>hydromorphone hcl</i>)	NP	QL (180 TABLETS per 25 days)
DILAUDID ORAL TABLET 4 MG (<i>hydromorphone hcl</i>)	NP	QL (150 TABLETS per 25 days)
DILAUDID ORAL TABLET 8 MG (<i>hydromorphone hcl</i>)	NP	QL (60 TABLETS per 25 days)
DOLOPHINE ORAL TABLET 10 MG (<i>methadone hcl</i>)	NP	ST; QL (60 TABLETS per 25 DAYS)
DOLOPHINE ORAL TABLET 5 MG (<i>methadone hcl</i>)	NP	ST; QL (90 TABLETS per 25 DAYS)
DURAGESIC-100 (<i>fentanyl</i>)	NP	ST
DURAGESIC-12 (<i>fentanyl</i>)	NP	ST; QL (10 PATCH 72 HOUR per 25 days)
DURAGESIC-25 (<i>fentanyl</i>)	NP	ST; QL (10 PATCHES per 25 DAYS)
DURAGESIC-50 (<i>fentanyl</i>)	NP	ST
DURAGESIC-75 (<i>fentanyl</i>)	NP	ST
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG (<i>morphine-naltrexone</i>)	PB	ST
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG (<i>morphine-naltrexone</i>)	PB	ST; QL (60 CAPSULES per 25 DAYS)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 50-2 MG, 60-2.4 MG, 80-3.2 MG (<i>morphine-naltrexone</i>)	PB	ST; QL (30 CAPSULES per 25 DAYS)
<i>fentanyl citrate buccal lozenge on a handle</i>	NP	PA; QL (120 LOZENGES per 25 DAYS)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	PG	ST
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr</i>	PG	ST; QL (10 PATCHES per 25 DAYS)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	FE	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	NP	QL (48 CAPSULES per 25 DAYS)
FIORINAL/CODEINE #3 (<i>butalbital-asa-caff-codeine</i>)	NP	QL (48 CAPSULES per 25 DAYS)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	NP	QL (2700 ML per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	PG	QL (180 TABLETS per 25 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	PG	QL (240 TABLETS per 25 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	PG	QL (50 TABLETS per 25 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 8 mg</i>	NP	ST; QL (30 TABLETS per 25 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 32 mg</i>	NP	ST
<i>hydromorphone hcl oral liquid</i>	PG	QL (600 ML per 25 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	PG	QL (180 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 4 mg</i>	PG	QL (150 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>hydromorphone hcl rectal</i>	NP	QL (120 SUPPOSITORY per 25 days)
HYSINGLA ER (<i>hydrocodone bitartrate</i>)	FE	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG (<i>morphine sulfate</i>)	FE	
LAZANDA (<i>fentanyl citrate</i>)	FE	
<i>levorphanol tartrate oral</i>	FE	
LORTAB ORAL ELIXIR 10-300 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NP	QL (2025 ML per 25 days)
<i>meperidine hcl oral</i>	FE	
<i>methadone hcl</i> (Methadone Hcl Intensol)	NP	ST; QL (60 ML per 25 DAYS)
<i>methadone hcl oral concentrate</i>	NP	QL (30 ML per 25 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	PG	ST; QL (300 ML per 25 DAYS)
<i>methadone hcl oral solution 5 mg/5ml</i>	PG	ST; QL (450 ML per 25 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methadone hcl oral tablet 10 mg</i>	PG	ST; QL (60 TABLETS per 25 DAYs)
<i>methadone hcl oral tablet 5 mg</i>	PG	ST; QL (90 TABLETS per 25 DAYs)
<i>methadone hcl oral tablet soluble</i>	PG	QL (9 TABLETS per 25 DAYs)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NP	QL (30 ML per 25 DAYs)
METHADOSE SUGAR-FREE (<i>methadone hcl</i>)	NP	QL (30 ML per 25 DAYs)
MORPHABOND ER (<i>morphine sulfate</i>)	FE	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	PG	QL (135 ML per 25 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	PG	ST
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	PG	ST; QL (30 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	PG	ST; QL (60 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	PG	ST
<i>morphine sulfate er oral capsule extended release 24 hour 40 mg</i>	PG	ST; QL (60 CAPSULES per 25 days)
<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i>	PG	ST; QL (30 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	PG	ST
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	PG	ST; QL (90 TABLETS per 25 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	PG	QL (900 ML per 25 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	PG	QL (675 ML per 25 days)
<i>morphine sulfate oral tablet 15 mg</i>	PG	QL (180 TABLETS per 25 days)
<i>morphine sulfate oral tablet 30 mg</i>	PG	QL (90 TABLETS per 25 days)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	PG	QL (180 SUPPOSITORY per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine sulfate rectal suppository 20 mg</i>	PG	QL (120 SUPPOSITORY per 25 days)
<i>morphine sulfate rectal suppository 30 mg</i>	PG	QL (90 SUPPOSITORY per 25 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG (<i>morphine sulfate</i>)	NP	ST
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (<i>morphine sulfate</i>)	NP	ST; QL (90 TABLETS per 25 DAYS)
<i>nalocet</i>	FE	
NORCO ORAL TABLET 10-325 MG, 7.5-325 MG (<i>hydrocodone-acetaminophen</i>)	NP	QL (180 TABLETS per 25 days)
NORCO ORAL TABLET 5-325 MG (<i>hydrocodone-acetaminophen</i>)	NP	QL (240 TABLETS per 25 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (<i>tapentadol hcl</i>)	PB	ST; QL (60 TABLETS per 25 DAYS)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (<i>tapentadol hcl</i>)	PB	ST
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	PB	QL (60 TABLETS per 25 days)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	PB	QL (120 TABLETS per 25 days)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	PB	QL (90 TABLETS per 25 days)
OPANA ORAL TABLET 10 MG (<i>oxymorphone hcl</i>)	NP	QL (90 TABLETS per 25 days)
OPANA ORAL TABLET 5 MG (<i>oxymorphone hcl</i>)	NP	QL (180 TABLETS per 25 days)
OXAYDO (<i>oxycodone hcl</i>)	FE	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg</i>	PG	ST; QL (60 TABLETS per 25 DAYS)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 60 mg, 80 mg</i>	PG	ST
<i>oxycodone hcl oral capsule</i>	PG	QL (180 CAPSULES per 25 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	PG	QL (90 ML per 25 days)
<i>oxycodone hcl oral solution</i>	PG	QL (900 ML per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	PG	QL (180 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 15 mg</i>	PG	QL (120 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 20 mg</i>	PG	QL (90 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 30 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	PG	QL (180 TABLETS per 25 DAYS)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	PG	QL (360 TABLETS per 25 DAYS)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	QL (240 TABLETS per 25 DAYS)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	PG	QL (360 TABLETS per 25 days)
<i>oxycodone-ibuprofen</i>	PG	QL (28 TABLETS per 25 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (<i>oxycodone hcl</i>)	FE	
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	PG	ST; QL (60 TABLETS per 25 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	PG	ST
<i>oxymorphone hcl oral tablet 10 mg</i>	PG	QL (90 TABLETS per 25 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	PG	QL (180 TABLETS per 25 days)
<i>pentazocine-naloxone hcl</i>	NP	STX; QL (120 TABLETS per 25 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	FE	
PRIMLEV (<i>oxycodone-acetaminophen</i>)	FE	
PROBUPHINE IMPLANT KIT (<i>buprenorphine hcl</i>)	FE	
ROXICODONE ORAL TABLET 15 MG (<i>oxycodone hcl</i>)	NP	QL (120 TABLETS per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROXICODONE ORAL TABLET 30 MG (<i>oxycodone hcl</i>)	NP	QL (60 TABLETS per 25 days)
ROXICODONE ORAL TABLET 5 MG (<i>oxycodone hcl</i>)	NP	QL (180 TABLETS per 25 days)
ROXYBOND (<i>oxycodone hcl</i>)	FE	
SUBLOCADE (<i>buprenorphine</i>)	FE	
SUBOXONE SUBLINGUAL FILM (<i>buprenorphine hcl-naloxone hcl</i>)	FE	
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</i>)	PB	PA; QL (120 SPRAYS per 25 days)
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG (<i>fentanyl</i>)	PB	PA; QL (240 LIQUID per 25 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg</i>	PG	ST; QL (30 TABLETS per 25 DAYS)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>	PG	ST
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg</i>	PG	ST; QL (30 CAPSULES per 25 DAYS)
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	PG	ST; QL (30 CAPSULES per 25 days)
<i>tramadol hcl er oral capsule extended release 24 hour 200 mg, 300 mg</i>	PG	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	PG	ST; QL (30 TABLETS per 25 days)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	PG	ST
<i>tramadol hcl oral</i>	PG	QL (180 TABLETS per 25 days)
<i>tramadol-acetaminophen</i>	PG	QL (40 TABLETS per 25 days)
TYLENOL WITH CODEINE #3 (<i>acetaminophen-codeine</i>)	NP	QL (360 TABLETS per 25 days)
TYLENOL WITH CODEINE #4 (<i>acetaminophen-codeine</i>)	NP	QL (180 TABLETS per 25 days)
ULTRACET (<i>tramadol-acetaminophen</i>)	NP	QL (40 TABLETS per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRAM (<i>tramadol hcl</i>)	NP	QL (180 TABLETS per 25 days)
XODOL ORAL TABLET 5-300 MG (<i>hydrocodone-acetaminophen</i>)	NP	QL (240 TABLETS per 25 days)
XODOL ORAL TABLET 7.5-300 MG (<i>hydrocodone-acetaminophen</i>)	NP	QL (180 TABLETS per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (<i>oxycodone</i>)	PB	ST; QL (60 CAPSULES per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (<i>oxycodone</i>)	PB	ST
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT (<i>hydrocodone bitartrate</i>)	FE	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (90 TABLETS per 25 DAYS)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (30 TABLETS per 25 DAYS)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (60 TABLETS per 25 DAYS)
ANDROGENS-ANABOLIC - HORMONES		
ANADROL-50 (<i>oxymetholone</i>)	NP	PA; STX
ANDRODERM TRANSDERMAL PATCH 24 HOUR (<i>testosterone</i>)	PB	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	NP	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%) (<i>testosterone</i>)	NP	PA
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%) (<i>testosterone</i>)	FE	
AVEED (<i>testosterone undecanoate</i>)	NPS	PA
<i>danazol oral</i>	PG	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (<i>testosterone cypionate</i>)	NP	PA
FORTESTA (<i>testosterone</i>)	FE	
<i>methitest</i>	NP	PA; STX
<i>methyltestosterone oral</i>	PG	PA; STX

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATESTO (<i>testosterone</i>)	FE	
<i>oxandrolone oral</i>	NP	PA
STRIANT (<i>testosterone</i>)	NP	PA
TESTIM (<i>testosterone</i>)	FE	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	PA
<i>testosterone enanthate intramuscular solution</i>	PG	PA
<i>testosterone gel 12.5 mg/lact (1%) transdermal</i>	FE	
<i>testosterone gel 12.5 mg/lact (1%) transdermal</i>	PG	PA
<i>testosterone transdermal gel 10 mg/lact (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	PG	PA
<i>testosterone transdermal solution</i>	NP	PA
VOGELXO PUMP (<i>testosterone</i>)	FE	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	FE	
ANORECTAL AGENTS - RECTAL PREPARATIONS		
CORTIFOAM (<i>hydrocortisone acetate</i>)	PB	
<i>hydrocortisone rectal cream 2.5 %</i>	PG	
PROCTOFOAM HC (<i>hydrocortisone ace-pramoxine</i>)	PB	
<i>hydrocortisone (Proctosol Hc)</i>	PG	
ANTHELMINTICS - DRUGS FOR INFECTIONS		
<i>albendazole oral</i>	NP	QL (336 TABLETS per 365 days)
ALBENZA (<i>albendazole</i>)	NP	QL (336 TABLETS per 365 DAYs)
BILTRICIDE (<i>praziquantel</i>)	NP	QL (24 TABLETS per 365 DAYs)
EMVERM (<i>mebendazole</i>)	NP	QL (12 TABLETS per 365 days)
<i>ivermectin oral</i>	PG	
<i>praziquantel oral</i>	PG	QL (24 TABLETS per 365 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
GONITRO (<i>nitroglycerin</i>)	FE	
<i>isosorbide dinitrate er</i>	PG	
<i>isosorbide dinitrate oral</i>	PG	
<i>isosorbide mononitrate</i>	PG	
<i>isosorbide mononitrate er</i>	PG	
<i>nitroglycerin sublingual</i>	PG	
<i>nitroglycerin transdermal patch 24 hour</i>	PG	
<i>nitroglycerin translingual solution</i>	PG	
NITROMIST (<i>nitroglycerin</i>)	FE	
<i>ranolazine er</i>	PG	
ANTIANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 DAYs)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	PG	QL (90 TABLETS per 25 DAYs)
ALPRAZOLAM INTENSOL (<i>alprazolam</i>)	NP	QL (300 ML per 25 days)
<i>alprazolam oral</i>	PG	QL (150 TABLETS per 25 days)
ATIVAN ORAL (<i>lorazepam</i>)	NP	QL (150 TABLETS per 25 DAYs)
<i>buspirone hcl oral</i>	PG	
<i>chlordiazepoxide hcl</i>	PG	QL (360 CAPSULES per 25 DAYs)
<i>clorazepate dipotassium</i>	PG	QL (180 TABLETS per 25 days)
<i>diazepam</i> (Diazepam Intensol)	PG	QL (240 ML per 25 DAYs)
<i>diazepam oral solution 5 mg/5ml</i>	PG	QL (1200 ML per 25 DAYs)
<i>diazepam oral tablet</i>	PG	QL (120 TABLETS per 25 DAYs)
<i>hydroxyzine hcl oral syrup</i>	PG	
<i>hydroxyzine hcl oral tablet</i>	PG	
<i>hydroxyzine pamoate oral</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lorazepam</i> (Lorazepam Intensol)	PG	QL (150 ML per 25 DAYs)
<i>lorazepam oral tablet 0.5 mg</i>	PG	QL (150 TABLETS per 25 days)
<i>lorazepam oral tablet 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 DAYs)
<i>meprobamate</i>	PG	
<i>oxazepam</i>	PG	QL (120 CAPSULES per 25 DAYs)
TRANXENE-T ORAL TABLET 7.5 MG (<i>clorazepate dipotassium</i>)	NP	QL (180 TABLETS per 25 days)
VALIUM (<i>diazepam</i>)	NP	QL (120 TABLETS per 25 DAYs)
XANAX (<i>alprazolam</i>)	FE	
XANAX XR (<i>alprazolam</i>)	FE	
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
<i>amiodarone hcl oral</i>	PG	
<i>disopyramide phosphate oral</i>	PG	
<i>dofetilide</i>	PSP	PA
<i>flecainide acetate</i>	PG	
MULTAQ (<i>dronedarone hcl</i>)	PB	
<i>propafenone hcl</i>	PG	
<i>propafenone hcl er</i>	PG	
TIKOSYN (<i>dofetilide</i>)	NPS	PA; ST
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
ADVAIR DISKUS (<i>fluticasone-salmeterol</i>)	PB	QL (1 PACKAGE per 25 DAYs)
ADVAIR HFA (<i>fluticasone-salmeterol</i>)	PB	QL (1 PACKAGE per 25 DAYs)
AIRDUO RESPICLICK 113/14 (<i>fluticasone-salmeterol</i>)	FE	
AIRDUO RESPICLICK 232/14 (<i>fluticasone-salmeterol</i>)	FE	
AIRDUO RESPICLICK 55/14 (<i>fluticasone-salmeterol</i>)	FE	
<i>albuterol sulfate er</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	PG	QL (2 GM per 25 DAYs)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	QL (5 BOXES per 25 DAYs)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	PG	QL (60 NEBULIZATION SOLUTION per 25 days)
<i>albuterol sulfate oral</i>	PG	
ALVESCO (<i>ciclesonide</i>)	FE	
ANORO ELLIPTA (<i>umeclidinium-vilanterol</i>)	PB	QL (1 PACKAGE per 25 DAYs)
ARCAPTA NEOHALER (<i>indacaterol maleate</i>)	FE	
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate</i>)	PB	QL (1 PACKAGE per 25 days)
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>fluticasone furoate</i>)	PB	QL (1 PACKAGE per 25 DAYs)
ASMANEX (120 METERED DOSES) (<i>mometasone furoate</i>)	FE	
ASMANEX (30 METERED DOSES) (<i>mometasone furoate</i>)	FE	
ASMANEX (60 METERED DOSES) (<i>mometasone furoate</i>)	FE	
ASMANEX HFA (<i>mometasone furoate</i>)	FE	
ATROVENT HFA (<i>ipratropium bromide hfa</i>)	FE	
BEVESPI AEROSPHERE (<i>glycopyrrolate-formoterol</i>)	PB	QL (1 PACKAGE per 25 DAYs)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	PB	QL (1 PACKAGE per 25 DAYs)
BROVANA (<i>arformoterol tartrate</i>)	FE	
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	PG	QL (3 ML per 25 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	PG	QL (2 ML per 25 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	PG	QL (1 ML per 25 days)
COMBIVENT RESPIMAT (<i>ipratropium-albuterol</i>)	FE	
<i>cromolyn sodium inhalation</i>	PG	QL (2 BOXES per 25 DAYs)
DALIRESP (<i>roflumilast</i>)	PB	
DULERA (<i>mometasone furo-formoterol fum</i>)	FE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	PB	QL (4 AEROSOL POWDER BREATH ACTIVATED per 25 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	PB	QL (3 AEROSOL POWDER BREATH ACTIVATED per 25 days)
FLOVENT HFA (<i>fluticasone propionate hfa</i>)	PB	QL (2 GM per 25 days)
<i>fluticasone-salmeterol</i>	FE	
INCRUSE ELLIPTA (<i>umeclidinium bromide</i>)	PB	QL (1 PACKAGE per 25 DAYS)
<i>ipratropium bromide inhalation</i>	PG	QL (5 ML per 25 days)
<i>ipratropium-albuterol</i>	PG	QL (6 BOXES per 25 DAYS)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	QL (300 ML per 25 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	PG	QL (45 NEBULIZATION SOLUTION per 25 days)
<i>levalbuterol tartrate</i>	NP	QL (2 INHALERS per 25 DAYS)
LONHALA MAGNAIR REFILL KIT (<i>glycopyrrolate</i>)	FE	
LONHALA MAGNAIR STARTER KIT (<i>glycopyrrolate</i>)	FE	
<i>metaproterenol sulfate oral</i>	PG	
<i>montelukast sodium oral</i>	PG	
PERFOROMIST (<i>formoterol fumarate</i>)	PB	QL (2 BOXES per 25 DAYS)
PROAIR HFA (<i>albuterol sulfate</i>)	FE	
PROAIR RESPICLICK (<i>albuterol sulfate</i>)	FE	
PROVENTIL HFA (<i>albuterol sulfate</i>)	FE	
PULMICORT (<i>budesonide</i>)	FE	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT (<i>budesonide</i>)	PB	ST; QL (2 AEROSOL POWDER BREATH ACTIVATED per 25 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT (<i>budesonide</i>)	PB	ST; QL (3 AEROSOL POWDER BREATH ACTIVATED per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QVAR REDIHALER (<i>beclomethasone diprop hfa</i>)	PB	QL (2 PACKAGES per 25 DAYs)
SEEBRI NEOHALER (<i>glycopyrrolate</i>)	FE	
SEREVENT DISKUS (<i>salmeterol xinafoate</i>)	FE	
SINGULAIR (<i>montelukast sodium</i>)	FE	
SPIRIVA HANDIHALER (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 PACKAGE per 25 DAYs)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 PACKAGE per 25 DAYs)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	FE	
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>)	PB	QL (1 PACKAGE per 25 DAYs)
SYMBICORT (<i>budesonide-formoterol fumarate</i>)	PB	QL (1 PACKAGE per 25 DAYs)
<i>terbutaline sulfate oral</i>	PG	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (<i>theophylline</i>)	PG	
<i>theophylline er</i> (Theochron Oral Tablet Extended Release 12 Hour 300 Mg)	PG	
<i>theophylline</i>	PG	
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	PG	
<i>theophylline er oral tablet extended release 24 hour</i>	PG	
TRELEGY ELLIPTA (<i>fluticasone-umeclidin-vilant</i>)	PB	QL (1 PACKAGE per 25 DAYs)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	FE	
UTIBRON NEOHALER (<i>indacaterol-glycopyrrolate</i>)	FE	
VENTOLIN HFA (<i>albuterol sulfate</i>)	FE	
<i>fluticasone-salmeterol</i> (Wixela Inhub)	FE	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	PSP	PA; QL (4 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>omalizumab</i>)	PSP	PA; QL (6 SOLUTION RECONSTITUTED per 28 days)
XOPENEX (<i>levalbuterol hcl</i>)	NP	QL (300 ML per 25 DAYs)
XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	NP	QL (45 ML per 25 DAYs)
XOPENEX HFA (<i>levalbuterol tartrate</i>)	FE	
<i>zafirlukast</i>	PG	
<i>zileuton er</i>	NP	
ZYFLO (<i>zileuton</i>)	FE	
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
BEVYXXA (<i>betrixaban maleate</i>)	FE	
COUMADIN ORAL (<i>warfarin sodium</i>)	FE	
ELIQUIS (<i>apixaban</i>)	PB	
ELIQUIS STARTER PACK (<i>apixaban</i>)	PB	
<i>enoxaparin sodium</i>	PG	
<i>fondaparinux sodium</i>	NP	
FRAGMIN SUBCUTANEOUS SOLUTION 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, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	FE	
<i>heparin (porcine) in nacl intravenous solution 1500-0.9 ut/150ml-%, 250-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%, 30000-0.9 unit/l-%, 500-0.9 ut/500ml-%, 5000-0.9 unit/l-%, 5000-0.9 ut/500ml-%</i>	FE	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	PG	
PRADAXA (<i>dabigatran etexilate mesylate</i>)	FE	
SAVAYSA (<i>edoxaban tosylate</i>)	FE	
<i>warfarin sodium oral</i>	PG	LGC
XARELTO (<i>rivaroxaban</i>)	PB	
XARELTO STARTER PACK (<i>rivaroxaban</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
APTIOM (<i>eslicarbazepine acetate</i>)	FE	
BANZEL (<i>rufinamide</i>)	NP	PA
BRIVIACT ORAL (<i>brivaracetam</i>)	NP	PA
<i>carbamazepine er</i>	PG	
<i>carbamazepine oral</i>	PG	
<i>clobazam</i>	PG	PA
<i>clonazepam oral tablet</i>	PG	QL (300 TABLETS per 25 DAYS)
<i>clonazepam oral tablet dispersible</i>	PG	QL (300 TABLETS per 25 days)
DIASTAT ACUDIAL (<i>diazepam</i>)	NP	QL (1 PACK per 1 FILL)
DIASTAT PEDIATRIC (<i>diazepam</i>)	NP	QL (1 PACK per 1 FILL)
<i>diazepam rectal</i>	PG	QL (1 PACK per 1 FILL)
DILANTIN (<i>phenytoin sodium extended</i>)	FE	
DILANTIN INFATABS (<i>phenytoin</i>)	FE	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	PG	
<i>divalproex sodium oral tablet delayed release</i>	PG	
EPIDIOLEX (<i>cannabidiol</i>)	NPS	PA; QL (600 ML per 30 days)
<i>ethosuximide oral</i>	PG	
<i>felbamate</i>	PG	
FYCOMPA (<i>perampanel</i>)	PB	
<i>gabapentin oral capsule</i>	PG	QL (6 CAPSULES per 1 DAY)
<i>gabapentin oral solution 250 mg/5ml</i>	PG	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	PG	QL (6 TABLETS per 1 day)
<i>gabapentin oral tablet 800 mg</i>	PG	QL (4 TABLETS per 1 day)
KEPPRA ORAL (<i>levetiracetam</i>)	FE	
KEPPRA XR (<i>levetiracetam</i>)	FE	
KLONOPIN (<i>clonazepam</i>)	NP	QL (300 TABLETS per 25 DAYS)

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LAMICTAL ODT (<i>lamotrigine</i>)	FE	
LAMICTAL ORAL TABLET (<i>lamotrigine</i>)	FE	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	FE	
LAMICTAL STARTER (<i>lamotrigine</i>)	FE	
LAMICTAL XR (<i>lamotrigine</i>)	FE	
<i>lamotrigine er</i>	PG	
<i>lamotrigine oral tablet</i>	PG	
<i>lamotrigine oral tablet chewable</i>	PG	
<i>lamotrigine oral tablet dispersible</i>	NP	
<i>lamotrigine starter kit-blue</i>	PG	
<i>lamotrigine starter kit-green</i>	PG	
<i>lamotrigine starter kit-orange</i>	PG	
<i>levetiracetam er</i>	PG	
<i>levetiracetam oral</i>	PG	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG (<i>pregabalin</i>)	PB	ST; QL (120 CAPSULES per 25 DAYs)
LYRICA ORAL CAPSULE 200 MG (<i>pregabalin</i>)	PB	ST; QL (90 CAPSULES per 25 DAYs)
LYRICA ORAL CAPSULE 225 MG, 300 MG (<i>pregabalin</i>)	PB	ST; QL (60 CAPSULES per 25 DAYs)
LYRICA ORAL SOLUTION (<i>pregabalin</i>)	PB	ST; QL (900 ML per 25 DAYs)
ONFI ORAL SUSPENSION (<i>clobazam</i>)	FE	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	FE	
<i>oxcarbazepine</i>	PG	
OXTELLAR XR (<i>oxcarbazepine</i>)	PB	
<i>phenytoin oral suspension 125 mg/5ml</i>	PG	
<i>phenytoin oral tablet chewable</i>	PG	
<i>phenytoin sodium extended</i>	PG	
<i>primidone oral</i>	PG	
QUDEXY XR (<i>topiramate</i>)	NP	ST
SABRIL (<i>vigabatrin</i>)	FE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRITAM (<i>levetiracetam</i>)	FE	
<i>tiagabine hcl</i>	PG	
<i>topiramate er</i>	PG	ST
<i>topiramate oral</i>	PG	
TROKENDI XR (<i>topiramate</i>)	PB	
<i>valproic acid oral capsule</i>	PG	
<i>valproic acid oral solution</i>	PG	
<i>vigabatrin oral packet</i>	PSP	PA; QL (180 PACKET per 30 days)
<i>vigabatrin oral tablet</i>	PSP	PA; QL (180 TABLETS per 30 days)
VIMPAT ORAL (<i>lacosamide</i>)	PB	
ZONEGRAN (<i>zonisamide</i>)	FE	
<i>zonisamide oral</i>	PG	
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM		
NAMZARIC (<i>memantine hcl-donepezil hcl</i>)	PB	PA
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amitriptyline hcl oral tablet 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg</i>	PG	AL (Max 69 Years)
<i>amitriptyline hcl oral tablet 25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>amitriptyline hcl oral tablet 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>amoxapine oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYS); AL (Min 65 Years)

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<i>amoxapine oral tablet 150 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG (<i>clomipramine hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYS); AL (Min 65 Years)
ANAFRANIL ORAL CAPSULE 75 MG (<i>clomipramine hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 DAYS); AL (Min 65 Years)
APLENZIN (<i>bupropion hbr</i>)	FE	
<i>bupropion hcl er (sr)</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NP	
<i>bupropion hcl oral</i>	PG	
<i>citalopram hydrobromide oral solution</i>	PG	
<i>citalopram hydrobromide oral tablet</i>	PG	LGC
<i>clomipramine hcl oral capsule 25 mg, 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>clomipramine hcl oral capsule 75 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 DAYS); AL (Min 65 Years)
CYMBALTA (<i>duloxetine hcl</i>)	FE	
<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>desipramine hcl oral tablet 100 mg, 150 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 DAYS); AL (Min 65 Years)

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<i>desipramine hcl oral tablet 75 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYs); AL (Min 65 Years)
<i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i>	FE	
<i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i>	PG	ST; QL (30 TABLETS per 30 DAYs)
<i>desvenlafaxine er tablet extended release 24 hour 50 mg oral</i>	FE	
<i>desvenlafaxine er tablet extended release 24 hour 50 mg oral</i>	PG	ST; QL (30 TABLETS per 30 DAYs)
<i>desvenlafaxine succinate er</i>	NP	ST; QL (30 TABLETS per 30 DAYs)
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 DAYs); AL (Min 65 Years)
<i>doxepin hcl oral capsule 100 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYs); AL (Min 65 Years)
<i>doxepin hcl oral capsule 150 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Min 65 Years)
<i>doxepin hcl oral capsule 75 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 DAYs); AL (Min 65 Years)
<i>doxepin hcl oral concentrate</i>	PG	QLR (QL applies to members age 65 and older); QL (450 ML per 25 DAYs); AL (Min 65 Years)
<i>duloxetine hcl oral</i>	PG	
EFFEXOR XR (<i>venlafaxine hcl</i>)	FE	
<i>escitalopram oxalate</i>	PG	
FETZIMA (<i>levomilnacipran hcl</i>)	FE	
FETZIMA TITRATION (<i>levomilnacipran hcl</i>)	FE	

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<i>fluoxetine hcl oral capsule</i>	PG	LGC
<i>fluoxetine hcl oral capsule delayed release</i>	PG	
<i>fluoxetine hcl oral solution</i>	PG	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>fluoxetine hcl tablet 60 mg oral</i>	PG	
<i>fluoxetine hcl tablet 60 mg oral</i>	FE	
<i>fluvoxamine maleate</i>	PG	
<i>fluvoxamine maleate er</i>	PG	
<i>imipramine hcl oral tablet 10 mg, 25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>imipramine hcl oral tablet 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	NP	AL (Max 69 Years)
KHEDEZLA (<i>desvenlafaxine</i>)	NP	ST; QL (30 TABLETS per 30 DAYS)
LEXAPRO ORAL TABLET (<i>escitalopram oxalate</i>)	FE	
<i>maprotiline hcl</i>	PG	
<i>mirtazapine oral</i>	PG	
<i>nefazodone hcl</i>	NP	STX
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>nortriptyline hcl oral capsule 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYS); AL (Min 65 Years)

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<i>nortriptyline hcl oral capsule 25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>nortriptyline hcl oral capsule 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>nortriptyline hcl oral capsule 75 mg</i>	PG	AL (Max 69 Years)
<i>nortriptyline hcl oral solution</i>	PG	QLR (QL applies to members age 65 and older); QL (750 ML per 25 DAYS); AL (Min 65 Years)
PAMELOR ORAL CAPSULE 10 MG (<i>nortriptyline hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYS); AL (Min 65 Years)
PAMELOR ORAL CAPSULE 25 MG (<i>nortriptyline hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 DAYS); AL (Min 65 Years)
PAMELOR ORAL CAPSULE 50 MG (<i>nortriptyline hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYS); AL (Min 65 Years)
PAMELOR ORAL CAPSULE 75 MG (<i>nortriptyline hcl</i>)	NP	AL (Max 69 Years)
<i>paroxetine hcl er</i>	PG	
<i>paroxetine hcl oral tablet</i>	PG	LGC
PAXIL (<i>paroxetine hcl</i>)	FE	
PAXIL CR (<i>paroxetine hcl</i>)	FE	
PEXEVA (<i>paroxetine mesylate</i>)	FE	
<i>phenelzine sulfate oral</i>	PG	
PRISTIQ (<i>desvenlafaxine succinate</i>)	FE	
<i>protriptyline hcl oral tablet 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)

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<i>protriptyline hcl oral tablet 5 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYs); AL (Min 65 Years)
PROZAC ORAL CAPSULE (<i>fluoxetine hcl</i>)	FE	
<i>sertraline hcl oral concentrate</i>	PG	
<i>sertraline hcl oral tablet</i>	PG	LGC
SURMONTIL ORAL CAPSULE 100 MG (<i>trimipramine maleate</i>)	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYs); AL (Min 65 Years)
SURMONTIL ORAL CAPSULE 25 MG, 50 MG (<i>trimipramine maleate</i>)	NP	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 DAYs); AL (Min 65 Years)
TOFRANIL ORAL TABLET 10 MG, 25 MG (<i>imipramine hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 DAYs); AL (Min 65 Years)
TOFRANIL ORAL TABLET 50 MG (<i>imipramine hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYs); AL (Min 65 Years)
<i>tranylcypromine sulfate</i>	PG	
<i>trazodone hcl oral</i>	PG	
<i>trimipramine maleate oral capsule 100 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Min 65 Years)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 days); AL (Min 65 Years)
TRINTELLIX (<i>vortioxetine hbr</i>)	PB	ST
<i>venlafaxine hcl</i>	PG	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	PG	

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<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	FE	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	NP	
VIIBRYD ORAL TABLET (<i>vilazodone hcl</i>)	PB	ST
VIIBRYD STARTER PACK (<i>vilazodone hcl</i>)	PB	ST
ANTIDIABETICS - HORMONES		
<i>acarbose oral</i>	PG	
ACTOS (<i>pioglitazone hcl</i>)	FE	
ADLYXIN (<i>lixisenatide</i>)	FE	
ADLYXIN STARTER PACK (<i>lixisenatide</i>)	FE	
ADMELOG (<i>insulin lispro</i>)	FE	
ADMELOG SOLOSTAR (<i>insulin lispro</i>)	FE	
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	FE	
<i>alogliptin benzoate</i>	FE	
<i>alogliptin-metformin hcl</i>	FE	
<i>alogliptin-pioglitazone</i>	FE	
APIDRA (<i>insulin glulisine</i>)	FE	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glulisine</i>)	FE	
BASAGLAR KWIKPEN (<i>insulin glargine</i>)	PB	
BYDUREON BCISE (<i>exenatide</i>)	FE	
BYDUREON SUBCUTANEOUS PEN-INJECTOR (<i>exenatide</i>)	FE	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>exenatide</i>)	FE	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>exenatide</i>)	FE	
FARXIGA (<i>dapagliflozin propanediol</i>)	PB	ST
FIASP (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP FLEXTOUCH (<i>insulin aspart (w/niacinamide)</i>)	PB	
FORTAMET (<i>metformin hcl</i>)	FE	
<i>glimepiride</i>	PG	LGC

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<i>glipizide er</i>	PG	LGC
<i>glipizide oral</i>	PG	LGC
<i>glipizide-metformin hcl</i>	PG	LGC
GLUCAGEN HYPOKIT (<i>glucagon hcl (rdna)</i>)	PB	
GLUCAGON EMERGENCY (<i>glucagon (rdna)</i>)	PB	
GLUMETZA (<i>metformin hcl</i>)	FE	
<i>glyburide micronized oral tablet 1.5 mg</i>	PG	
<i>glyburide micronized oral tablet 3 mg, 6 mg</i>	PG	LGC
<i>glyburide oral</i>	PG	LGC
<i>glyburide-metformin</i>	PG	LGC
HUMALOG (<i>insulin lispro</i>)	FE	
HUMALOG JUNIOR KWIKPEN (<i>insulin lispro</i>)	FE	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	FE	
HUMALOG MIX 50/50 (<i>insulin lispro prot & lispro</i>)	FE	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	FE	
HUMALOG MIX 75/25 (<i>insulin lispro prot & lispro</i>)	FE	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	FE	
HUMULIN 70/30 (<i>insulin nph isophane & regular</i>)	FE	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	FE	
HUMULIN N (<i>insulin nph human (isophane)</i>)	FE	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	FE	
HUMULIN R (<i>insulin regular human</i>)	FE	
HUMULIN R U-500 (CONCENTRATED) (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	PB	
<i>insulin lispro</i>	FE	

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INVOKANA (<i>canagliflozin</i>)	FE	
JANUMET (<i>sitagliptin-metformin hcl</i>)	PB	ST
JANUMET XR (<i>sitagliptin-metformin hcl</i>)	PB	ST
JANUVIA (<i>sitagliptin phosphate</i>)	PB	ST
JARDIANCE (<i>empagliflozin</i>)	PB	ST
JENTADUETO (<i>linagliptin-metformin hcl</i>)	FE	
JENTADUETO XR (<i>linagliptin-metformin hcl</i>)	FE	
KAZANO (<i>alogliptin-metformin hcl</i>)	FE	
KOMBIGLYZE XR (<i>saxagliptin-metformin</i>)	FE	
KORLYM (<i>mifepristone</i>)	NPS	PA; QL (120 TABLETS per 30 days)
LANTUS (<i>insulin glargine</i>)	FE	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	FE	
LEVEMIR (<i>insulin detemir</i>)	PB	
LEVEMIR FLEXTOUCH (<i>insulin detemir</i>)	PB	
<i>metformin hcl er (mod)</i>	FE	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	FE	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	PG	LGC
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	PG	
<i>metformin hcl oral solution</i>	FE	
<i>metformin hcl oral tablet</i>	PG	LGC
<i>miglitol</i>	PG	
<i>nateglinide</i>	NP	LGC
NESINA (<i>alogliptin benzoate</i>)	FE	
NOVOLIN 70/30 (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN 70/30 FLEXPEN (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN 70/30 FLEXPEN RELION (<i>insulin nph isophane & regular</i>)	FE	
NOVOLIN 70/30 RELION (<i>insulin nph isophane & regular</i>)	FE	
NOVOLIN N (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN N RELION (<i>insulin nph human (isophane)</i>)	FE	

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NOVOLIN R (<i>insulin regular human</i>)	PB	
NOVOLIN R RELION (<i>insulin regular human</i>)	FE	
NOVOLOG (<i>insulin aspart</i>)	PB	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart</i>)	PB	
NOVOLOG MIX 70/30 (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin aspart</i>)	PB	
ONGLYZA (<i>saxagliptin hcl</i>)	FE	
OSENI (<i>alogliptin-pioglitazone</i>)	FE	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>)	PB	PA; QL (3 ML per 21 days)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>)	PB	PA; QL (3 ML per 21 days)
<i>pioglitazone hcl</i>	PG	LGC
<i>pioglitazone hcl-glimepiride</i>	PG	
<i>pioglitazone hcl-metformin hcl</i>	PG	LGC
<i>repaglinide</i>	NP	LGC
<i>repaglinide-metformin hcl</i>	NP	
RIOMET (<i>metformin hcl</i>)	FE	
STEGLATRO (<i>ertugliflozin l-pyroglutamicac</i>)	FE	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>pramlintide acetate</i>)	PB	ST
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>pramlintide acetate</i>)	PB	ST
<i>tolbutamide</i>	NP	
TOUJEO MAX SOLOSTAR (<i>insulin glargine</i>)	FE	
TOUJEO SOLOSTAR (<i>insulin glargine</i>)	FE	
TRADJENTA (<i>linagliptin</i>)	FE	
TRESIBA (<i>insulin degludec</i>)	PB	
TRESIBA FLEXTOUCH (<i>insulin degludec</i>)	PB	
TRULICITY (<i>dulaglutide</i>)	PB	PA; QL (4 PENS per 21 DAYS)

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VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide</i>)	PB	PA; QL (3 PENS per 25 DAYs)
ANTIDIARRHEALS - DRUGS FOR THE STOMACH		
<i>diphenoxylate-atropine</i>	PG	
MOTOFEN (<i>difenoxin-atropine</i>)	FE	
MYTESI (<i>crofelemer</i>)	NP	PA; STX
<i>paregoric</i>	NP	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
<i>deferoxamine mesylate</i>	NPS	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NPS	PA
VISTOGARD (<i>uridine triacetate</i>)	PSP	QL (20 PACKETS per 5 DAYs)
ANTIDOTES - DRUGS FOR OVERDOSE OR POISONING		
<i>deferoxamine mesylate</i>	NPS	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NPS	PA
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML (<i>naloxone hcl</i>)	FE	
EXJADE (<i>deferasirox</i>)	NPS	PA
FERRIPROX ORAL SOLUTION (<i>deferiprone</i>)	FE	
FERRIPROX ORAL TABLET 500 MG (<i>deferiprone</i>)	NPS	PA
JADENU (<i>deferasirox</i>)	NPS	PA
JADENU SPRINKLE (<i>deferasirox</i>)	NPS	PA
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	PG	
<i>naloxone hcl injection solution cartridge</i>	PG	
<i>naloxone hcl injection solution prefilled syringe</i>	PG	
<i>naltrexone hcl oral</i>	PG	CE
NARCAN (<i>naloxone hcl</i>)	PB	QL (4 SPRAYS per 180 DAYs)
VISTOGARD (<i>uridine triacetate</i>)	PSP	QL (20 PACKETS per 5 DAYs)

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VIVITROL (<i>naltrexone</i>)	NPS	QL (380 SUSPENSION RECONSTITUTED per 30 days)
ANTIEMETICS - DRUGS FOR THE STOMACH		
AKYNZEO ORAL (<i>netupitant-palonosetron</i>)	NP	QL (2 CAPSULES per 21 DAYs)
ANZEMET ORAL (<i>dolasetron mesylate</i>)	NP	STX; QL (6 TABLETS per 21 DAYs)
<i>aprepitant oral capsule 125 mg</i>	PG	QL (2 CAPSULES per 21 days)
<i>aprepitant oral capsule 40 mg</i>	PG	QL (3 CAPSULES per 180 DAYs)
<i>aprepitant oral capsule 80 & 125 mg</i>	PG	QL (2 PACKS per 21 DAYs)
<i>aprepitant oral capsule 80 mg</i>	PG	QL (4 CAPSULES per 21 days)
BONJESTA (<i>doxylamine-pyridoxine</i>)	FE	
CESAMET (<i>nabilone</i>)	NP	QL (18 CAPSULES per 21 DAYs)
<i>dronabinol</i>	NP	PA; QL (120 CAPSULES per 25 DAYs)
EMEND ORAL CAPSULE 125 MG (<i>aprepitant</i>)	NP	QL (2 CAPSULES per 21 DAYs)
EMEND ORAL CAPSULE 40 MG (<i>aprepitant</i>)	NP	QL (3 CAPSULES per 180 DAYs)
EMEND ORAL CAPSULE 80 MG (<i>aprepitant</i>)	NP	QL (4 CAPSULES per 21 DAYs)
EMEND ORAL SUSPENSION RECONSTITUTED (<i>aprepitant</i>)	NP	QL (6 KITS per 21 DAYs)
EMEND TRI-PACK (<i>aprepitant</i>)	NP	QL (2 PACKS per 21 DAYs)
<i>granisetron hcl oral</i>	NP	QL (12 TABLETS per 21 DAYs)
MARINOL (<i>dronabinol</i>)	NP	PA; QL (120 CAPSULES per 25 DAYs)

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<i>ondansetron</i>	PG	QL (18 TABLETS per 21 DAYs)
<i>ondansetron hcl oral solution</i>	PG	QL (200 ML per 21 DAYs)
<i>ondansetron hcl oral tablet 24 mg</i>	PG	QL (2 TABLETS per 21 DAYs)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	PG	QL (18 TABLETS per 21 DAYs)
SANCUSO (<i>granisetron</i>)	FE	
<i>scopolamine</i>	PG	
SYNDROS (<i>dronabinol</i>)	FE	
TRANSDERM-SCOP (1.5 MG) (<i>scopolamine base</i>)	FE	
<i>trimethobenzamide hcl oral</i>	PG	
VARUBI ORAL (<i>rolapitant hcl</i>)	PB	QL (2 PACKS per 21 days)
ZOFRAN ORAL TABLET (<i>ondansetron hcl</i>)	NP	QL (18 TABLETS per 21 DAYs)
ZUPLENZ (<i>ondansetron</i>)	FE	
ANTIFUNGALS - DRUGS FOR INFECTIONS		
<i>fluconazole oral</i>	PG	
<i>flucytosine oral</i>	NP	STX
<i>griseofulvin microsize oral</i>	PG	
<i>griseofulvin ultramicrosize</i>	PG	
<i>itraconazole oral capsule</i>	PG	
<i>itraconazole oral solution</i>	NP	
<i>ketoconazole oral</i>	PG	PA; STX
NOXAFIL ORAL (<i>posaconazole</i>)	FE	
<i>nystatin oral tablet</i>	PG	
SPORANOX (<i>itraconazole</i>)	FE	
SPORANOX PULSEPAK (<i>itraconazole</i>)	FE	
<i>terbinafine hcl oral</i>	PG	
<i>voriconazole oral</i>	PG	
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
HEMLIBRA (<i>emicizumab-kxwh</i>)	NPS	PA

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ANTIHIISTAMINES - DRUGS FOR THE LUNGS		
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>carbinoxamine maleate oral tablet 6 mg</i>	FE	
<i>ciproheptadine hcl oral</i>	PG	
<i>desloratadine oral tablet</i>	PG	
<i>desloratadine oral tablet dispersible</i>	NP	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE (<i>carbinoxamine maleate</i>)	NP	ST
<i>promethazine hcl (Phenadoz)</i>	PG	
<i>promethazine hcl oral syrup</i>	PG	
<i>promethazine hcl oral tablet</i>	PG	
<i>promethazine hcl (Promethegan Rectal Suppository 50 Mg)</i>	PG	
RYCLORA ORAL SOLUTION (<i>dexchlorpheniramine maleate</i>)	PG	
RYVENT (<i>carbinoxamine maleate</i>)	PG	
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
ALTOPREV (<i>lovastatin</i>)	FE	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	PG	CE; LGC; AL (Min 40 Years and Max 75 Years)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	LGC
<i>cholestyramine light</i>	PG	
<i>cholestyramine oral</i>	PG	
<i>colesevelam hcl</i>	PG	
<i>colestipol hcl</i>	PG	
CRESTOR (<i>rosuvastatin calcium</i>)	FE	
EZALLOR SPRINKLE (<i>rosuvastatin calcium</i>)	FE	
<i>ezetimibe</i>	PG	
<i>ezetimibe-simvastatin</i>	PG	
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	NP	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	PG	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	NP	
<i>fenofibrate oral tablet 120 mg</i>	FE	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	PG	

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<i>fenofibrate oral tablet 40 mg</i>	NP	
<i>fenofibric acid oral capsule delayed release</i>	PG	
<i>fenofibric acid oral tablet 105 mg</i>	FE	
FENOGLIDE ORAL TABLET 120 MG (<i>fenofibrate</i>)	FE	
<i>flolipid</i>	FE	
<i>fluvastatin sodium</i>	PG	
<i>fluvastatin sodium er</i>	PG	
<i>gemfibrozil oral</i>	PG	LGC
JUXTAPID (<i>lomitapide mesylate</i>)	NPS	PA; QL (28 CAPSULES per 28 days)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>mipomersen sodium</i>)	NPS	PA; QL (4 ML per 28 days)
LESCOL XL (<i>fluvastatin sodium</i>)	FE	
LIPITOR (<i>atorvastatin calcium</i>)	FE	
LIVALO (<i>pitavastatin calcium</i>)	FE	
<i>lovastatin</i>	PG	LGC
LOVAZA (<i>omega-3-acid ethyl esters</i>)	NP	PA
<i>niacin er (antihyperlipidemic)</i>	PG	
NIACOR (<i>niacin (antihyperlipidemic)</i>)	PG	
<i>omega-3-acid ethyl esters</i>	PG	
<i>pravastatin sodium</i>	PG	LGC
<i>rosuvastatin calcium</i>	PG	LGC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	CE; LGC; AL (Min 40 Years and Max 75 Years)
<i>simvastatin oral tablet 80 mg</i>	PG	LGC
TRICOR (<i>fenofibrate</i>)	FE	
VASCEPA (<i>icosapent ethyl</i>)	FE	
VYTORIN (<i>ezetimibe-simvastatin</i>)	NP	ST; QL (30 TABLETS per 25 DAYS)
ZETIA (<i>ezetimibe</i>)	FE	
ZYPITAMAG (<i>pitavastatin magnesium</i>)	FE	
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
<i>aliskiren fumarate</i>	PG	

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<i>amlodipine besy-benazepril hcl</i>	PG	LGC
<i>amlodipine besylate-valsartan</i>	PG	LGC
<i>amlodipine-olmesartan</i>	NP	LGC
<i>amlodipine-valsartan-hctz</i>	PG	LGC
ATACAND (<i>candesartan cilexetil</i>)	FE	
ATACAND HCT (<i>candesartan cilexetil-hctz</i>)	FE	
<i>atenolol-chlorthalidone</i>	PG	
<i>benazepril hcl oral</i>	PG	LGC
<i>benazepril-hydrochlorothiazide</i>	PG	LGC
BENICAR (<i>olmesartan medoxomil</i>)	FE	
BENICAR HCT (<i>olmesartan medoxomil-hctz</i>)	FE	
<i>bisoprolol-hydrochlorothiazide</i>	PG	LGC
<i>candesartan cilexetil</i>	PG	LGC
<i>candesartan cilexetil-hctz</i>	PG	LGC
<i>captopril oral</i>	PG	LGC
<i>captopril-hydrochlorothiazide</i>	PG	
<i>clonidine</i>	NP	
<i>clonidine hcl oral</i>	PG	LGC
COZAAR (<i>losartan potassium</i>)	NP	ST; QL (1 TABLET per 1 DAY)
DIBENZYLINE (<i>phenoxybenzamine hcl</i>)	NP	ST; QL (360 CAPSULES per 25 days)
DIOVAN (<i>valsartan</i>)	FE	
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	FE	
<i>doxazosin mesylate oral</i>	PG	
DUTOPROL (<i>metoprolol-hydrochlorothiazide</i>)	FE	
EDARBI (<i>azilsartan medoxomil</i>)	FE	
EDARBYCLOR (<i>azilsartan-chlorthalidone</i>)	FE	
<i>enalapril maleate oral</i>	PG	LGC
<i>enalapril-hydrochlorothiazide</i>	PG	LGC
<i>eplerenone</i>	NP	
<i>eprosartan mesylate</i>	NP	
EXFORGE (<i>amlodipine besylate-valsartan</i>)	FE	

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EXFORGE HCT (<i>amlodipine-valsartan-hctz</i>)	FE	
<i>fosinopril sodium</i>	PG	LGC
<i>fosinopril sodium-hctz</i>	PG	LGC
<i>guanfacine hcl oral</i>	PG	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	PG	
<i>hydralazine hcl oral tablet 25 mg</i>	PG	LGC
<i>irbesartan</i>	PG	LGC
<i>irbesartan-hydrochlorothiazide</i>	PG	LGC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>lisinopril oral tablet 30 mg, 40 mg</i>	PG	
<i>lisinopril-hydrochlorothiazide</i>	PG	LGC
<i>losartan potassium</i>	PG	LGC
<i>losartan potassium-hctz</i>	PG	LGC
<i>methyldopa oral</i>	PG	
<i>methyldopa-hydrochlorothiazide</i>	PG	
<i>metoprolol-hctz er</i>	FE	
<i>metoprolol-hydrochlorothiazide</i>	PG	
<i>minoxidil oral</i>	PG	
<i>moexipril hcl</i>	PG	
<i>moexipril-hydrochlorothiazide</i>	PG	
<i>olmesartan medoxomil oral</i>	PG	LGC
<i>olmesartan medoxomil-hctz</i>	PG	LGC
<i>olmesartan-amlodipine-hctz</i>	NP	LGC
<i>perindopril erbumine</i>	NP	LGC
<i>phenoxybenzamine hcl oral</i>	PG	
<i>prazosin hcl oral</i>	PG	
PRESTALIA (<i>perindopril arg-amlodipine</i>)	FE	
<i>propranolol-hctz</i>	PG	
<i>quinapril hcl</i>	PG	LGC
<i>quinapril-hydrochlorothiazide</i>	PG	LGC
<i>ramipril</i>	PG	LGC
TEKTURN HCT (<i>aliskiren-hydrochlorothiazide</i>)	PB	ST

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<i>telmisartan</i>	PG	LGC
<i>telmisartan-amlodipine</i>	NP	LGC
<i>telmisartan-hctz</i>	PG	LGC
<i>terazosin hcl oral</i>	PG	LGC
<i>trandolapril</i>	PG	LGC
<i>trandolapril-verapamil hcl er</i>	PG	
<i>valsartan</i>	PG	LGC
<i>valsartan-hydrochlorothiazide</i>	PG	LGC
VECAMYL (<i>mecamylamine hcl</i>)	NP	PA
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
ALINIA ORAL SUSPENSION RECONSTITUTED (<i>nitazoxanide</i>)	NP	QL (540 ML per 25 DAYs); AL (Min 1 Years)
ALINIA ORAL TABLET (<i>nitazoxanide</i>)	NP	QL (20 TABLETS per 25 DAYs); AL (Min 12 Years)
<i>atovaquone oral</i>	PG	
<i>clindamycin hcl oral</i>	PG	
<i>clindamycin palmitate hcl</i>	PG	
<i>colistimethate sodium (cba)</i>	PG	
<i>dapsone oral</i>	PG	
<i>linezolid oral</i>	PG	PA
MEPRON (<i>atovaquone</i>)	PB	
<i>metronidazole oral</i>	PG	
SIVEXTRO ORAL (<i>tedizolid phosphate</i>)	NP	PA
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	PG	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	PG	
<i>tinidazole oral</i>	NP	
<i>trimethoprim oral</i>	PG	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	FE	
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	PA
ZYVOX ORAL (<i>linezolid</i>)	FE	
ANTIMALARIALS - DRUGS FOR INFECTIONS		
<i>atovaquone-proguanil hcl</i>	NP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chloroquine phosphate oral</i>	PG	
<i>hydroxychloroquine sulfate oral</i>	PG	
<i>mefloquine hcl</i>	NP	
<i>primaquine phosphate oral</i>	PG	
<i>quinine sulfate oral</i>	NP	
ANTIMYASTHENIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
<i>pyridostigmine bromide er</i>	PG	
<i>pyridostigmine bromide oral solution</i>	PG	
<i>pyridostigmine bromide oral tablet 30 mg</i>	FE	
<i>pyridostigmine bromide oral tablet 60 mg</i>	PG	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
<i>pyridostigmine bromide er</i>	PG	
<i>pyridostigmine bromide oral solution</i>	PG	
<i>pyridostigmine bromide oral tablet 30 mg</i>	FE	
<i>pyridostigmine bromide oral tablet 60 mg</i>	PG	
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
<i>cycloserine oral</i>	NP	
<i>ethambutol hcl oral</i>	PG	
<i>isoniazid oral</i>	PG	
<i>pyrazinamide oral</i>	PG	
<i>rifabutin</i>	PG	
<i>rifampin oral</i>	PG	
SIRTURO (<i>bedaquiline fumarate</i>)	NPS	PA
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER		
VENCLEXTA ORAL TABLET 10 MG, 50 MG (<i>venetoclax</i>)	NPS	PA; QL (120 TABLETS per 30 days)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	NPS	PA; QL (180 TABLETS per 30 days)
VENCLEXTA STARTING PACK (<i>venetoclax</i>)	NPS	PA; QL (42 TABLETS per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	NPS	PA; QL (60 CAPSULES per 30 days)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	NPS	PA; QL (180 CAPSULES per 30 days)
VITRAKVI ORAL SOLUTION (<i>larotrectinib sulfate</i>)	NPS	PA; QL (300 ML per 30 days)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
<i>abiraterone acetate</i>	PSP	PA; ST; QL (120 TABLETS per 30 days)
ACTIMMUNE (<i>interferon gamma-1b</i>)	NPS	PA
AFINITOR (<i>everolimus</i>)	PSP	PA; QL (30 TABLETS per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG (<i>everolimus</i>)	PSP	PA; QL (60 TABLETS per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (<i>everolimus</i>)	PSP	PA; QL (90 TABLETS per 30 days)
ALECENSA (<i>alectinib hcl</i>)	NPS	PA; QL (240 CAPSULES per 30 days)
ALFERON N (<i>interferon alfa-n3</i>)	NPS	
ALKERAN ORAL (<i>melphalan</i>)	NP	
ALUNBRIG ORAL TABLET 180 MG (<i>brigatinib</i>)	NPS	PA; QL (30 TABLETS per 30 days)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	NPS	PA; QL (120 TABLETS per 30 days)
ALUNBRIG ORAL TABLET 90 MG (<i>brigatinib</i>)	NPS	PA; QL (53 TABLETS per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK (<i>brigatinib</i>)	NPS	PA; QL (30 TABLETS per 30 days)
<i>anastrozole oral</i>	PG	
<i>bexarotene</i>	PSP	PA
<i>bicalutamide</i>	PG	
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	PSP	PA; QL (90 TABLETS per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	PSP	PA; QL (30 TABLETS per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	NPS	PA; QL (180 CAPSULES per 30 days)
CABOMETYX (<i>cabozantinib s-malate</i>)	PSP	PA; QL (30 TABLETS per 30 days)
CALQUENCE (<i>acalabrutinib</i>)	NPS	PA; QL (60 CAPSULES per 30 days)
<i>capecitabine oral tablet 150 mg</i>	PG	PA; QL (120 TABLETS per 30 days)
<i>capecitabine oral tablet 500 mg</i>	PG	PA; QL (300 TABLETS per 30 days)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	NPS	PA; QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	NPS	PA; QL (30 TABLETS per 30 days)
COMETRIQ (100 MG DAILY DOSE) (<i>cabozantinib s-malate</i>)	NPS	PA; QL (1 KIT per 28 days)
COMETRIQ (140 MG DAILY DOSE) (<i>cabozantinib s-malate</i>)	NPS	PA; QL (1 KIT per 28 days)
COMETRIQ (60 MG DAILY DOSE) (<i>cabozantinib s-malate</i>)	NPS	PA; QL (1 KIT per 28 days)
COTELLIC (<i>cobimetinib fumarate</i>)	NPS	PA; QL (63 TABLETS per 21 days)
<i>cyclophosphamide oral capsule</i>	PG	
DAURISMO (<i>glasdegib maleate</i>)	FE	
ELIGARD (<i>leuprolide acetate</i>)	PSP	PA
ERIVEDGE (<i>vismodegib</i>)	NPS	PA; QL (30 CAPSULES per 30 days)
ERLEADA (<i>apalutamide</i>)	PSP	PA; QL (120 TABLETS per 30 days)
<i>etoposide oral</i>	PG	
<i>exemestane</i>	PG	
FARYDAK (<i>panobinostat lactate</i>)	FE	
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML (<i>fulvestrant</i>)	PSP	PA
FIRMAGON (<i>degarelix acetate</i>)	NPS	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flutamide</i>	PG	
GILOTRIF (<i>afatinib dimaleate</i>)	NPS	PA; QL (30 TABLETS per 30 days)
GLEEVEC (<i>imatinib mesylate</i>)	FE	
HYCAMTIN ORAL (<i>topotecan hcl</i>)	NPS	PA
<i>hydroxyurea oral</i>	PG	
ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	NPS	PA; QL (60 TABLETS per 30 days)
ICLUSIG ORAL TABLET 45 MG (<i>ponatinib hcl</i>)	NPS	PA; QL (30 TABLETS per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	PG	PA; QL (90 TABLETS per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	PG	PA; QL (60 TABLETS per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	NPS	PA; QL (90 CAPSULES per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	NPS	PA; QL (30 CAPSULES per 30 days)
IMBRUVICA ORAL TABLET (<i>ibrutinib</i>)	NPS	PA; QL (30 TABLETS per 30 days)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	NPS	PA; QL (180 TABLETS per 30 days)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	NPS	PA; QL (120 TABLETS per 30 days)
INTRON A (<i>interferon alfa-2b</i>)	NPS	PA
IRESSA (<i>gefitinib</i>)	PSP	PA; QL (30 TABLETS per 30 days)
JAKAFI (<i>ruxolitinib phosphate</i>)	NPS	PA; QL (60 TABLETS per 30 days)
KISQALI FEMARA (400 MG DOSE) (<i>ribociclib-letrozole</i>)	PSP	PA; QL (70 TABLETS per 28 days)
KISQALI FEMARA (600 MG DOSE) (<i>ribociclib-letrozole</i>)	PSP	PA; QL (91 TABLETS per 28 days)
KISQALI FEMARA(200 MG DOSE) (<i>ribociclib-letrozole</i>)	PSP	PA; QL (49 TABLETS per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA (10 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	NPS	PA; QL (30 CAPSULES per 30 days)
LENVIMA (12 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	NPS	PA; QL (90 CAPSULES per 30 days)
LENVIMA (14 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	NPS	PA; QL (60 CAPSULES per 30 days)
LENVIMA (18 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	NPS	PA; QL (90 CAPSULES per 30 days)
LENVIMA (20 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	NPS	PA; QL (60 CAPSULES per 30 days)
LENVIMA (24 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	NPS	PA; QL (90 CAPSULES per 30 days)
LENVIMA (4 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	NPS	PA; QL (30 CAPSULES per 30 days)
LENVIMA (8 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	NPS	PA; QL (60 CAPSULES per 30 days)
<i>letrozole oral</i>	PG	
<i>leucovorin calcium oral</i>	PG	
LEUKERAN (<i>chlorambucil</i>)	PB	
<i>leuprolide acetate injection</i>	PSP	PA
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	NPS	PA; QL (100 TABLETS per 30 days)
LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	NPS	PA; QL (80 TABLETS per 30 days)
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	NPS	PA; QL (30 TABLETS per 30 days)
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	NPS	PA; QL (90 TABLETS per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	NPS	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	FE	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	NPS	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	FE	

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LUPRON DEPOT (4-MONTH) (<i>leuprolide acetate (4 month)</i>)	FE	
LUPRON DEPOT (6-MONTH) (<i>leuprolide acetate (6 month)</i>)	FE	
LYSODREN (<i>mitotane</i>)	PB	
MATULANE (<i>procarbazine hcl</i>)	PB	
<i>megestrol acetate oral suspension 40 mg/ml</i>	PG	
<i>megestrol acetate oral tablet</i>	PG	
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	NPS	PA; QL (90 TABLETS per 30 days)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	NPS	PA; QL (30 TABLETS per 30 days)
MEKTOVI (<i>binimetinib</i>)	NPS	PA; QL (180 TABLETS per 30 days)
<i>melphalan</i>	PG	
<i>mercaptopurine oral</i>	PG	
<i>methotrexate oral</i>	PG	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution reconstituted</i>	PG	
MYLERAN (<i>busulfan</i>)	PB	
NERLYNX (<i>neratinib maleate</i>)	NPS	PA; QL (180 TABLETS per 30 days)
NEXAVAR (<i>sorafenib tosylate</i>)	NPS	PA; QL (120 TABLETS per 30 days)
NILANDRON (<i>nilutamide</i>)	FE	
<i>nilutamide</i>	PG	
NINLARO (<i>ixazomib citrate</i>)	NPS	PA; QL (3 CAPSULES per 28 days)
NUBEQA (<i>darolutamide</i>)	PSP	PA; QL (1 TABLET per 1 DAY)
ODOMZO (<i>sonidegib phosphate</i>)	PSP	PA; QL (30 CAPSULES per 30 days)

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POMALYST (<i>pomalidomide</i>)	NPS	PA; QL (21 CAPSULES per 21 days)
PURIXAN (<i>mercaptopurine</i>)	NPS	PA
RYDAPT (<i>midostaurin</i>)	PSP	PA; QL (224 CAPSULES per 28 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	PSP	PA; QL (30 TABLETS per 30 days)
SPRYCEL ORAL TABLET 20 MG (<i>dasatinib</i>)	PSP	PA; QL (90 TABLETS per 30 days)
STIVARGA (<i>regorafenib</i>)	NPS	PA; QL (84 TABLETS per 28 days)
SUTENT (<i>sunitinib malate</i>)	PSP	PA; QL (30 CAPSULES per 30 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG (<i>peginterferon alfa-2b</i>)	NPS	PA; QL (4 KIT per 28 days)
TABLOID (<i>thioguanine</i>)	PB	
TAFINLAR (<i>dabrafenib mesylate</i>)	NPS	PA; QL (120 CAPSULES per 30 days)
TAGRISSO (<i>osimertinib mesylate</i>)	NPS	PA; QL (30 TABLETS per 30 days)
<i>tamoxifen citrate oral</i>	PG	CE; AL (Min 35 Years)
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	PSP	PA; QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	PSP	PA; QL (60 TABLETS per 30 days)
TARGRETIN ORAL (<i>bexarotene</i>)	NPS	PA; ST
TASIGNA (<i>nilotinib hcl</i>)	FE	
TEMODAR ORAL (<i>temozolomide</i>)	NPS	PA; ST
<i>temozolomide</i>	PG	PA
<i>toremifene citrate</i>	PG	
TRELSTAR MIXJECT (<i>triptorelin pamoate</i>)	NPS	PA
<i>tretinoin oral</i>	PG	
TREXALL (<i>methotrexate sodium</i>)	PB	
TYKERB (<i>lapatinib ditosylate</i>)	PSP	PA; QL (180 TABLETS per 30 days)

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VIZIMPRO (<i>dacomitinib</i>)	FE	
VOTRIENT (<i>pazopanib hcl</i>)	PSP	PA; QL (120 TABLETS per 30 days)
XALKORI (<i>crizotinib</i>)	NPS	PA; QL (60 CAPSULES per 30 days)
XATMEP (<i>methotrexate</i>)	NPS	
XELODA ORAL TABLET 150 MG (<i>capecitabine</i>)	NPS	PA; ST; QL (120 TABLETS per 30 days)
XELODA ORAL TABLET 500 MG (<i>capecitabine</i>)	NPS	PA; ST; QL (300 TABLETS per 30 days)
XOSPATA (<i>gilteritinib fumarate</i>)	FE	
XTANDI (<i>enzalutamide</i>)	PSP	PA; QL (120 CAPSULES per 30 days)
YONSA (<i>abiraterone acetate</i>)	PSP	PA; QL (120 TABLETS per 30 days)
ZELBORAF (<i>vemurafenib</i>)	NPS	PA; QL (240 TABLETS per 30 days)
ZOLINZA (<i>vorinostat</i>)	PSP	PA; QL (120 CAPSULES per 30 days)
ZYKADIA ORAL CAPSULE (<i>ceritinib</i>)	NPS	PA; QL (90 CAPSULES per 30 days)
ZYKADIA ORAL TABLET (<i>ceritinib</i>)	NPS	PA; QL (90 TABLETS per 30 days)
ZYTIGA (<i>abiraterone acetate</i>)	FE	
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR EATING DISORDERS		
SAXENDA (<i>liraglutide -weight management</i>)	PB	PA; SPC (Only available for select plans)
*ANTI-OBESITY AGENT COMBINATIONS** - DRUGS FOR EATING DISORDERS		
CONTRAVE (<i>naltrexone-bupropion hcl</i>)	FE	
ANTIPARKINSON AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amantadine hcl oral</i>	PG	
<i>benztropine mesylate oral</i>	PG	
<i>bromocriptine mesylate oral</i>	PG	

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<i>carbidopa oral</i>	PG	
<i>carbidopa-levodopa</i>	PG	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	
<i>carbidopa-levodopa-entacapone</i>	NP	
DUOPA ENTERAL (<i>carbidopa-levodopa</i>)	NPS	PA
<i>entacapone</i>	PG	
GOCOVRI (<i>amantadine hcl</i>)	FE	
INBRIJA (<i>levodopa</i>)	FE	
NEUPRO (<i>rotigotine</i>)	PB	
OSMOLEX ER (<i>amantadine hcl</i>)	FE	
<i>pramipexole dihydrochloride</i>	PG	
<i>pramipexole dihydrochloride er</i>	NP	
<i>rasagiline mesylate oral</i>	PG	
<i>ropinirole hcl</i>	PG	
<i>ropinirole hcl er</i>	NP	
RYTARY (<i>carbidopa-levodopa</i>)	NP	
<i>selegiline hcl oral</i>	PG	
SINEMET (<i>carbidopa-levodopa</i>)	NP	
SINEMET CR (<i>carbidopa-levodopa</i>)	NP	
<i>tolcapone</i>	NP	STX
<i>trihexyphenidyl hcl</i>	PG	
XADAGO (<i>safinamide mesylate</i>)	FE	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
ABILIFY ORAL TABLET (<i>aripiprazole</i>)	FE	
<i>aripiprazole</i>	PG	
ARISTADA INITIO (<i>aripiprazole lauroxil</i>)	PB	PA
<i>chlorpromazine hcl oral</i>	PG	
<i>clozapine</i>	PG	
<i>prochlorperazine (Compro)</i>	PG	
FANAPT (<i>iloperidone</i>)	FE	
FANAPT TITRATION PACK (<i>iloperidone</i>)	FE	

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FAZACLO (<i>clozapine</i>)	FE	
<i>fluphenazine hcl oral</i>	PG	
GEODON (<i>ziprasidone hcl</i>)	FE	
<i>haloperidol lactate oral</i>	PG	
<i>haloperidol oral</i>	PG	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 9 MG (<i>paliperidone</i>)	NP	PA; QL (30 TABLETS per 25 DAYs)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>paliperidone</i>)	NP	PA; QL (60 TABLETS per 25 DAYs)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>paliperidone palmitate</i>)	FE	
LATUDA (<i>lurasidone hcl</i>)	FE	
<i>lithium carbonate er</i>	PG	
<i>lithium carbonate oral</i>	PG	
<i>loxapine succinate oral</i>	PG	
NUPLAZID ORAL CAPSULE (<i>pimavanserin tartrate</i>)	NPS	PA; QL (1 CAPSULE per 1 day)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	NPS	PA; QL (1 TABLET per 1 day)
<i>olanzapine oral</i>	PG	
<i>paliperidone er</i>	NP	
<i>perphenazine oral</i>	PG	
PERSERIS (<i>risperidone</i>)	FE	
<i>prochlorperazine maleate oral</i>	PG	
<i>quetiapine fumarate</i>	PG	
<i>quetiapine fumarate er</i>	NP	
REXULTI (<i>brexpiprazole</i>)	NP	PA; QL (30 TABLETS per 25 DAYs)
<i>risperidone</i>	PG	
SAPHRIS (<i>asenapine maleate</i>)	NP	PA; QL (60 TABLETS per 25 DAYs)
SEROQUEL XR (<i>quetiapine fumarate</i>)	FE	
<i>thioridazine hcl oral</i>	PG	
<i>thiothixene oral</i>	PG	

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<i>trifluoperazine hcl oral</i>	PG	
VERSACLOZ (<i>clozapine</i>)	NP	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG (<i>cariprazine hcl</i>)	PB	PA; QL (60 CAPSULES per 25 DAYs)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	PB	PA; QL (30 CAPSULES per 25 DAYs)
VRAYLAR ORAL CAPSULE THERAPY PACK (<i>cariprazine hcl</i>)	PB	PA; QL (60 CAPSULES per 25 DAYs)
<i>ziprasidone hcl</i>	PG	
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS THAT ALTER METABOLISM		
TYBOST (<i>cobicistat</i>)	NP	QL (30 TABLETS per 30 DAYs)
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - HORMONES		
TEGSEDI (<i>inotersen sodium</i>)	FE	
ANTIVIRALS - DRUGS FOR INFECTIONS		
<i>abacavir sulfate oral solution</i>	PG	QL (900 ML per 30 DAYs)
<i>abacavir sulfate oral tablet</i>	PG	QL (60 TABLETS per 30 DAYs)
<i>abacavir sulfate-lamivudine</i>	PG	QL (30 TABLETS per 30 DAYs)
<i>abacavir-lamivudine-zidovudine</i>	PG	QL (60 TABLETS per 30 DAYs)
<i>acyclovir oral</i>	PG	
<i>adefovir dipivoxil</i>	PG	
APTIVUS ORAL CAPSULE (<i>tipranavir</i>)	NP	QL (120 CAPSULES per 30 DAYs)
APTIVUS ORAL SOLUTION (<i>tipranavir</i>)	NP	QL (285 ML per 28 DAYs)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	PG	QL (30 CAPSULES per 30 DAYs)
<i>atazanavir sulfate oral capsule 200 mg</i>	PG	QL (60 CAPSULES per 30 DAYs)
ATRIPLA (<i>efavirenz-emtricitab-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYs)

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BARACLUDE ORAL SOLUTION (<i>entecavir</i>)	PSP	
BARACLUDE ORAL TABLET (<i>entecavir</i>)	FE	
BIKTARVY (<i>bictegravir-emtricitab-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYS)
<i>cidofovir intravenous</i>	PG	
CIMDUO (<i>lamivudine-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYS)
COMBIVIR (<i>lamivudine-zidovudine</i>)	NP	QL (60 TABLETS per 30 DAYS)
COMPLERA (<i>emtricitab-rilpivir-tenofovir</i>)	FE	
CRIXIVAN ORAL CAPSULE 200 MG (<i>indinavir sulfate</i>)	NP	QL (450 CAPSULES per 30 DAYS)
CRIXIVAN ORAL CAPSULE 400 MG (<i>indinavir sulfate</i>)	NP	QL (180 CAPSULES per 30 DAYS)
DAKLINZA ORAL TABLET 30 MG, 60 MG (<i>daclatasvir dihydrochloride</i>)	FE	
DELSTRIGO (<i>doravirin-lamivudin-tenofovir df</i>)	FE	
DESCOVY (<i>emtricitabine-tenofovir af</i>)	PB	QL (30 TABLETS per 30 DAYS)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	PG	QL (30 CAPSULES per 30 DAYS)
EDURANT (<i>rilpivirine hcl</i>)	PB	QL (60 TABLETS per 30 DAYS)
<i>efavirenz oral capsule</i>	PG	QL (90 CAPSULES per 30 DAYS)
<i>efavirenz oral tablet</i>	PG	QL (30 TABLETS per 30 DAYS)
EMTRIVA ORAL CAPSULE (<i>emtricitabine</i>)	PB	QL (30 CAPSULES per 30 DAYS)
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	PB	QL (680 ML per 28 DAYS)
<i>entecavir</i>	PG	
EPIVIR HBV (<i>lamivudine</i>)	FE	
EPIVIR ORAL SOLUTION (<i>lamivudine</i>)	NP	QL (900 ML per 30 DAYS)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	NP	QL (60 TABLETS per 30 DAYS)

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EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	NP	QL (30 TABLETS per 30 DAYs)
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	NP	QL (30 TABLETS per 30 DAYs)
EVOTAZ (<i>atazanavir-cobicistat</i>)	PB	QL (30 TABLETS per 30 DAYs)
<i>famciclovir oral</i>	PG	
<i>fosamprenavir calcium</i>	PG	QL (120 TABLETS per 30 DAYs)
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML (<i>foscarnet sodium</i>)	NPS	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>enfuvirtide</i>)	PSP	PA; QL (60 SOLUTION RECONSTITUTED per 30 days)
<i>ganciclovir intravenous solution</i>	FE	
<i>ganciclovir sodium intravenous solution</i>	FE	
<i>ganciclovir sodium intravenous solution reconstituted</i>	PG	
GENVOYA (<i>elviteg-cobic-emtricit-tenofaf</i>)	PB	QL (30 TABLETS per 30 DAYs)
HEPSERA (<i>adefovir dipivoxil</i>)	FE	
INTELENCE ORAL TABLET 100 MG, 25 MG (<i>etravirine</i>)	PB	QL (120 TABLETS per 30 DAYs)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	PB	QL (60 TABLETS per 30 DAYs)
INVIRASE ORAL TABLET (<i>saquinavir mesylate</i>)	NP	QL (120 TABLETS per 30 DAYs)
ISENTRESS HD (<i>raltegravir potassium</i>)	PB	QL (60 TABLETS per 30 DAYs)
ISENTRESS ORAL PACKET (<i>raltegravir potassium</i>)	PB	QL (60 PACKETS per 30 DAYs)
ISENTRESS ORAL TABLET (<i>raltegravir potassium</i>)	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS ORAL TABLET CHEWABLE (<i>raltegravir potassium</i>)	PB	QL (180 TABLETS per 30 DAYs)
JULUCA (<i>dolutegravir-rilpivirine</i>)	NP	QL (30 TABLETS per 30 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALETRA ORAL SOLUTION (<i>lopinavir-ritonavir</i>)	NP	QL (390 ML per 30 DAYs)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	PB	QL (240 TABLETS per 30 DAYs)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	PB	QL (120 TABLETS per 30 DAYs)
<i>lamivudine oral solution</i>	PG	QL (900 ML per 30 DAYs)
<i>lamivudine oral tablet 100 mg</i>	PG	
<i>lamivudine oral tablet 150 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>lamivudine oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>lamivudine-zidovudine</i>	PG	QL (60 TABLETS per 30 days)
LEXIVA ORAL SUSPENSION (<i>fosamprenavir calcium</i>)	NP	QL (1575 ML per 28 DAYs)
LEXIVA ORAL TABLET (<i>fosamprenavir calcium</i>)	NP	QL (120 TABLETS per 30 DAYs)
<i>lopinavir-ritonavir</i>	PG	QL (390 ML per 30 DAYs)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	PG	QL (90 TABLETS per 30 DAYs)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
<i>nevirapine oral suspension</i>	PG	QL (1200 ML per 30 DAYs)
<i>nevirapine oral tablet</i>	PG	QL (60 TABLETS per 30 DAYs)
NORVIR ORAL PACKET (<i>ritonavir</i>)	PB	QL (360 PACKETS per 30 DAYs)
NORVIR ORAL SOLUTION (<i>ritonavir</i>)	PB	QL (480 ML per 30 DAYs)
NORVIR ORAL TABLET (<i>ritonavir</i>)	PB	QL (360 TABLETS per 30 DAYs)
ODEFSEY (<i>emtricitabine-rilpivir-tenofovir af</i>)	PB	QL (30 TABLETS per 30 DAYs)
<i>oseltamivir phosphate oral capsule 30 mg</i>	PG	QL (40 CAPSULES per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	PG	QL (20 CAPSULES per 90 days)

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<i>oseltamivir phosphate oral capsule 75 mg</i>	PG	QL (20 CAPSULES per 90 DAYs)
<i>oseltamivir phosphate oral suspension reconstituted</i>	PG	QL (360 ML per 90 days)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	FE	
PEGASYS SUBCUTANEOUS SOLUTION (<i>peginterferon alfa-2a</i>)	FE	
PIFELTRO (<i>doravirine</i>)	FE	
PREVYMIS ORAL (<i>letermovir</i>)	NP	QL (1 TABLET per 1 DAY)
PREZCOBIX (<i>darunavir-cobicistat</i>)	PB	QL (30 TABLETS per 30 DAYs)
PREZISTA ORAL SUSPENSION (<i>darunavir ethanolate</i>)	PB	QL (400 ML per 30 DAYs)
PREZISTA ORAL TABLET 150 MG (<i>darunavir ethanolate</i>)	PB	QL (180 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 600 MG (<i>darunavir ethanolate</i>)	PB	QL (60 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 75 MG (<i>darunavir ethanolate</i>)	PB	QL (300 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 800 MG (<i>darunavir ethanolate</i>)	PB	QL (30 TABLETS per 30 DAYs)
REBETOL ORAL SOLUTION (<i>ribavirin</i>)	NPS	PA; ST
RELENZA DISKHALER (<i>zanamivir</i>)	PB	QL (2 INHALERS per 90 DAYs)
RESCRIPTOR ORAL TABLET 200 MG (<i>delavirdine mesylate</i>)	NP	QL (450 TABLETS per 30 DAYs)
RETROVIR ORAL CAPSULE (<i>zidovudine</i>)	NP	QL (180 CAPSULES per 30 DAYs)
RETROVIR ORAL SYRUP (<i>zidovudine</i>)	NP	QL (1800 ML per 30 DAYs)
REYATAZ ORAL CAPSULE 150 MG, 300 MG (<i>atazanavir sulfate</i>)	PB	QL (30 CAPSULES per 30 DAYs)
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	PB	QL (60 CAPSULES per 30 DAYs)
REYATAZ ORAL PACKET (<i>atazanavir sulfate</i>)	PB	QL (180 PACKETS per 30 DAYs)
RIBASPHERE ORAL TABLET 400 MG (<i>ribavirin</i>)	FE	
RIBASPHERE ORAL TABLET 600 MG (<i>ribavirin</i>)	PSP	PA; ST

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RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG (<i>ribavirin</i>)	NPS	PA; ST
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK (<i>ribavirin</i>)	NPS	PA; ST
<i>ribavirin oral capsule</i>	PG	PA; ST
<i>ribavirin oral tablet 200 mg</i>	PG	PA; ST
<i>rimantadine hcl</i>	PG	
<i>ritonavir</i>	PG	QL (360 TABLETS per 30 DAYS)
SELZENTRY ORAL SOLUTION (<i>maraviroc</i>)	NP	QL (1840 ML per 30 DAYS)
SELZENTRY ORAL TABLET 150 MG, 75 MG (<i>maraviroc</i>)	NP	QL (60 TABLETS per 30 DAYS)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	NP	QL (240 TABLETS per 30 DAYS)
SELZENTRY ORAL TABLET 300 MG (<i>maraviroc</i>)	NP	QL (120 TABLETS per 30 DAYS)
SITAVIG (<i>acyclovir</i>)	FE	
SOVALDI (<i>sofosbuvir</i>)	NPS	PA; ST; QL (28 TABLETS per 28 days)
<i>stavudine oral capsule 15 mg, 40 mg</i>	PG	QL (60 CAPSULES per 30 DAYS)
<i>stavudine oral capsule 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 30 days)
STRIBILD (<i>elviteg-cobic-emtricit-tenofdf</i>)	FE	
SUSTIVA ORAL CAPSULE (<i>efavirenz</i>)	NP	QL (90 CAPSULES per 30 DAYS)
SUSTIVA ORAL TABLET (<i>efavirenz</i>)	NP	QL (30 TABLETS per 30 DAYS)
SYMFI (<i>efavirenz-lamivudine-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYS)
SYMFI LO (<i>efavirenz-lamivudine-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYS)
SYMTUZA (<i>darun-cobic-emtricit-tenofaf</i>)	FE	
TAMIFLU ORAL CAPSULE 30 MG (<i>oseltamivir phosphate</i>)	NP	QL (40 CAPSULES per 90 DAYS)

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TAMIFLU ORAL CAPSULE 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	NP	QL (20 CAPSULES per 90 DAYS)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	NP	QL (360 ML per 90 days)
<i>tenofovir disoproxil fumarate</i>	PG	QL (30 TABLETS per 30 DAYS)
TIVICAY (<i>dolutegravir sodium</i>)	PB	QL (60 TABLETS per 30 DAYS)
TRIUMEQ (<i>abacavir-dolutegravir-lamivudine</i>)	PB	QL (30 TABLETS per 30 DAYS)
TRIZIVIR (<i>abacavir-lamivudine-zidovudine</i>)	NP	QL (60 TABLETS per 30 DAYS)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	PB	QL (30 TABLETS per 30 DAYS)
TRUVADA ORAL TABLET 200-300 MG (<i>emtricitabine-tenofovir df</i>)	PB	ST; QL (30 TABLETS per 30 DAYS)
<i>valacyclovir hcl oral</i>	PG	
VALCYTE (<i>valganciclovir hcl</i>)	FE	
<i>valganciclovir hcl</i>	PG	
VALTREX (<i>valacyclovir hcl</i>)	FE	
VEMLIDY (<i>tenofovir alafenamide fumarate</i>)	PSP	PA; QL (30 TABLETS per 30 days)
VIDEX EC (<i>didanosine</i>)	NP	QL (30 CAPSULES per 30 DAYS)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM (<i>didanosine</i>)	NP	QL (1200 ML per 30 DAYS)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	NP	QL (300 TABLETS per 30 DAYS)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	NP	QL (120 TABLETS per 30 DAYS)
VIRAMUNE ORAL SUSPENSION (<i>nevirapine</i>)	NP	QL (1200 ML per 30 DAYS)
VIRAMUNE ORAL TABLET (<i>nevirapine</i>)	NP	QL (60 TABLETS per 30 DAYS)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG (<i>nevirapine</i>)	NP	QL (30 TABLETS per 30 DAYS)
VIREAD ORAL POWDER (<i>tenofovir disoproxil fumarate</i>)	PB	QL (240 GM per 30 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIREAD ORAL TABLET (<i>tenofovir disoproxil fumarate</i>)	PB	QL (30 TABLETS per 30 DAYs)
ZERIT ORAL CAPSULE 30 MG, 40 MG (<i>stavudine</i>)	NP	QL (60 CAPSULES per 30 days)
ZIAGEN ORAL SOLUTION (<i>abacavir sulfate</i>)	NP	QL (900 ML per 30 DAYs)
ZIAGEN ORAL TABLET (<i>abacavir sulfate</i>)	NP	QL (60 TABLETS per 30 DAYs)
<i>zidovudine oral capsule</i>	PG	QL (180 CAPSULES per 30 DAYs)
<i>zidovudine oral syrup</i>	PG	QL (1800 ML per 30 DAYs)
<i>zidovudine oral tablet</i>	PG	QL (60 TABLETS per 30 DAYs)
ASSORTED CLASSES - VITAMINS AND MINERALS		
ASTAGRAF XL (<i>tacrolimus</i>)	FE	
ATGAM (<i>lymphocyte,anti-thymo imm glob</i>)	NP	
AZASAN (<i>azathioprine</i>)	NP	
<i>azathioprine oral</i>	PG	
BENLYSTA INTRAVENOUS (<i>belimumab</i>)	NPS	PA; QL (4 SOLUTION RECONSTITUTED per 28 days)
BENLYSTA SUBCUTANEOUS (<i>belimumab</i>)	FE	
CELLCEPT (<i>mycophenolate mofetil</i>)	FE	
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NPS	PA
<i>cyclosporine intravenous</i>	PG	
<i>cyclosporine modified</i>	PG	
<i>cyclosporine oral capsule</i>	PG	
DEPEN TITRATABS (<i>penicillamine</i>)	NP	PA
ENVARUSUS XR (<i>tacrolimus</i>)	FE	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	PG	
<i>cyclosporine modified</i> (Gengraf Oral Solution)	PG	
IMURAN (<i>azathioprine</i>)	NP	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension)	PG	
LOKELMA (<i>sodium zirconium cyclosilicate</i>)	PB	
<i>mycophenolate mofetil</i>	PG	

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<i>mycophenolate sodium</i>	PG	
MYFORTIC (<i>mycophenolate sodium</i>)	FE	
NEORAL (<i>cyclosporine modified</i>)	NPS	
NULOJIX (<i>belatacept</i>)	NPS	
PROGRAF INTRAVENOUS (<i>tacrolimus</i>)	NPS	
PROGRAF ORAL CAPSULE (<i>tacrolimus</i>)	FE	
RAPAMUNE (<i>sirolimus</i>)	FE	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>lenalidomide</i>)	PSP	PA; QL (28 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG (<i>lenalidomide</i>)	PSP	PA; QL (21 CAPSULES per 28 days)
SANDIMMUNE (<i>cyclosporine</i>)	NPS	
SIMULECT (<i>basiliximab</i>)	NP	
<i>sirolimus oral</i>	PG	
<i>sodium polystyrene sulfonate oral</i>	PG	
SPS (<i>sodium polystyrene sulfonate</i>)	PG	
<i>sterile water for irrigation</i>	NP	STX
SYPRINE (<i>trientine hcl</i>)	NPS	PA
<i>tacrolimus oral</i>	PG	
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	PSP	PA; QL (28 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG (<i>thalidomide</i>)	PSP	PA; QL (56 CAPSULES per 28 days)
THYMOGLOBULIN (<i>anti-thymocyte glob (rabbit)</i>)	NP	
<i>trientine hcl</i>	PG	PA
VELTASSA (<i>patiomer sorbitex calcium</i>)	PB	
XIAFLEX (<i>collagenase clostrid histolyt</i>)	NPS	PA
ZORTRESS (<i>everolimus</i>)	FE	
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE LUNGS		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; QL (600 ML per 28 days)
BETA BLOCKERS - DRUGS FOR THE HEART		
<i>acebutolol hcl oral</i>	PG	

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<i>atenolol oral</i>	PG	LGC
BETAPACE AF (<i>sotalol hcl af</i>)	FE	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	FE	
<i>betaxolol hcl oral</i>	PG	
<i>bisoprolol fumarate</i>	PG	
BYSTOLIC (<i>nebivolol hcl</i>)	FE	
<i>carvedilol</i>	PG	LGC
<i>carvedilol phosphate er</i>	NP	
COREG CR (<i>carvedilol phosphate</i>)	FE	
INNOPRAN XL (<i>propranolol hcl sr beads</i>)	FE	
KAPSPARGO SPRINKLE (<i>metoprolol succinate</i>)	FE	
<i>labetalol hcl oral</i>	PG	
<i>metoprolol succinate er</i>	PG	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	PG	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>pindolol</i>	PG	
<i>propranolol hcl er</i>	PG	
<i>propranolol hcl oral solution</i>	PG	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>propranolol hcl oral tablet 60 mg</i>	PG	
<i>sotalol hcl (af) oral tablet 120 mg</i>	PG	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	PG	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	PG	
<i>timolol maleate oral</i>	PG	
TOPROL XL (<i>metoprolol succinate</i>)	FE	
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH		
CHOLBAM (<i>cholic acid</i>)	NPS	PA
BIOLOGICALS MISC - BIOLOGICAL AGENTS		
ADAGEN (<i>pegademase bovine</i>)	NPS	PA

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GRASTEK (<i>timothy grass pollen allergen</i>)	PB	PA
RAGWITEK (<i>short ragweed pollen ext</i>)	PB	PA
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
AIMOVIG (<i>erenumab-aooe</i>)	PB	ST
AIMOVIG (140 MG DOSE) (<i>erenumab-aooe</i>)	PB	ST
AJOVY (<i>fremanezumab-vfrm</i>)	PB	ST
EMGALITY (<i>galcanezumab-gnlm</i>)	PB	ST
EMGALITY (300 MG DOSE) (<i>galcanezumab-gnlm</i>)	FE	
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
<i>amlodipine besylate oral</i>	PG	LGC
CARDIZEM CD (<i>diltiazem hcl coated beads</i>)	FE	
CARDIZEM LA (<i>diltiazem hcl coated beads</i>)	FE	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	FE	
<i>diltiazem hcl er beads</i>	PG	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	PG	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	PG	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	PG	
<i>diltiazem hcl oral</i>	PG	LGC
<i>felodipine er</i>	PG	
<i>isradipine</i>	PG	
<i>diltiazem hcl er coated beads (Matzim La)</i>	FE	
<i>nicardipine hcl oral</i>	PG	
<i>nifedipine er</i>	PG	
<i>nifedipine er osmotic release</i>	PG	
<i>nimodipine oral</i>	PG	
<i>nisoldipine er</i>	PG	
NORVASC (<i>amlodipine besylate</i>)	FE	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	PG	

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<i>verapamil hcl er oral tablet extended release 120 mg</i>	PG	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	PG	
<i>verapamil hcl oral</i>	PG	LGC
CARDIOTONICS - DRUGS FOR THE HEART		
<i>digoxin oral</i>	PG	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (<i>digoxin</i>)	FE	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
ADCIRCA (<i>tadalafil (pah)</i>)	FE	
ADEMPAS (<i>riociguat</i>)	PSP	PA; QL (90 TABLETS per 30 days)
<i>amlodipine-atorvastatin</i>	NP	LGC
BIDIL (<i>isosorb dinitrate-hydralazine</i>)	PB	
CAVERJECT (<i>alprostadil (vasodilator)</i>)	NP	SPC (Only available for select plans); QL (6 VIALS per 25 days)
CAVERJECT IMPULSE (<i>alprostadil (vasodilator)</i>)	NP	SPC (Only available for select plans); QL (6 KITS per 25 days)
CIALIS (<i>tadalafil</i>)	FE	
EDEX (<i>alprostadil (vasodilator)</i>)	NP	SPC (Only available for select plans); QL (6 VIALS per 25 days)
<i>epoprostenol sodium</i>	PSP	PA
FLOLAN (<i>epoprostenol sodium</i>)	NPS	PA
<i>isoxsuprine hcl oral</i>	NP	STX
LETAIRIS (<i>ambrisentan</i>)	PSP	PA; QL (30 TABLETS per 30 days)
LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG (<i>ildenafil hcl</i>)	FE	
MUSE (<i>alprostadil (vasodilator)</i>)	PB	SPC (Only available for select plans); QL (6 SUPPOSITORIES per 25 days)
OPSUMIT (<i>macitentan</i>)	PSP	PA; QL (30 TABLETS per 30 days)

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ORENITRAM (<i>treprostinil diolamine</i>)	PSP	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	NPS	PA
REVATIO (<i>sildenafil citrate</i>)	FE	
<i>sildenafil citrate intravenous</i>	PSP	PA
<i>sildenafil citrate oral suspension reconstituted</i>	PSP	PA; QL (224 ML per 30 days)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	SPC (Only available for select plans); QL (6 TABLETS per 25 DAYS)
<i>sildenafil citrate oral tablet 20 mg</i>	PG	PA; QL (90 TABLETS per 30 days)
STAXYN (<i>varденаfil hcl</i>)	FE	
STENDRA (<i>avanafil</i>)	FE	
<i>tadalafil (pah)</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg, 5 mg</i>	PG	SPC (Only available for select plans); QL (6 TABLETS per 25 DAYS)
<i>tadalafil oral tablet 2.5 mg</i>	PG	SPC (Only available for select plans); QL (30 TABLETS per 25 DAYS)
TRACLEER ORAL TABLET (<i>bosentan</i>)	PSP	PA; QL (60 TABLETS per 30 days)
TRACLEER ORAL TABLET SOLUBLE (<i>bosentan</i>)	PSP	PA; QL (112 TABLETS per 28 days)
<i>treprostinil</i>	PSP	PA
TYVASO (<i>treprostinil</i>)	NPS	PA; QL (28 ML per 28 days)
TYVASO REFILL (<i>treprostinil</i>)	NPS	PA; QL (28 ML per 28 days)
TYVASO STARTER (<i>treprostinil</i>)	NPS	PA; QL (28 ML per 28 days)
<i>varденаfil hcl oral tablet</i>	PG	SPC (Only available for select plans); QL (6 TABLETS per 25 days)
<i>varденаfil hcl oral tablet dispersible</i>	PG	
VELETRI (<i>epoprostenol sodium</i>)	NPS	PA

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VENTAVIS (<i>iloprost</i>)	NPS	PA; QL (270 ML per 30 days)
VIAGRA (<i>sildenafil citrate</i>)	FE	
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
<i>cefaclor</i>	PG	
<i>cefadroxil</i>	PG	
<i>cefдинир</i>	PG	
<i>cefditoren pivoxil</i>	NP	STX
<i>cefixime</i>	NP	
<i>cefpodoxime proxetil</i>	PG	
<i>cefprozil</i>	PG	
<i>cefuroxime axetil oral tablet</i>	PG	
<i>cephalexin</i>	PG	
SUPRAX ORAL CAPSULE (<i>cefixime</i>)	PB	
SUPRAX ORAL SUSPENSION RECONSTITUTED (<i>cefixime</i>)	PB	
SUPRAX ORAL TABLET CHEWABLE (<i>cefixime</i>)	PB	
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR THE STOMACH		
TRULANCE (<i>plecanatide</i>)	NP	PA
CONTRACEPTIVES - DRUGS FOR WOMEN		
AFTERA (<i>levonorgestrel</i>)	PG	CE
<i>levonorgestrel-ethinyl estrad</i> (Altavera)	PG	CE
<i>alyacen 1/35</i>	PG	CE
<i>alyacen 7/7/7</i>	PG	CE
AMETHIA (<i>levonorgest-eth estrad 91-day</i>)	PG	CE
<i>levonorgest-eth estrad 91-day</i> (Amethia Lo)	PG	CE
<i>levonorgestrel-ethinyl estrad</i> (Amethyst)	PG	CE
<i>desogestrel-ethinyl estradiol</i> (Apri)	PG	CE
ARANELLE (<i>norethin-eth estrad triphasic</i>)	PG	CE
<i>levonorgestrel-ethinyl estrad</i> (Aubra)	PG	CE
<i>desogestrel-ethinyl estradiol</i> (Azurette)	PG	CE
BALCOLTRA (<i>levonorgest-eth estrad-fe bisg</i>)	NP	CE

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BALZIVA (<i>norethindrone-eth estradiol</i>)	PG	CE
BEYAZ (<i>drospiren-eth estrad-levomefol</i>)	FE	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe)	PG	CE
BLISOVI FE 1.5/30 (<i>norethin ace-eth estrad-fe</i>)	PG	CE
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20)	PG	CE
<i>norethindrone</i> (Camila)	PG	CE
<i>levonorgest-eth estrad 91-day</i> (Camrese)	PG	CE
CAMRESE LO (<i>levonorgest-eth estrad 91-day</i>)	PG	CE
CAZIAN (<i>desogestrel-ethinyl estradiol</i>)	PG	CE
CRYSELLE-28 (<i>norgestrel-ethinyl estradiol</i>)	PG	CE
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (<i>medroxyprogesterone acetate</i>)	NP	CE; QL (4 INJECTIONS per 300 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg</i> (21/5)	PG	CE
<i>drospiren-eth estrad-levomefol</i>	PG	CE
<i>drospirenone-ethinyl estradiol</i>	PG	CE
ELLA (<i>ulipristal acetate</i>)	NP	CE
<i>levonorg-eth estrad triphasic</i> (Enpresse-28)	PG	CE
<i>norgestimate-eth estradiol</i> (Estarylla)	PG	CE
<i>ethynodiol diac-eth estradiol</i>	PG	CE
FALESSA ORAL KIT 20-1-0.1 MCG-MG (<i>levonorgestrel-eth estrad & fa</i>)	NP	CE
<i>levonorgest-eth est & eth est</i> (Fayosim)	PG	CE
<i>drospirenone-ethinyl estradiol</i> (Gianvi)	PG	CE
<i>levonorgest-eth estrad 91-day</i> (Introvale)	PG	CE
Junel 1.5/30 (<i>norethindrone acet-ethinyl est</i>)	PG	CE
<i>norethindrone acet-ethinyl est</i> (Junel 1/20)	PG	CE
JUNEL FE 1.5/30 (<i>norethin ace-eth estrad-fe</i>)	PG	CE
JUNEL FE 24 (<i>norethin ace-eth estrad-fe</i>)	PG	CE
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe)	PG	CE
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50)	PG	CE

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KYLEENA (<i>levonorgestrel</i>)	NP	CE; QL (1 IUD per 300 DAYs)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	PG	CE
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	PG	CE
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY (<i>levonorgestrel</i>)	FE	
LO LOESTRIN FE (<i>norethin-eth estrad-fe biphas</i>)	FE	CE
<i>medroxyprogesterone acetate intramuscular</i>	PG	CE; QL (4 ML per 300 days)
<i>norethin ace-eth estrad-fe</i> (Melodetta 24 Fe)	PG	CE
MINASTRIN 24 FE (<i>norethin ace-eth estrad-fe</i>)	FE	
MIRENA (52 MG) (<i>levonorgestrel</i>)	NP	CE; QL (1 IUD per 300 DAYs)
NATAZIA (<i>estradiol valerate-dienogest</i>)	FE	
NECON 0.5/35 (28) (<i>norethindrone-eth estradiol</i>)	PG	CE
NEXPLANON (<i>etonogestrel</i>)	NP	CE; QL (1 IMPLANT per 300 DAYs)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	PG	CE
<i>norethindrone acet-ethinyl est</i>	PG	CE
<i>norethindrone oral</i>	PG	CE
<i>norethin-eth estradiol-fe</i>	PG	CE
<i>norgestim-eth estrad triphasic</i>	PG	CE
NORTREL 0.5/35 (28) (<i>norethindrone-eth estradiol</i>)	PG	CE
NORTREL 1/35 (21) (<i>norethindrone-eth estradiol</i>)	PG	CE
NORTREL 7/7/7 (<i>norethin-eth estrad triphasic</i>)	PG	CE
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	PB	CE; QL (13 RING per 300 DAYs)
OGESTREL (<i>norgestrel-ethinyl estradiol</i>)	PG	CE
ORTHO TRI-CYCLEN LO (<i>norgestim-eth estrad triphasic</i>)	FE	
PARAGARD INTRAUTERINE COPPER (<i>copper</i>)	NP	CE; QL (1 IUD per 300 DAYs)
PREVIFEM (<i>norgestimate-eth estradiol</i>)	PG	CE
QUARTETTE (<i>levonorgest-eth estrad 91-day</i>)	FE	
RECLIPSEN (<i>desogestrel-ethinyl estradiol</i>)	PG	CE

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RIVELSA (<i>levonorgest-eth estrad 91-day</i>)	PG	CE
SAFYRAL (<i>drospiren-eth estrad-levomefol</i>)	PB	
SKYLA (<i>levonorgestrel</i>)	NP	CE; QL (1 IUD per 300 DAYS)
TAYTULLA (<i>norethin ace-eth estrad-fe</i>)	FE	
TILIA FE (<i>norethindron-ethinyl estrad-fe</i>)	PG	CE
TRI-LEGEST FE (<i>norethindron-ethinyl estrad-fe</i>)	PG	CE
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec)	PG	CE
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem)	PG	CE
VELIVET (<i>desogestrel-ethinyl estradiol</i>)	PG	CE
XULANE (<i>norelgestromin-eth estradiol</i>)	PG	CE
YAZ (<i>drospirenone-ethinyl estradiol</i>)	FE	
CORTICOSTEROIDS - HORMONES		
<i>budesonide er oral tablet extended release 24 hour</i>	PG	
<i>budesonide oral</i>	PG	
<i>cortisone acetate oral</i>	PG	
<i>dexamethasone oral</i>	PG	
<i>dexamethasone</i> (Dexpak 10 Day Oral Tablet Therapy Pack)	FE	
<i>dexamethasone</i> (Dexpak 13 Day Oral Tablet Therapy Pack)	FE	
DEXTAK 6 DAY ORAL TABLET THERAPY PACK (<i>dexamethasone</i>)	FE	
DXEVO 11-DAY (<i>dexamethasone</i>)	FE	
EMFLAZA (<i>deflazacort</i>)	FE	
<i>fludrocortisone acetate oral</i>	PG	
HIDEX 6-DAY (<i>dexamethasone</i>)	PG	
<i>hydrocortisone oral</i>	PG	
<i>methylprednisolone oral</i>	PG	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK (<i>prednisolone</i>)	FE	
MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (21) (<i>prednisolone</i>)	FE	
MILLIPRED ORAL TABLET (<i>prednisolone</i>)	FE	
<i>prednisolone oral solution</i>	PG	

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<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	NP	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	NP	
<i>prednisone oral</i>	PG	
RAYOS (<i>prednisone</i>)	FE	
TAPERDEX 12-DAY (<i>dexamethasone</i>)	PG	
<i>dexamethasone</i> (Taperdex 6-Day)	FE	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	PG	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation</i>	PG	
<i>benzonatate capsule 150 mg oral</i>	FE	
<i>benzonatate capsule 150 mg oral</i>	NP	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	PG	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	NP	
<i>hydrocodone-homatropine</i>	PG	
<i>promethazine-phenyleph-codeine</i>	PG	
<i>promethazine-phenylephrine</i>	PG	
<i>pseudoeph-chlorphen-hydrocod</i>	NP	
<i>sodium chloride inhalation nebulization solution 10 %, 3 %</i>	PG	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE (<i>codeine polst-chlorphen polst</i>)	FE	
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE (<i>palbociclib</i>)	PSP	PA; QL (21 CAPSULES per 28 days)
KISQALI (200 MG DOSE) (<i>ribociclib succinate</i>)	PSP	PA; QL (63 TABLETS per 28 days)
KISQALI (400 MG DOSE) (<i>ribociclib succinate</i>)	PSP	PA; QL (63 TABLETS per 28 days)
KISQALI (600 MG DOSE) (<i>ribociclib succinate</i>)	PSP	PA; QL (63 TABLETS per 28 days)

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VERZENIO (<i>abemaciclib</i>)	FE	
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR THE LUNGS		
ORKAMBI ORAL PACKET (<i>lumacaftor-ivacaftor</i>)	NPS	PA; QL (56 PACKET per 28 days)
ORKAMBI ORAL TABLET (<i>lumacaftor-ivacaftor</i>)	NPS	PA; QL (112 TABLETS per 28 days)
SYMDEKO (<i>tezacaftor-ivacaftor</i>)	NPS	PA; QL (56 TABLETS per 28 days)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
ABSORICA (<i>isotretinoin</i>)	NP	PA
ACANYA (<i>clindamycin phos-benzoyl perox</i>)	FE	
<i>acitretin</i>	PG	PA; QL (60 CAPSULES per 25 days)
ACUICYN EXTERNAL LIQUID (<i>eyelid cleansers</i>)	FE	
<i>acyclovir external</i>	NP	
ACZONE (<i>dapsone</i>)	NP	ST
<i>adapalene external cream</i>	NP	PA; AL (Min 35 Years)
<i>adapalene external gel</i>	NP	PA; AL (Min 35 Years)
<i>adapalene external lotion</i>	NP	PA; AL (Min 35 Years)
<i>adapalene external pad</i>	FE	
<i>adapalene external solution</i>	FE	
<i>adapalene-benzoyl peroxide</i>	PG	
AKTIPAK (<i>benzoyl peroxide-erythromycin</i>)	FE	
ALA SCALP (<i>hydrocortisone</i>)	NP	PA; QL (180 ML per 25 DAYs)
<i>alclometasone dipropionate</i>	PG	QL (120 GM per 25 DAYs)
ALDARA (<i>imiquimod</i>)	NP	ST; QL (2 BOXES (24 PACKETS) per 21 DAYs)
ALTRENO (<i>tretinoin</i>)	FE	
<i>amcinonide external cream</i>	NP	QL (120 GM per 25 DAYs)
<i>amcinonide external lotion</i>	NP	QL (120 ML per 25 DAYs)
<i>amcinonide external ointment</i>	NP	PA; QL (180 GM per 25 DAYs)

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AMELUZ (<i>aminolevulinic acid hcl</i>)	FE	
<i>isotretinoin</i> (Amnesteem)	NP	PA
APEXICON E (<i>diflorasone diacet emoll base</i>)	FE	
ATRALIN (<i>tretinoin</i>)	NP	PA; AL (Min 35 Years)
<i>tretinoin</i> (Avita)	PG	PA; AL (Min 35 Years)
<i>azelaic acid external</i>	NP	
AZELEX (<i>azelaic acid</i>)	FE	
BENZACLIN (<i>clindamycin phos-benzoyl perox</i>)	FE	
BENZACLIN WITH PUMP (<i>clindamycin phos-benzoyl perox</i>)	FE	
<i>benzoyl peroxide-erythromycin</i>	PG	
<i>betamethasone dipropionate aug external cream</i>	PG	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate aug external gel</i>	PG	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate aug external lotion</i>	PG	QL (120 ML per 25 days)
<i>betamethasone dipropionate aug external ointment</i>	PG	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate external cream</i>	PG	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate external lotion</i>	PG	QL (120 ML per 25 DAYs)
<i>betamethasone dipropionate external ointment</i>	PG	QL (120 GM per 25 DAYs)
<i>betamethasone valerate external cream</i>	NP	QL (120 GM per 25 DAYs)
<i>betamethasone valerate external foam</i>	NP	QL (120 GM per 25 DAYs)
<i>betamethasone valerate external lotion</i>	NP	QL (120 ML per 25 DAYs)
<i>betamethasone valerate external ointment</i>	NP	QL (120 GM per 25 DAYs)
BRYHALI (<i>halobetasol propionate</i>)	FE	
<i>calcipotriene external cream</i>	FE	
<i>calcipotriene external ointment</i>	NP	
<i>calcipotriene external solution</i>	NP	ST; QL (120 ML per 25 DAYs)
<i>calcipotriene-betameth diprop</i>	NP	ST; QL (120 GM per 25 DAYs)
<i>calcitriol external</i>	FE	
CAPEX (<i>fluocinolone acetonide</i>)	FE	
CARAC (<i>fluorouracil</i>)	FE	
CENTANY (<i>mupirocin</i>)	NP	QL (30 GM per 25 DAYs)

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<i>ciclopirox external gel</i>	NP	
<i>ciclopirox external shampoo</i>	NP	
<i>ciclopirox external solution</i>	PG	PA; STX
<i>ciclopirox olamine external cream</i>	PG	
<i>ciclopirox olamine external suspension</i>	NP	
<i>ciclopirox treatment</i>	NP	STX
<i>isotretinoin</i> (Claravis Oral Capsule 30 Mg)	NP	PA
CLEOCIN-T EXTERNAL GEL (<i>clindamycin phosphate</i>)	NP	ST
CLEOCIN-T EXTERNAL SWAB (<i>clindamycin phosphate</i>)	NP	ST
<i>clindamycin phosphate</i> (Clindacin-P)	PG	
CLINDAGEL (<i>clindamycin phosphate</i>)	NP	ST
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	PG	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	NP	
<i>clindamycin phosphate external foam</i>	NP	
<i>clindamycin phosphate external gel</i>	NP	
<i>clindamycin phosphate external lotion</i>	NP	
<i>clindamycin phosphate external solution</i>	NP	
<i>clindamycin-tretinoin</i>	NP	PA; AL (Min 35 Years)
<i>clobetasol propionate e</i>	NP	QL (120 GM per 25 DAYs)
<i>clobetasol propionate emulsion</i>	NP	QL (120 GM per 25 days)
<i>clobetasol propionate external cream</i>	NP	QL (120 GM per 25 DAYs)
<i>clobetasol propionate external foam</i>	NP	QL (120 GM per 25 days)
<i>clobetasol propionate external gel</i>	NP	QL (120 GM per 25 DAYs)
<i>clobetasol propionate external liquid</i>	FE	
<i>clobetasol propionate external lotion</i>	NP	QL (120 ML per 25 DAYs)
<i>clobetasol propionate external ointment</i>	NP	QL (120 GM per 25 DAYs)
<i>clobetasol propionate external shampoo</i>	NP	QL (120 ML per 25 DAYs)
<i>clobetasol propionate external solution</i>	NP	QL (120 ML per 25 DAYs)
CLOBEX (<i>clobetasol propionate</i>)	NP	PA; QL (180 ML per 25 DAYs)
CLOBEX SPRAY (<i>clobetasol propionate</i>)	FE	
<i>clocortolone pivalate</i>	NP	QL (120 GM per 25 DAYs)

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CLODERM (<i>clocortolone pivalate</i>)	NP	PA; QL (180 GM per 25 DAYs)
CLODERM PUMP (<i>clocortolone pivalate</i>)	NP	PA; QL (180 GM per 25 DAYs)
<i>clotrimazole-betamethasone external cream</i>	PG	STX; QL (45 GM per 25 DAYs)
<i>clotrimazole-betamethasone external lotion</i>	PG	STX; QL (30 ML per 25 DAYs)
CORDRAN EXTERNAL CREAM (<i>flurandrenolide</i>)	NP	PA; QL (180 GM per 25 DAYs)
CORDRAN EXTERNAL LOTION (<i>flurandrenolide</i>)	NP	PA; QL (180 ML per 25 DAYs)
CORDRAN EXTERNAL OINTMENT (<i>flurandrenolide</i>)	FE	
CORDRAN EXTERNAL TAPE (<i>flurandrenolide</i>)	FE	
COSENTYX (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 ML per 28 days)
COSENTYX (300 MG DOSE) (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 ML per 28 days)
COSENTYX SENSOREADY (300 MG) (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 ML per 28 days)
CROTAN (<i>crotamiton</i>)	PG	
CUTIVATE EXTERNAL LOTION (<i>fluticasone propionate</i>)	NP	PA; QL (180 ML per 25 DAYs)
<i>dapsone external</i>	PG	
DENAVIR (<i>penciclovir</i>)	FE	

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DERMA-SMOOTHIE/FS BODY (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 ML per 25 DAYs)
DERMA-SMOOTHIE/FS SCALP (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 ML per 25 DAYs)
DESONATE (<i>desonide</i>)	NP	PA; QL (180 GM per 25 DAYs)
<i>desonide external cream</i>	NP	QL (120 GM per 25 DAYs)
<i>desonide external lotion</i>	NP	QL (120 ML per 25 days)
<i>desonide external ointment</i>	NP	QL (120 GM per 25 DAYs)
DESOWEN EXTERNAL CREAM (<i>desonide</i>)	NP	PA; QL (180 GM per 25 DAYs)
<i>desoximetasone external cream</i>	NP	QL (120 GM per 25 DAYs)
<i>desoximetasone external gel</i>	NP	QL (120 GM per 25 DAYs)
<i>desoximetasone external liquid</i>	PG	QL (120 ML per 25 days)
<i>desoximetasone external ointment</i>	NP	QL (120 GM per 25 DAYs)
<i>diclofenac epolamine</i>	PG	STX; QL (30 PATCH per 75 DAYs)
<i>diclofenac sodium transdermal gel 1 %</i>	PG	QL (300 GRAMS per 25 DAYs)
<i>diclofenac sodium transdermal gel 3 %</i>	NP	PA; QL (100 GM per 25 DAYs)
<i>diclofenac sodium transdermal solution</i>	PG	PA; QL (300 ML per 21 days)
DIFFERIN (<i>adapalene</i>)	NP	PA; AL (Min 35 Years)
<i>diflorasone diacetate external</i>	FE	
DIPROLENE AF (<i>betamethasone dipropionate aug</i>)	NP	PA; QL (180 GM per 25 DAYs)
DIPROLENE EXTERNAL OINTMENT (<i>betamethasone dipropionate aug</i>)	NP	PA; QL (180 GM per 25 DAYs)
DOVONEX EXTERNAL CREAM (<i>calcipotriene</i>)	NP	ST; QL (120 GM per 25 DAYs)
<i>doxepin hcl external</i>	FE	
<i>doxycycline</i>	NP	
DUAC (<i>clindamycin-benzoyl per (refr)</i>)	NP	ST
<i>econazole nitrate external</i>	NP	QL (85 GM per 25 days)

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ECOZA (<i>econazole nitrate</i>)	FE	
EFUDEX EXTERNAL CREAM (<i>fluorouracil</i>)	NP	ST
ELIDEL (<i>pimecrolimus</i>)	NP	PA
ELOCON EXTERNAL CREAM (<i>mometasone furoate</i>)	NP	PA; QL (180 GM per 25 DAYs)
ENDOXCIN (<i>lidocaine-menthol</i>)	NP	STX
ENSTILAR (<i>calcipotriene-betameth diprop</i>)	NP	ST; QL (120 GM per 25 DAYs)
EPIDUO (<i>adapalene-benzoyl peroxide</i>)	PB	
EPIDUO FORTE (<i>adapalene-benzoyl peroxide</i>)	PB	
ERTACZO (<i>sertaconazole nitrate</i>)	FE	
ery	PG	
erythromycin external solution	PG	
EVOCLIN (<i>clindamycin phosphate</i>)	NP	ST
EXELDERM EXTERNAL CREAM (<i>sulconazole nitrate</i>)	NP	ST; QL (60 GM per 21 DAYs)
EXELDERM EXTERNAL SOLUTION (<i>sulconazole nitrate</i>)	NP	ST; QL (60 ML per 21 DAYs)
EXTINA (<i>ketoconazole</i>)	NP	QL (100 GM per 21 days)
FABIOR (<i>tazarotene</i>)	FE	
FINACEA EXTERNAL FOAM (<i>azelaic acid</i>)	PB	PA
FINACEA EXTERNAL GEL (<i>azelaic acid</i>)	FE	
FLECTOR (<i>diclofenac epolamine</i>)	FE	
fluocinolone acetonide body	PG	QL (120 ML per 25 days)
fluocinolone acetonide external cream	NP	QL (120 GM per 25 DAYs)
fluocinolone acetonide external ointment	NP	QL (120 GM per 25 DAYs)
fluocinolone acetonide external solution	PG	QL (120 ML per 25 days)
fluocinolone acetonide scalp	PG	QL (120 ML per 25 days)
fluocinonide emulsified base	PG	QL (120 GM per 25 DAYs)
fluocinonide external cream 0.05 %	NP	QL (120 GM per 25 DAYs)
fluocinonide external cream 0.1 %	FE	
fluocinonide external gel	NP	QL (120 GM per 25 DAYs)
fluocinonide external ointment	NP	QL (120 GM per 25 DAYs)

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<i>fluocinonide external solution</i>	PG	QL (120 ML per 25 DAYs)
FLUOROPLEX (<i>fluorouracil</i>)	FE	
<i>fluorouracil external cream 0.5 %</i>	FE	
<i>fluorouracil external cream 5 %</i>	PG	
<i>fluorouracil external solution</i>	PG	
<i>flurandrenolide external cream</i>	NP	QL (120 GM per 25 days)
<i>flurandrenolide external lotion</i>	NP	QL (120 ML per 25 DAYs)
<i>flurandrenolide external ointment</i>	FE	
<i>fluticasone propionate external cream</i>	NP	QL (120 GM per 25 DAYs)
<i>fluticasone propionate external lotion</i>	NP	QL (120 ML per 25 DAYs)
<i>fluticasone propionate external ointment</i>	PG	QL (120 GM per 25 DAYs)
<i>gentamicin sulfate external</i>	PG	
<i>halobetasol propionate external cream</i>	NP	QL (120 GM per 25 DAYs)
<i>halobetasol propionate external foam</i>	FE	
<i>halobetasol propionate external ointment</i>	NP	QL (120 GM per 25 DAYs)
HALOG (<i>halcinonide</i>)	FE	
<i>hydrocortisone butyr lipo base</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external cream</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external lotion</i>	NP	QL (120 ML per 25 DAYs)
<i>hydrocortisone butyrate external ointment</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external solution</i>	PG	QL (120 ML per 25 DAYs)
<i>hydrocortisone external cream 2.5 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone external lotion 2.5 %</i>	PG	QL (120 ML per 25 DAYs)
<i>hydrocortisone external ointment 2.5 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone valerate</i>	PG	QL (120 GM per 25 DAYs)
ILUMYA (<i>tildrakizumab-asmn</i>)	FE	
<i>imiquimod external</i>	PG	QL (24 CREAM per 21 days)
<i>imiquimod pump</i>	NP	PA
IMPOYZ (<i>clobetasol propionate</i>)	FE	
JUBLIA (<i>efinaconazole</i>)	FE	
KENALOG EXTERNAL (<i>triamcinolone acetonide</i>)	FE	

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<i>ketoconazole external cream</i>	PG	
<i>ketoconazole external foam</i>	NP	QL (100 GM per 21 days)
<i>ketoconazole external shampoo 2 %</i>	PG	
KLARON (<i>sulfacetamide sodium (acne)</i>)	NP	ST
LEVULAN KERASTICK (<i>aminolevulinic acid hcl</i>)	NPS	QL (1 STICK per 25 DAYs)
LEXETTE (<i>halobetasol propionate</i>)	FE	
<i>lidenza</i>	NP	STX
<i>lidocaine external ointment</i>	NP	QL (50 GM per 25 DAYs)
<i>lidocaine external patch 5 %</i>	NP	PA; QL (90 PATCHES per 25 DAYs)
<i>lidocaine hcl external solution</i>	PG	QL (50 ML per 25 DAYs)
<i>lidocaine hcl urethral/mucosal</i>	PG	QL (30 ML per 25 DAYs)
<i>lidocaine-prilocaine external cream</i>	PG	QL (30 GM per 25 DAYs)
<i>lidocaine-tetracaine</i>	FE	
LIDODERM (<i>lidocaine</i>)	NP	PA; QL (90 PATCHES per 25 DAYs)
LOCOID EXTERNAL CREAM (<i>hydrocortisone butyrate</i>)	NP	PA; QL (180 GM per 25 DAYs)
LOCOID EXTERNAL LOTION (<i>hydrocortisone butyrate</i>)	NP	PA; QL (180 ML per 25 DAYs)
LOCOID EXTERNAL SOLUTION (<i>hydrocortisone butyrate</i>)	NP	PA; QL (180 ML per 25 DAYs)
LOCOID LIPOCREAM (<i>hydrocortisone butyr lipo base</i>)	NP	PA; QL (180 GM per 25 DAYs)
LOPROX EXTERNAL CREAM (<i>ciclopirox olamine</i>)	FE	
LOPROX EXTERNAL SHAMPOO (<i>ciclopirox</i>)	NP	ST
LOPROX EXTERNAL SUSPENSION (<i>ciclopirox olamine</i>)	FE	
LOTRISONE EXTERNAL CREAM (<i>clotrimazole-betamethasone</i>)	NP	ST; STX; QL (45 GM per 25 DAYs)
<i>luliconazole</i>	PG	
LUXIQ (<i>betamethasone valerate</i>)	FE	
LUZU (<i>luliconazole</i>)	NP	ST
<i>mafenide acetate external</i>	PG	
<i>malathion external</i>	PG	

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<i>methoxsalen oral</i>	PG	
METROCREAM (<i>metronidazole</i>)	NP	ST
METROGEL EXTERNAL GEL (<i>metronidazole</i>)	FE	
<i>metronidazole external cream</i>	PG	
<i>metronidazole external gel 0.75 %</i>	PG	
<i>metronidazole external gel 1 %</i>	NP	
<i>metronidazole external lotion</i>	PG	
<i>miconazole-zinc oxide-petrolat</i>	NP	
MICORT-HC (<i>hydrocortisone acetate</i>)	FE	
MIRVASO (<i>brimonidine tartrate</i>)	NP	PA
<i>mometasone furoate external cream</i>	NP	QL (120 GM per 25 DAYs)
<i>mometasone furoate external ointment</i>	NP	QL (120 GM per 25 DAYs)
<i>mometasone furoate external solution</i>	PG	QL (120 ML per 25 DAYs)
<i>mupirocin calcium</i>	FE	
<i>mupirocin external</i>	PG	QL (30 GM per 25 DAYs)
<i>naftifine hcl external cream</i>	NP	
NAFTIN EXTERNAL CREAM 2 % (<i>naftifine hcl</i>)	FE	
NAFTIN EXTERNAL GEL (<i>naftifine hcl</i>)	FE	
NEO-SYNALAR EXTERNAL CREAM (<i>neomycin-fluocinolone</i>)	FE	
NORITATE (<i>metronidazole</i>)	FE	
<i>nystatin external cream</i>	PG	
<i>nystatin external ointment</i>	PG	
<i>nystatin-triamcinolone external cream</i>	PG	STX; QL (45 GM per 25 DAYs)
<i>nystatin-triamcinolone external ointment</i>	PG	STX; QL (60 GM per 25 DAYs)
OLUX (<i>clobetasol propionate</i>)	NP	PA; QL (180 GM per 25 days)
OLUX-E (<i>clobetasol propionate emulsion</i>)	FE	
ONEXTON (<i>clindamycin phos-benzoyl perox</i>)	FE	
<i>oxiconazole nitrate</i>	NP	QL (90 GM per 25 days)
OXISTAT (<i>oxiconazole nitrate</i>)	FE	

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PANDEL (<i>hydrocortisone probutate</i>)	NP	PA; QL (180 GM per 25 DAYs)
PENLAC (<i>ciclopirox</i>)	NP	PA; STX
PENNSAID TRANSDERMAL SOLUTION 2 % (<i>diclofenac sodium</i>)	FE	
<i>permethrin external cream</i>	PG	
PICATO (<i>ingenol mebutate</i>)	FE	
<i>pimecrolimus</i>	PG	PA
PLIAGLIS (<i>lidocaine-tetracaine</i>)	FE	
PLIXDA (<i>adapalene</i>)	FE	
<i>podofilox external</i>	PG	
<i>prednicarbate</i>	NP	QL (120 GM per 25 DAYs)
PROTOPIC (<i>tacrolimus</i>)	NP	PA
PRUDOXIN (<i>doxepin hcl (antipruritic)</i>)	NP	ST; QL (90 GM per 25 DAYs)
<i>psorcon</i>	FE	
QBREXZA (<i>glycopyrronium tosylate</i>)	FE	
REGRANEX (<i>becaplermin</i>)	NP	PA
RETIN-A (<i>tretinoin</i>)	NP	PA; AL (Min 35 Years)
RETIN-A MICRO (<i>tretinoin microsphere</i>)	NP	PA; AL (Min 35 Years)
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>)	NP	PA; AL (Min 35 Years)
SANTYL (<i>collagenase</i>)	NP	PA
SERNIVO (<i>betamethasone dipropionate</i>)	NP	PA; STX; QL (120 ML per 25 DAYs)
SILIQ (<i>brodalumab</i>)	FE	
<i>silver sulfadiazine external</i>	PG	
SKYRIZI (150 MG DOSE) (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Psoriasis); QL (2 PREFILLED SYRINGE KIT per 84 DAYs)
SOOLANTRA (<i>ivermectin</i>)	NP	PA
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG (<i>acitretin</i>)	NP	PA; QL (60 CAPSULES per 25 DAYs)
SORILUX (<i>calcipotriene</i>)	FE	

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<i>spinosad</i>	PG	
<i>silver sulfadiazine (Ssd)</i>	PG	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis and Crohn's Disease (after failure of Humira). Not covered for Psoriatic Arthritis); QL (1 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis and Crohn's Disease (after failure of Humira). Not covered for Psoriatic Arthritis); QL (1 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis and Crohn's Disease (after failure of Humira). Not covered for Psoriatic Arthritis); QL (1 ML per 56 days)
<i>sulfacetamide sodium (acne)</i>	PG	
SX1 MEDICATED POST-OPERATIVE (<i>lidocaine hcl & post-op system</i>)	FE	
SYNALAR EXTERNAL CREAM (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 GM per 25 DAYs)
SYNALAR EXTERNAL OINTMENT (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 GM per 25 DAYs)
SYNALAR EXTERNAL SOLUTION (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 ML per 25 DAYs)
SYNERA (<i>lidocaine-tetracaine</i>)	NP	QL (2 PATCHES per 25 DAYs)
TACLONEX (<i>calcipotriene-betameth diprop</i>)	NP	ST; QL (120 GM per 25 DAYs)
<i>tacrolimus external</i>	NP	PA

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TALTZ (<i>ixekizumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); QL (1 ML per 28 days)
TARGRETIN EXTERNAL (<i>bexarotene</i>)	NPS	PA
<i>tazarotene external</i>	PG	PA
TAZORAC (<i>tazarotene</i>)	PB	PA
TEMOVATE EXTERNAL CREAM (<i>clobetasol propionate</i>)	NP	PA; QL (180 GM per 25 DAYS)
TEMOVATE EXTERNAL OINTMENT (<i>clobetasol propionate</i>)	NP	PA; QL (180 GM per 25 DAYS)
TEXACORT (<i>hydrocortisone</i>)	NP	PA; QL (180 ML per 25 DAYS)
TOLAK (<i>fluorouracil</i>)	PB	
TOPICORT EXTERNAL CREAM (<i>desoximetasone</i>)	NP	PA; QL (180 GM per 25 DAYS)
TOPICORT EXTERNAL GEL (<i>desoximetasone</i>)	NP	PA; QL (180 GM per 25 DAYS)
TOPICORT EXTERNAL OINTMENT (<i>desoximetasone</i>)	NP	PA; QL (180 GM per 25 DAYS)
TOPICORT SPRAY (<i>desoximetasone</i>)	NP	PA; QL (180 ML per 25 DAYS)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 ML per 56 DAYS)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 ML per 56 days)
<i>tretinoin external cream 0.05 %, 0.1 %</i>	PG	PA; AL (Min 35 Years)
<i>tretinoin external gel 0.01 %</i>	PG	PA; AL (Min 35 Years)
<i>tretinoin external gel 0.05 %</i>	NP	PA; AL (Min 35 Years)
<i>tretinoin microsphere</i>	PG	PA; AL (Min 35 Years)
<i>triamcinolone acetonide external aerosol solution</i>	NP	QL (120 GM per 25 DAYS)
<i>triamcinolone acetonide external cream</i>	PG	QL (120 GM per 25 DAYS)

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<i>triamcinolone acetonide external lotion</i>	PG	QL (120 ML per 25 DAYs)
<i>triamcinolone acetonide external ointment</i>	PG	QL (120 GM per 25 DAYs)
TRIDESILON (<i>desonide</i>)	NP	PA; QL (180 GM per 25 DAYs)
ULTRAVATE EXTERNAL CREAM (<i>halobetasol propionate</i>)	NP	PA; QL (180 GM per 25 DAYs)
ULTRAVATE EXTERNAL LOTION (<i>halobetasol propionate</i>)	FE	
ULTRAVATE EXTERNAL OINTMENT (<i>halobetasol propionate</i>)	NP	PA; QL (180 GM per 25 DAYs)
<i>uraliss</i>	FE	
VALCHLOR (<i>mechlorethamine hcl (topical)</i>)	NPS	PA; QL (2 GM per 30 days)
VANOS (<i>fluocinonide</i>)	NP	PA; QL (180 GM per 25 DAYs)
VECTICAL (<i>calcitriol</i>)	FE	
VELTIN (<i>clindamycin-tretinoin</i>)	FE	
VERDESO (<i>desonide</i>)	FE	
VEREGEN (<i>sinecatechins</i>)	FE	
VOLTAREN TRANSDERMAL (<i>diclofenac sodium</i>)	NP	QL (300 GM per 25 days)
VUSION (<i>miconazole-zinc oxide-petrolat</i>)	FE	
XERESE (<i>acyclovir-hydrocortisone</i>)	FE	
XOLEGEL (<i>ketoconazole</i>)	FE	
ZIANA (<i>clindamycin-tretinoin</i>)	FE	
ZONALON (<i>doxepin hcl (antipruritic)</i>)	NP	ST; QL (90 GM per 25 DAYs)
ZYCLARA (<i>imiquimod</i>)	FE	
ZYCLARA PUMP (<i>imiquimod</i>)	FE	
DIAGNOSTIC PRODUCTS		
ACCU-CHEK AVIVA PLUS IN VITRO (<i>glucose blood</i>)	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCU-CHEK COMPACT PLUS (<i>glucose blood</i>)	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCU-CHEK GUIDE IN VITRO (<i>glucose blood</i>)	PB	QL (204 TEST STRIPS per 25 DAYs)

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ACCU-CHEK SMARTVIEW (<i>glucose blood</i>)	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCUTREND GLUCOSE (<i>glucose blood</i>)	FE	
ADVANCE INTUITION TEST (<i>glucose blood</i>)	FE	
ADVANCE MICRO-DRAW TEST (<i>glucose blood</i>)	FE	
ADVOCATE REDI-CODE IN VITRO (<i>glucose blood</i>)	FE	
ADVOCATE REDI-CODE+ TEST (<i>glucose blood</i>)	FE	
ADVOCATE TEST (<i>glucose blood</i>)	FE	
AGAMATRIX AMP TEST (<i>glucose blood</i>)	FE	
AGAMATRIX JAZZ TEST (<i>glucose blood</i>)	FE	
AGAMATRIX KEYNOTE TEST (<i>glucose blood</i>)	FE	
AGAMATRIX PRESTO TEST (<i>glucose blood</i>)	FE	
ASSURE 3 TEST (<i>glucose blood</i>)	FE	
ASSURE 4 TEST (<i>glucose blood</i>)	FE	
ASSURE II (<i>glucose blood</i>)	FE	
ASSURE II CHECK (<i>glucose blood</i>)	FE	
ASSURE PLATINUM (<i>glucose blood</i>)	FE	
ASSURE PRISM MULTI TEST (<i>glucose blood</i>)	FE	
ASSURE PRO TEST (<i>glucose blood</i>)	FE	
BIOSCANNER GLUCOSE TEST (<i>glucose blood</i>)	FE	
<i>blood glucose test</i>	FE	
CARESENS N GLUCOSE TEST (<i>glucose blood</i>)	FE	
CARETOUCH TEST (<i>glucose blood</i>)	FE	
CLEVER CHEK AUTO-CODE TEST (<i>glucose blood</i>)	FE	
CLEVER CHEK AUTO-CODE VOICE IN VITRO (<i>glucose blood</i>)	FE	
CLEVER CHEK TEST (<i>glucose blood</i>)	FE	
CLEVER CHOICE AUTO-CODE TEST (<i>glucose blood</i>)	FE	
CLEVER CHOICE MICRO TEST (<i>glucose blood</i>)	FE	
CLEVER CHOICE NO CODING (<i>glucose blood</i>)	FE	
CLEVER CHOICE TALK SYSTEM IN VITRO (<i>glucose blood</i>)	FE	
CONTOUR NEXT TEST (<i>glucose blood</i>)	FE	

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CONTOUR TEST (<i>glucose blood</i>)	FE	
COOL BLOOD GLUCOSE TEST STRIPS (<i>glucose blood</i>)	FE	
CVS ADVANCED GLUCOSE TEST (<i>glucose blood</i>)	FE	
D-CARE BLOOD GLUCOSE (<i>glucose blood</i>)	FE	
<i>diathrive glucose test</i>	FE	
<i>diatrue plus test</i>	FE	
DUO-CARE TEST (<i>glucose blood</i>)	FE	
<i>easy plus ii glucose test</i>	FE	
EASY STEP TEST (<i>glucose blood</i>)	FE	
<i>easy talk blood glucose test</i>	FE	
EASY TOUCH HEALTHPRO TEST (<i>glucose blood</i>)	FE	
<i>easy trak blood glucose test</i>	FE	
EASYGLUCO IN VITRO (<i>glucose blood</i>)	FE	
EASYGLUCO PLUS IN VITRO (<i>glucose blood</i>)	FE	
EASYMAX 15 TEST (<i>glucose blood</i>)	FE	
EASYMAX TEST (<i>glucose blood</i>)	FE	
<i>easyplus blood glucose test</i>	FE	
EASYPRO BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
EASYPRO PLUS IN VITRO (<i>glucose blood</i>)	FE	
<i>element compact test</i>	FE	
ELEMENT TEST (<i>glucose blood</i>)	FE	
EMBRACE BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
EMBRACE EVO BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
EMBRACE PRO GLUCOSE TEST (<i>glucose blood</i>)	FE	
EMBRACE TALK GLUCOSE TEST (<i>glucose blood</i>)	FE	
<i>eq blood glucose test</i>	FE	
EVENCARE + BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
EVENCARE BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
EVENCARE G2 TEST (<i>glucose blood</i>)	FE	
EVENCARE G3 TEST (<i>glucose blood</i>)	FE	
EVENCARE MINI GLUCOSE TEST (<i>glucose blood</i>)	FE	
EVOLUTION AUTOCODE IN VITRO (<i>glucose blood</i>)	FE	

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EXACTECH R-S-G TEST (<i>glucose blood</i>)	FE	
EXACTECH TEST (<i>glucose blood</i>)	FE	
EZ SMART BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
EZ SMART PLUS GLUCOSE TEST (<i>glucose blood</i>)	FE	
FIFTY50 GLUCOSE TEST 2.0 (<i>glucose blood</i>)	FE	
FORA BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
FORA D15G BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
FORA D20 BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
FORA D40/G31 BLOOD GLUCOSE (<i>glucose blood</i>)	FE	
FORA G20 BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
FORA G30/PREM V10 GLUCOSE TEST (<i>glucose blood</i>)	FE	
FORA GD20 TEST (<i>glucose blood</i>)	FE	
FORA GD50 BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
FORA GTEL BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
FORA TN'G/TN'G VOICE (<i>glucose blood</i>)	FE	
FORA V10 BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
FORA V12 BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
FORA V20 BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
FORA V30A BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
FORACARE GD40 TEST (<i>glucose blood</i>)	FE	
FORACARE PREMIUM V10 TEST (<i>glucose blood</i>)	FE	
FORACARE TEST N GO TEST (<i>glucose blood</i>)	FE	
FORTISCARE TEST (<i>glucose blood</i>)	FE	
FREESTYLE INSULINX TEST (<i>glucose blood</i>)	FE	
FREESTYLE LITE TEST (<i>glucose blood</i>)	FE	
FREESTYLE PRECISION NEO TEST (<i>glucose blood</i>)	FE	
FREESTYLE TEST (<i>glucose blood</i>)	FE	
<i>ge100 blood glucose test</i>	FE	
GENSTRIP 50 (<i>glucose blood</i>)	FE	
GENULTIMATE TEST (<i>glucose blood</i>)	FE	
<i>ght test</i>	FE	
GLUCO PERFECT 3 TEST (<i>glucose blood</i>)	FE	

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GLUCOCARD 01 SENSOR PLUS (<i>glucose blood</i>)	FE	
GLUCOCARD EXPRESSION TEST (<i>glucose blood</i>)	FE	
GLUCOCARD SHINE TEST (<i>glucose blood</i>)	FE	
GLUCOCARD VITAL TEST (<i>glucose blood</i>)	FE	
GLUCOCARD X-SENSOR (<i>glucose blood</i>)	FE	
GLUCOCOM TEST (<i>glucose blood</i>)	FE	
GLUCONAVII BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
<i>glucose meter test</i>	FE	
<i>gnp easy touch glucose test</i>	FE	
<i>goodsense blood glucose in vitro</i>	FE	
HW EMBRACE PRO GLUCOSE TEST (<i>glucose blood</i>)	FE	
HW EMBRACE TALK GLUCOSE TEST (<i>glucose blood</i>)	FE	
IGLUCOSE TEST STRIPS (<i>glucose blood</i>)	FE	
IN TOUCH BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
INFINITY BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	FE	
<i>kroger test</i>	FE	
LIBERTY NEXT GENERATION TEST (<i>glucose blood</i>)	FE	
<i>liberty test</i>	FE	
<i>meijer essential glucose test</i>	FE	
MEIJER TRUETEST TEST (<i>glucose blood</i>)	FE	
MEIJER TRUETRACK TEST (<i>glucose blood</i>)	FE	
MICRODOT TEST (<i>glucose blood</i>)	FE	
MYGLUCOHEALTH TEST (<i>glucose blood</i>)	FE	
NEUTEK 2TEK TEST (<i>glucose blood</i>)	FE	
NOVA MAX GLUCOSE TEST (<i>glucose blood</i>)	FE	
ON CALL EXPRESS BLOOD GLUCOSE (<i>glucose blood</i>)	FE	
ON CALL PLUS BLOOD GLUCOSE (<i>glucose blood</i>)	FE	
ON CALL VIVID BLOOD GLUCOSE (<i>glucose blood</i>)	FE	
<i>one drop test</i>	FE	
ONETOUCH ULTRA BLUE (<i>glucose blood</i>)	FE	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	FE	

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OPTIUM TEST (<i>glucose blood</i>)	FE	
OPTIUMEZ TEST (<i>glucose blood</i>)	FE	
OPTUMRX BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
PHARMACIST CHOICE AUTOCODE (<i>glucose blood</i>)	FE	
<i>pharmacist choice no coding</i>	FE	
POCKETCHEM EZ TEST (<i>glucose blood</i>)	FE	
PRECISION PCX (<i>glucose blood</i>)	FE	
PRECISION PCX PLUS TEST (<i>glucose blood</i>)	FE	
PRECISION POINT OF CARE TEST (<i>glucose blood</i>)	FE	
PRECISION QID TEST (<i>glucose blood</i>)	FE	
PRECISION SOF-TACT TEST (<i>glucose blood</i>)	FE	
PRECISION XTRA BLOOD GLUCOSE (<i>glucose blood</i>)	FE	
<i>premium blood glucose test</i>	FE	
<i>pro voice v8/v9 glucose</i>	FE	
PRODIGY NO CODING BLOOD GLUC IN VITRO (<i>glucose blood</i>)	FE	
PTS PANELS GLUCOSE TEST (<i>glucose blood</i>)	FE	
QUICKTEK TEST (<i>glucose blood</i>)	FE	
QUINTET AC BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
QUINTET BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
RA TRUETEST TEST (<i>glucose blood</i>)	FE	
REFUAH PLUS BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
RELION BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
RELION CONFIRM/MICRO TEST (<i>glucose blood</i>)	FE	
RELION PRIME TEST (<i>glucose blood</i>)	FE	
RELION ULTIMA TEST (<i>glucose blood</i>)	FE	
REVEAL BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
RIGHTEST GS100 BLOOD GLUCOSE (<i>glucose blood</i>)	FE	
RIGHTEST GS300 BLOOD GLUCOSE (<i>glucose blood</i>)	FE	
RIGHTEST GS550 BLOOD GLUCOSE (<i>glucose blood</i>)	FE	
SMART SENSE PREMIUM TEST (<i>glucose blood</i>)	FE	
SMARTEST BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLUS V2 TEST (<i>glucose blood</i>)	FE	
SUPREME TEST (<i>glucose blood</i>)	FE	
SURE EDGE TEST (<i>glucose blood</i>)	FE	
SURECHEK BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
SURE-TEST EASYPLUS MINI TEST (<i>glucose blood</i>)	FE	
TELCARE BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
THYROGEN (<i>thyrotropin alfa</i>)	NPS	
true focus blood glucose strip	FE	
TRUE METRIX BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
TRUETRACK TEST (<i>glucose blood</i>)	FE	
ULTIMA TEST (<i>glucose blood</i>)	FE	
ULTRATRAK PRO TEST (<i>glucose blood</i>)	FE	
ULTRATRAK ULTIMATE TEST (<i>glucose blood</i>)	FE	
UNISTRIP1 GENERIC (<i>glucose blood</i>)	FE	
verasens blood glucose test	FE	
VICTORY AGM-4000 TEST (<i>glucose blood</i>)	FE	
VOCAL POINT BLOOD GLUCOSE TEST (<i>glucose blood</i>)	FE	
WAVESENSE PRESTO (<i>glucose blood</i>)	FE	
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
CREON (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PANCREAZE (<i>pancrelipase (lip-prot-amyl)</i>)	FE	
PERTZYE (<i>pancrelipase (lip-prot-amyl)</i>)	FE	
VIOKACE (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET 60 MG (<i>ticagrelor</i>)	PB	QL (60 TABLETS per 25 DAYS)
BRILINTA ORAL TABLET 90 MG (<i>ticagrelor</i>)	PB	QL (60 TABLETS per 25 days)

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DIURETICS - DRUGS FOR THE HEART		
<i>acetazolamide er</i>	NP	
<i>acetazolamide oral</i>	PG	
<i>amiloride hcl oral</i>	PG	
<i>amiloride-hydrochlorothiazide</i>	PG	LGC
<i>bumetanide oral</i>	PG	
CAROSPIR (<i>spironolactone</i>)	FE	
<i>chlorothiazide oral</i>	PG	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
DYRENIUM (<i>triamterene</i>)	FE	
<i>ethacrynic acid oral</i>	NP	
<i>furosemide oral tablet</i>	PG	LGC
<i>hydrochlorothiazide oral capsule</i>	PG	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	PG	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	PG	LGC
<i>indapamide oral</i>	PG	
KEVEYIS (<i>dichlorphenamide</i>)	NPS	PA; QL (120 TABLETS per 30 days)
<i>methazolamide oral</i>	PG	
<i>metolazone</i>	PG	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	PG	
<i>spironolactone oral tablet 25 mg</i>	PG	LGC
<i>spironolactone-hctz</i>	PG	
<i>torsemide oral</i>	PG	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	PG	LGC
<i>triamterene-hctz oral tablet</i>	PG	LGC
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** - DRUGS FOR THE NERVOUS SYSTEM		
SUNOSI (<i>solriamfetol hcl</i>)	PB	PA; QL (30 TABLETS per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
ACTHAR (<i>corticotropin</i>)	NPS	PA; QL (35 ML per 21 days)
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	NP	ST; QL (1 TABLET per 21 days)
ACTONEL ORAL TABLET 30 MG, 5 MG (<i>risedronate sodium</i>)	NP	ST; QL (30 TABLETS per 21 days)
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
ALDURAZYME (<i>laronidase</i>)	NPS	PA
<i>alendronate sodium</i>	PG	
AELVIA (<i>risedronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
BINOSTO (<i>alendronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
BONIVA ORAL TABLET 150 MG (<i>ibandronate sodium</i>)	NP	ST; QL (1 TABLET per 21 days)
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	FE	
BUPHENYL ORAL TABLET (<i>sodium phenylbutyrate</i>)	FE	
<i>cabergoline</i>	PG	
<i>calcitonin (salmon)</i>	PG	
<i>calcitriol oral</i>	PG	
CARBAGLU (<i>carglumic acid</i>)	NPS	PA
CARNITOR ORAL (<i>levocarnitine</i>)	FE	
CARNITOR SF (<i>levocarnitine</i>)	FE	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	PSP	PA
<i>chorionic gonadotropin intramuscular</i>	FE	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
<i>clomiphene citrate oral</i>	NP	
CYSTADANE (<i>betaine</i>)	NPS	PA

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DDAVP ORAL (<i>desmopressin acetate</i>)	NP	
<i>desmopressin ace spray refrig</i>	PG	
<i>desmopressin acetate oral</i>	PG	
<i>desmopressin acetate spray</i>	PG	
<i>doxercalciferol oral</i>	PG	
ELAPRASE (<i>idursulfase</i>)	NPS	PA
<i>etidronate disodium</i>	NP	STX
FABRAZYME (<i>agalsidase beta</i>)	NPS	PA
FOLLISTIM AQ SUBCUTANEOUS (<i>follitropin beta</i>)	FE	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	PSP	PA; SPC (Only available for select plans); QL (1 ML per 28 days)
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
FOSAMAX PLUS D (<i>alendronate-cholecalciferol</i>)	NP	ST; QL (4 TABLETS per 21 days)
GALAFOLD (<i>migalastat hcl</i>)	PSP	PA; QL (14 CAPSULES per 28 days)
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	NPS	PA
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	PSP	PA
GENOTROPIN (<i>somatropin</i>)	FE	
GENOTROPIN MINIQUICK (<i>somatropin</i>)	FE	
GONAL-F (<i>follitropin alfa</i>)	PSP	PA; SPC (Only available for select plans)
GONAL-F RFF (<i>follitropin alfa</i>)	PSP	PA; SPC (Only available for select plans)
GONAL-F RFF REDIJECT (<i>follitropin alfa</i>)	PSP	PA; SPC (Only available for select plans)
<i>hcg</i>	FE	
HUMATROPE (<i>somatropin</i>)	PSP	PA
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	PG	
<i>ibandronate sodium oral</i>	NP	
INCRELEX (<i>mecasermin</i>)	NPS	PA

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JYNARQUE ORAL TABLET (<i>tolvaptan</i>)	NPS	PA
JYNARQUE ORAL TABLET THERAPY PACK (<i>tolvaptan</i>)	NPS	PA; QL (56 TABLETS per 28 days)
KUVAN (<i>sapropterin dihydrochloride</i>)	NPS	PA
<i>levocarnitine oral solution</i>	PG	
<i>levocarnitine oral tablet</i>	PG	
LUMIZYME (<i>alglucosidase alfa</i>)	NPS	PA
LUPRON DEPOT-PED (1-MONTH) (<i>leuprolide acetate</i>)	PSP	PA
LUPRON DEPOT-PED (3-MONTH) (<i>leuprolide acetate (3 month)</i>)	PSP	PA
MENOPUR (<i>menotropins</i>)	NPS	PA; SPC (Only available for select plans)
MIACALCIN INJECTION (<i>calcitonin (salmon)</i>)	FE	
NAGLAZYME (<i>galsulfase</i>)	NPS	PA
NATPARA (<i>parathyroid hormone (recomb)</i>)	NPS	PA; SPC (Only available for select plans); QL (2 CARTRIDGE per 28 days)
NITYR (<i>nitisinone</i>)	NPS	PA
NOCDURNA (<i>desmopressin acetate</i>)	FE	
NOCTIVA NASAL EMULSION 1.66 MCG/0.1ML (<i>desmopressin acetate</i>)	FE	
NORDITROPIN FLEXPPO (<i>somatropin</i>)	FE	
NOVAREL (<i>chorionic gonadotropin</i>)	FE	
NUTROPIN AQ NUSPIN 10 (<i>somatropin</i>)	FE	
NUTROPIN AQ NUSPIN 20 (<i>somatropin</i>)	FE	
NUTROPIN AQ NUSPIN 5 (<i>somatropin</i>)	FE	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; QL (90 ML per 30 days)
<i>octreotide acetate injection solution 1000 mcg/ml</i>	PG	PA; QL (45 ML per 30 days)
<i>octreotide acetate injection solution 200 mcg/ml</i>	PG	PA; QL (225 ML per 30 days)
OMNITROPE (<i>somatropin</i>)	FE	
ORFADIN (<i>nitisinone</i>)	PSP	PA
ORILISSA (<i>elagolix sodium</i>)	PB	PA

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OSPHENA (<i>ospemifene</i>)	PB	
OVIDREL (<i>choriogonadotropin alfa</i>)	PSP	PA; SPC (Only available for select plans)
PALYNZIQ (<i>pegvaliase-pqpz</i>)	FE	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	PG	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	NPS	
<i>pamidronate disodium intravenous solution reconstituted</i>	PG	
<i>paricalcitol oral</i>	PG	
PARSABIV (<i>etelcalcetide hcl</i>)	FE	
PREGNYL (<i>chorionic gonadotropin</i>)	FE	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>denosumab</i>)	PSP	PA; SPC (Only available for select plans); QL (60 ML per 168 days)
<i>raloxifene hcl</i>	PG	CE; AL (Min 35 Years)
RAVICTI (<i>glycerol phenylbutyrate</i>)	FE	
RAYALDEE (<i>calcifediol</i>)	NP	ST
RECLAST (<i>zoledronic acid</i>)	NPS	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	NP	
<i>risedronate sodium oral tablet delayed release</i>	NP	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG (<i>somatropin (non-refrigerated)</i>)	FE	
SAIZENPREP (<i>somatropin (non-refrigerated)</i>)	FE	
SAMSCA (<i>tolvaptan</i>)	NPS	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NPS	PA; QL (90 ML per 30 DAYs)
SANDOSTATIN LAR DEPOT (<i>octreotide acetate</i>)	FE	
SENSIPAR ORAL TABLET 30 MG, 60 MG (<i>cinacalcet hcl</i>)	PSP	PA; QL (60 TABLETS per 30 days)
SENSIPAR ORAL TABLET 90 MG (<i>cinacalcet hcl</i>)	PSP	PA; QL (120 TABLETS per 30 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	NPS	PA
SIGNIFOR (<i>pasireotide diaspartate</i>)	NPS	PA; QL (60 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>pasireotide pamoate</i>)	NPS	PA; QL (1 SUSPENSION RECONSTITUTED ER per 28 days)
<i>sod benz-sod phenylacet</i>	PG	
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	PSP	PA
<i>sodium phenylbutyrate oral tablet</i>	PSP	PA; QL (1200 TABLETS per 30 days)
SOMATULINE DEPOT (<i>lanreotide acetate</i>)	PSP	PA; QL (1 ML per 28 days)
SOMAVERT (<i>pegvisomant</i>)	PSP	PA; QL (30 SOLUTION RECONSTITUTED per 30 days)
STIMATE (<i>desmopressin acetate</i>)	NPS	PA
SYNAREL (<i>nafarelin acetate</i>)	NP	PA
TRIPTODUR (<i>triptorelin pamoate</i>)	FE	
TYMLOS (<i>abaloparatide</i>)	PSP	PA; QL (1 PEN per 30 DAYS)
XGEVA (<i>denosumab</i>)	NPS	PA; SPC (Only available for select plans)
<i>zoledronic acid intravenous concentrate</i>	PG	PA
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	PG	PA
<i>zoledronic acid solution 4 mg/100ml intravenous</i>	PSP	PA
<i>zoledronic acid solution 4 mg/100ml intravenous</i>	NPS	PA
ZOMACTON (<i>somatropin</i>)	FE	
ZORBTIVE (<i>somatropin (non-refrigerated)</i>)	NPS	PA
ESTROGENS - HORMONES		
ALORA (<i>estradiol</i>)	FE	
<i>estradiol-norethindrone acet (Amabelz)</i>	PG	
ANGELIQ (<i>drospirenone-estradiol</i>)	FE	
<i>bi-est 80:20 progesterone</i>	FE	
CLIMARA PRO (<i>estradiol-levonorgestrel</i>)	PB	
COMBIPATCH (<i>estradiol-norethindrone acet</i>)	FE	
DIVIGEL (<i>estradiol</i>)	PB	
ELESTRIN (<i>estradiol</i>)	FE	
<i>estradiol oral</i>	PG	

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<i>estradiol transdermal</i>	PG	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	PG	
ESTROGEL (<i>estradiol</i>)	FE	
EVAMIST (<i>estradiol</i>)	PB	
FEMHRT LOW DOSE (<i>norethindrone-eth estradiol</i>)	FE	
<i>norethindrone-eth estradiol</i> (Fyavolv)	PG	
<i>norethindrone-eth estradiol</i> (Jinteli)	PG	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (<i>esterified estrogens</i>)	FE	
MENOSTAR (<i>estradiol</i>)	FE	
MIMVEY (<i>estradiol-norethindrone acet</i>)	PG	
<i>estradiol-norethindrone acet</i> (Mimvey Lo)	PG	
MINIVELLE (<i>estradiol</i>)	FE	
PREFEST (<i>estradiol-norgestimate</i>)	FE	
PREMARIN ORAL (<i>estrogens conjugated</i>)	PB	
PREMPHASE (<i>conj estrog-medroxyprogesterone ace</i>)	PB	
PREMPRO (<i>conj estrog-medroxyprogesterone ace</i>)	PB	
VIVELLE-DOT (<i>estradiol</i>)	FE	
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - HORMONES		
DUAVEE (<i>conj estrogens-bazedoxifene</i>)	PB	
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE LIVER		
OICALIVA (<i>obeticholic acid</i>)	NPS	PA; QL (30 TABLETS per 30 days)
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
<i>ciprofloxacin hcl oral</i>	PG	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	PG	
<i>levofloxacin oral</i>	PG	
<i>moxifloxacin hcl oral</i>	PG	
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
<i>alosetron hcl</i>	PG	PA

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AMITIZA (<i>lubiprostone</i>)	PB	
APRISO (<i>mesalamine</i>)	PB	
ASACOL HD (<i>mesalamine</i>)	FE	
<i>balsalazide disodium</i>	PG	
<i>calcium acetate (phos binder) oral capsule</i>	PG	
CANASA (<i>mesalamine</i>)	FE	
CIMZIA PREFILLED (<i>certolizumab pegol</i>)	FE	
CIMZIA STARTER KIT (<i>certolizumab pegol</i>)	FE	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	FE	
COLAZAL (<i>balsalazide disodium</i>)	FE	
DELZICOL (<i>mesalamine</i>)	FE	
DIPENTUM (<i>olsalazine sodium</i>)	NP	PA
FOSRENOL ORAL PACKET (<i>lanthanum carbonate</i>)	FE	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	FE	
GATTEX (<i>teduglutide (rdna)</i>)	NPS	PA; QL (1 KIT per 30 days)
INFLECTRA (<i>infliximab-dyyb</i>)	FE	
<i>lactulose encephalopathy</i>	PG	
<i>lanthanum carbonate</i>	NP	
LINZESS (<i>linaclotide</i>)	PB	
LOTRONEX (<i>alosetron hcl</i>)	NP	PA
<i>mesalamine oral capsule delayed release</i>	PG	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	PG	
<i>mesalamine oral tablet delayed release 800 mg</i>	FE	
<i>mesalamine rectal</i>	PG	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	PG	
<i>metoclopramide hcl oral tablet</i>	PG	
<i>metoclopramide hcl oral tablet dispersible 10 mg</i>	FE	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	PG	
MOVANTIK (<i>naloxegol oxalate</i>)	PB	
PENTASA (<i>mesalamine</i>)	PB	
PHOSLYRA (<i>calcium acetate (phos binder)</i>)	PB	

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RELISTOR ORAL (<i>methylnaltrexone bromide</i>)	NP	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	NP	PA
REMICADE (<i>infliximab</i>)	PSP	PA; QL (10 SOLUTION RECONSTITUTED per 28 days)
RENFLEXIS (<i>infliximab-abda</i>)	FE	
<i>sevelamer carbonate</i>	PG	
<i>sevelamer hcl</i>	PG	
SFROWASA (<i>mesalamine</i>)	FE	
<i>sulfasalazine oral</i>	PG	
SYMPROIC (<i>naldemedine tosylate</i>)	PB	PA
<i>ursodiol oral capsule</i>	PG	
<i>ursodiol oral tablet</i>	NP	
VELPHORO (<i>sucroferric oxyhydroxide</i>)	PB	
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation</i>	PG	
<i>alfuzosin hcl er</i>	PG	
AVODART (<i>dutasteride</i>)	NP	PA; QL (30 CAPSULES per 30 DAYs)
CYSTAGON (<i>cysteamine bitartrate</i>)	PSP	PA
<i>dutasteride oral</i>	PG	PA; QL (30 CAPSULES per 30 DAYs)
<i>dutasteride-tamsulosin hcl</i>	PG	
ELMIRON (<i>pentosan polysulfate sodium</i>)	NP	QL (90 CAPSULES per 25 days)
<i>finasteride oral tablet 5 mg</i>	PG	PA; QL (30 TABLETS per 30 DAYs)
JALYN (<i>dutasteride-tamsulosin hcl</i>)	FE	
<i>pot & sod cit-cit ac</i>	PG	
<i>potassium citrate er</i>	PG	
PROCYSBI (<i>cysteamine bitartrate</i>)	FE	

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PROSCAR (<i>finasteride</i>)	NP	PA; QL (30 TABLETS per 30 DAYs)
RAPAFLO (<i>silodosin</i>)	FE	
<i>silodosin</i>	PG	
<i>tamsulosin hcl</i>	PG	
THIOLA (<i>tiopronin</i>)	NPS	PA
UROXATRAL (<i>alfuzosin hcl</i>)	FE	
*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS		
FIRVANQ (<i>vancomycin hcl</i>)	FE	
VANCOCIN HCL (<i>vancomycin hcl</i>)	NP	QL (80 CAPSULES per 10 DAYs)
<i>vancomycin hcl oral capsule</i>	NP	QL (80 CAPSULES per 10 days)
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
<i>allopurinol oral</i>	PG	
<i>colchicine oral capsule</i>	PG	QL (60 CAPSULES per 25 DAYs)
<i>colchicine oral tablet</i>	PG	QL (120 TABLETS per 25 DAYs)
<i>colchicine-probenecid</i>	PG	
COLCRYS (<i>colchicine</i>)	NP	QL (120 TABLETS per 25 days)
KRYSTEXXA (<i>pegloticase</i>)	NPS	PA
MITIGARE (<i>colchicine</i>)	NP	QL (60 CAPSULES per 25 DAYs)
<i>probenecid oral</i>	PG	
ULORIC (<i>febuxostat</i>)	FE	
ZURAMPIC (<i>lesinurad</i>)	FE	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
ADVATE (<i>antihemophilic factor rahf-pfm</i>)	NPS	PA
<i>adynovate</i>	PSP	PA
AFSTYLA (<i>antihemophil fact single chain</i>)	NPS	PA

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AGGRENOX (<i>aspirin-dipyridamole</i>)	NP	QL (60 CAPSULES per 25 DAYs)
AGRYLIN (<i>anagrelide hcl</i>)	NP	QL (180 CAPSULES per 25 DAYs)
ALPHANATE/VWF COMPLEX/HUMAN (<i>antihemophilic factor-vwf</i>)	NPS	PA
ALPHANINE SD (<i>coagulation factor ix</i>)	NPS	PA
ALPROLIX (<i>coagulation factor ix (rfixfc)</i>)	FE	
<i>anagrelide hcl oral capsule 0.5 mg</i>	PG	QL (180 CAPSULES per 25 DAYs)
<i>anagrelide hcl oral capsule 1 mg</i>	PG	QL (90 CAPSULES per 25 DAYs)
<i>aspirin-dipyridamole er</i>	PG	QL (60 CAPSULES per 25 days)
BENEFIX INTRAVENOUS KIT (<i>coagulation factor ix (recomb)</i>)	NPS	PA
BERINERT (<i>c1 esterase inhibitor (human)</i>)	FE	
BRILINTA ORAL TABLET 60 MG (<i>ticagrelor</i>)	PB	QL (60 TABLETS per 25 DAYs)
BRILINTA ORAL TABLET 90 MG (<i>ticagrelor</i>)	PB	QL (60 TABLETS per 25 days)
<i>cilostazol</i>	PG	QL (60 TABLETS per 25 DAYs)
CINRYZE (<i>c1 esterase inhibitor (human)</i>)	NPS	PA; QL (17 SOLUTION RECONSTITUTED per 30 days)
<i>clopidogrel bisulfate oral</i>	PG	
COAGADEX (<i>coagulation factor x (human)</i>)	NPS	PA
CORIFACT (<i>factor xiii concentrate human</i>)	NPS	PA
<i>dipyridamole oral tablet 25 mg, 75 mg</i>	PG	QL (120 TABLETS per 25 days)
<i>dipyridamole oral tablet 50 mg</i>	PG	QL (240 TABLETS per 25 days)
DURLAZA (<i>aspirin</i>)	FE	
EFFIENT (<i>prasugrel hcl</i>)	NP	QL (30 TABLETS per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELOCTATE (<i>antihemophilic factor rfviifc</i>)	FE	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmplx</i>)	NPS	PA
FIBRYGA (<i>fibrinogen concentrate (human)</i>)	NPS	PA
FIRAZYR (<i>icatibant acetate</i>)	PSP	PA
HAEGARDA (<i>c1 esterase inhibitor (human)</i>)	NPS	PA; QL (17 SOLUTION RECONSTITUTED per 30 days)
HELIXATE FS (<i>antihemophilic factor (recomb)</i>)	FE	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPS	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NPS	PA
IDELVION (<i>coagulation factor ix (rix-fp)</i>)	NPS	PA
IXINITY (<i>coagulation factor ix (recomb)</i>)	NPS	PA
JIVI (<i>antihemoph fact rcmb peg-aucl</i>)	PSP	PA
KALBITOR (<i>ecallantide</i>)	NPS	PA
KCENTRA (<i>prothrombin complex conc human</i>)	NPS	PA
KOATE (<i>antihemophilic factor</i>)	NPS	PA
KOATE-DVI (<i>antihemophilic factor</i>)	NPS	PA
KOGENATE FS (<i>antihemophilic factor (recomb)</i>)	PSP	PA
KOVALTRY (<i>antihemophilic factor (recomb)</i>)	PSP	PA
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>coagulation factor ix</i>)	NPS	PA
NOVOEIGHT (<i>antihemophilic factor (recomb)</i>)	PSP	PA
NOVOSEVEN RT (<i>coagulation factor viia recomb</i>)	NPS	PA
NUWIQ (<i>antihemophil fact (bdd-rfviii)</i>)	PSP	PA
<i>obizur</i>	FE	
<i>pentoxifylline er</i>	PG	
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	FE	
<i>prasugrel hcl</i>	NP	QL (30 TABLETS per 25 DAYs)

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PROFILNINE (<i>factor ix complex</i>)	NPS	PA
REBINYN (<i>coagulation factor ix glycopeg</i>)	PSP	PA
RECOMBINATE (<i>antihemophilic factor (recomb)</i>)	NPS	PA
RIASTAP (<i>fibrinogen concentrate (human)</i>)	NPS	PA
<i>rixubis</i>	NPS	PA
RUCONEST (<i>c1 esterase inhibitor (recomb)</i>)	PSP	PA
TRETTEN (<i>coagulation factor xiii a-sub</i>)	NPS	PA
VONVENDI (<i>von willebrand factor (recomb)</i>)	FE	
WILATE INTRAVENOUS KIT (<i>antihemophilic factor-vwf</i>)	NPS	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor rahf-paf</i>)	NPS	PA
XYNTHA SOLOFUSE (<i>antihemophilic factor rahf-paf</i>)	NPS	PA
YOSPRALA (<i>aspirin-omeprazole</i>)	FE	
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	PSP	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE (<i>darbepoetin alfa</i>)	PSP	PA
CERDELGA (<i>eliglustat tartrate</i>)	PSP	PA; QL (60 CAPSULES per 30 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PSP	PA; QL (15 SOLUTION RECONSTITUTED per 14 days)
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	FE	
ELELYSO (<i>taliglucerase alfa</i>)	FE	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	FE	
FULPHILA (<i>pegfilgrastim-jmdb</i>)	FE	
GRANIX (<i>tbo-filgrastim</i>)	FE	

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LEUKINE INJECTION SOLUTION RECONSTITUTED (<i>sargramostim</i>)	NPS	PA
<i>miglustat</i>	PSP	PA; QL (90 CAPSULES per 30 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE (<i>methoxy peg-epoetin beta</i>)	FE	
MULPLETA (<i>lusutrombopag</i>)	PSP	PA; QL (7 TABLETS per 14 days)
<i>na ferric gluc cplx in sucrose</i>	PG	
NASCOBAL (<i>cyanocobalamin</i>)	FE	
NEULASTA ONPRO (<i>pegfilgrastim</i>)	PSP	PA; QL (2 ML per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim</i>)	PSP	PA; QL (2 ML per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	FE	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE (<i>filgrastim</i>)	FE	
NIVESTYM (<i>filgrastim-aafi</i>)	PSP	PA; QL (2 ML per 28 days)
NPLATE (<i>romiplostim</i>)	NPS	PA
PROCRIT (<i>epoetin alfa</i>)	FE	
PROMACTA ORAL PACKET (<i>eltrombopag olamine</i>)	NPS	PA; QL (1 PACKET per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	NPS	PA; QL (30 TABLETS per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG (<i>eltrombopag olamine</i>)	NPS	PA; QL (60 TABLETS per 30 days)
RETACRIT (<i>epoetin alfa-epbx</i>)	PSP	PA
TRIFERIC HEMODIALYSIS PACKET (<i>ferric pyrophosphate citrate</i>)	FE	
UDENYCA (<i>pegfilgrastim-cbqv</i>)	PSP	PA; QL (2 ML per 28 days)
VENOFER (<i>iron sucrose</i>)	NPS	
VPRIV (<i>velaglucerase alfa</i>)	NPS	PA; QL (15 SOLUTION RECONSTITUTED per 14 days)
ZARXIO (<i>filgrastim-sndz</i>)	FE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZAVESCA (<i>miglustat</i>)	NPS	PA; QL (90 CAPSULES per 30 days)
HEMOSTATICS - DRUGS FOR THE BLOOD		
AMICAR ORAL SOLUTION (<i>aminocaproic acid</i>)	FE	
<i>aminocaproic acid oral tablet</i>	PG	
<i>tranexamic acid oral</i>	NP	
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS		
EPCLUSA (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
HARVONI (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); QL (28 TABLETS per 28 days)
<i>ledipasvir-sofosbuvir</i>	FE	
MAVYRET (<i>glecaprevir-pibrentasvir</i>)	FE	
<i>sofosbuvir-velpatasvir</i>	FE	
VIEKIRA PAK (<i>ombitas-paritapre-ritona-dasab</i>)	FE	
VOSEVI (<i>sofosbuv-velpatasv-voxilaprev</i>)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
ZEPATIER (<i>elbasvir-grazoprevir</i>)	FE	
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS THAT ALTER METABOLISM		
XURIDEN (<i>uridine triacetate</i>)	NPS	QL (4 PACKETS per 1 DAY)
HYPNOTICS - DRUGS FOR THE NERVOUS SYSTEM		
AMBIEN (<i>zolpidem tartrate</i>)	NP	QL (15 TABLETS per 25 DAYs)
AMBIEN CR (<i>zolpidem tartrate</i>)	NP	ST; QL (15 TABLETS per 25 days)
DORAL (<i>quazepam</i>)	NP	STX; QL (15 TABLETS per 25 DAYs)
EDLUAR (<i>zolpidem tartrate</i>)	FE	
<i>estazolam</i>	PG	QL (15 TABLETS per 25 DAYs)

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<i>eszopiclone</i>	PG	QL (15 TABLETS per 25 DAYs)
<i>flurazepam hcl</i>	PG	STX; QL (15 CAPSULES per 25 DAYs)
HALCION (<i>triazolam</i>)	NP	QL (10 TABLETS per 25 DAYs)
HETLIOZ (<i>tasimelteon</i>)	NPS	PA; QL (30 CAPSULES per 30 days)
INTERMEZZO (<i>zolpidem tartrate</i>)	FE	
LUNESTA (<i>eszopiclone</i>)	FE	
<i>midazolam hcl oral</i>	NP	
<i>phenobarbital oral elixir</i>	PG	
<i>phenobarbital oral tablet</i>	PG	
<i>quazepam</i>	NP	STX; QL (15 TABLETS per 25 DAYs)
RESTORIL (<i>temazepam</i>)	NP	QL (15 CAPSULES per 25 DAYs)
ROZEREM (<i>ramelteon</i>)	FE	
SILENOR (<i>doxepin hcl</i>)	FE	
<i>temazepam</i>	PG	QL (15 CAPSULES per 25 DAYs)
<i>triazolam</i>	PG	QL (10 TABLETS per 25 DAYs)
<i>zaleplon</i>	PG	QL (15 CAPSULES per 25 DAYs)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>	NP	ST; QL (15 TABLETS per 25 DAYs)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>	NP	ST; QL (15 TABLETS per 25 days)
<i>zolpidem tartrate oral</i>	PG	QL (15 TABLETS per 25 DAYs)
<i>zolpidem tartrate sublingual</i>	NP	PA; QL (30 TABLETS per 25 days)
ZOLPIMIST (<i>zolpidem tartrate</i>)	FE	

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*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR METABOLIC DISEASE		
STRENSIQ (<i>asfotase alfa</i>)	NPS	PA
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
VIBERZI (<i>eluxadoline</i>)	PB	PA
*IMPOTENCE AGENT COMBINATIONS*** - DRUGS FOR THE URINARY SYSTEM		
IFE-BIMIX 30/1 (<i>papaverine-phentolamine</i>)	FE	
<i>papaverine-phentolamine</i>	FE	
<i>papav-phentolamine-alprostadil</i>	FE	
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - HORMONES		
SOLIQUA (<i>insulin glargine-lixisenatide</i>)	PB	ST
XULTOPHY (<i>insulin degludec-liraglutide</i>)	PB	ST
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
ENTYVIO (<i>vedolizumab</i>)	FE	
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR THE STOMACH		
STELARA INTRAVENOUS (<i>ustekinumab</i>)	FE	
*INTERLEUKIN-4 ALPHA ANTAGONISTS*** - DRUGS FOR THE LUNGS		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab (asthma)</i>)	PSP	PA; QL (400 ML per 28 days)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR THE LUNGS		
FASENRA (<i>benralizumab</i>)	PSP	PA; QL (1 ML per 56 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>mepolizumab</i>)	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>mepolizumab</i>)	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>mepolizumab</i>)	PSP	PA; QL (3 SOLUTION RECONSTITUTED per 28 days)

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*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** - DRUGS FOR THE LUNGS		
CINQAIR (<i>reslizumab</i>)	FE	
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER		
TIBSOVO (<i>ivosidenib</i>)	NPS	PA; QL (60 TABLETS per 30 days)
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER		
IDHIFA (<i>enasidenib mesylate</i>)	NPS	PA; QL (30 TABLETS per 30 days)
LAXATIVES - DRUGS FOR THE STOMACH		
CLENPIQ (<i>sod picosulfate-mag ox-cit acid</i>)	FE	
peg 3350/electrolytes (Gavilyte-C)	PG	
peg-3350/electrolytes (Gavilyte-G)	PG	
GAVILYTE-H (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	PG	CE; AL (Min 50 Years and Max 74 Years)
peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack)	PG	
<i>lactulose oral packet</i>	FE	
<i>lactulose oral solution 10 gm/15ml</i>	PG	
MOVIPREP (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	FE	
OSMOPREP (<i>sod phos mono-sod phos dibasic</i>)	FE	
PCP 100 (<i>mgcit-bisacod-pet-peg-metoclop</i>)	FE	
peg 3350-kcl-na bicarb-nacl	PG	
peg-3350/electrolytes	PG	
PLENVU (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	FE	
PREPOPIK (<i>sod picosulfate-mag ox-cit acid</i>)	FE	
SUPREP BOWEL PREP KIT (<i>na sulfate-k sulfate-mg sulf</i>)	PB	CE; AL (Min 50 Years and Max 74 Years)
*LEPTIN ANALOGUES*** - HORMONES		
MYALEPT (<i>metreleptin</i>)	NPS	PA; QL (30 SOLUTION RECONSTITUTED per 30 days)

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*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - HORMONES		
LUPANETA PACK (<i>leuprolide & norethindrone</i>)	NPS	PA
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE		
XIIDRA (<i>lifitegrast</i>)	PB	
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** - DRUGS FOR METABOLIC DISEASE		
KANUMA (<i>sebelipase alfa</i>)	NPS	PA
MACROLIDES - DRUGS FOR INFECTIONS		
<i>azithromycin oral packet</i>	PG	
<i>azithromycin oral suspension reconstituted</i>	PG	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	
<i>clarithromycin er</i>	PG	
<i>clarithromycin oral</i>	PG	
DIFICID (<i>fidaxomicin</i>)	PB	
E.E.S. 400 ORAL TABLET (<i>erythromycin ethylsuccinate</i>)	PG	
E.E.S. GRANULES (<i>erythromycin ethylsuccinate</i>)	FE	
ERYPED 200 (<i>erythromycin ethylsuccinate</i>)	FE	
ERYPED 400 (<i>erythromycin ethylsuccinate</i>)	FE	
<i>erythromycin base (Ery-Tab)</i>	PG	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	PG	
<i>erythromycin base oral capsule delayed release particles</i>	PG	
<i>erythromycin base oral tablet</i>	PG	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	PG	
MEDICAL DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CAREFINE PEN NEEDLES 30G X 8 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (<i>insulin pen needle</i>)	FE	
CARETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	FE	
CAYA (<i>diaphragm arc-spring</i>)	NP	CE; QL (1 DIAPHRAGM per 300 DAYs)

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FC2 FEMALE CONDOM (<i>condoms - female</i>)	NP	CE
FEMCAP (<i>cervical caps</i>)	NP	CE; QL (1 DEVICE per 300 DAYS)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	FE	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	FE	
NOVOFINE 32G X 6 MM (<i>insulin pen needle</i>)	FE	
NOVOFINE AUTOCOVER (<i>insulin pen needle</i>)	FE	
NOVOFINE PLUS (<i>insulin pen needle</i>)	FE	
NOVOTWIST 32G X 5 MM (<i>insulin pen needle</i>)	FE	
OMNIFLEX DIAPHRAGM (<i>diaphragms</i>)	NP	CE; QL (1 DIAPHRAGM per 300 DAYS)
<i>pen needles 1/2"</i>	FE	
<i>pen needles 31g x 6 mm , 32g x 4 mm</i>	FE	
<i>pen needles 5/16" 31g x 8 mm</i>	FE	
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	FE	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML (<i>insulin syringe-needle u-100</i>)	FE	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 3/8" 0.5 ML (<i>insulin syringe-needle u-100</i>)	FE	
<i>ra insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	FE	
<i>ra pen needles</i>	FE	
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML (<i>insulin syringe-needle u-100</i>)	FE	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	FE	
TRUEPLUS PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 32G X 4 MM (<i>insulin pen needle</i>)	FE	
ULTRA-THIN II PEN NEEDLES (<i>insulin pen needle</i>)	FE	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	FE	
WIDE-SEAL DIAPHRAGM 60 (<i>diaphragm wide seal</i>)	NP	CE; QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 65 (<i>diaphragm wide seal</i>)	NP	CE; QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 70 (<i>diaphragm wide seal</i>)	NP	CE; QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 75 (<i>diaphragm wide seal</i>)	NP	CE; QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 80 (<i>diaphragm wide seal</i>)	NP	CE; QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 85 (<i>diaphragm wide seal</i>)	NP	CE; QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 90 (<i>diaphragm wide seal</i>)	NP	CE; QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 95 (<i>diaphragm wide seal</i>)	NP	CE; QL (1 DIAPHRAGM per 300 DAYs)
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>almotriptan malate oral tablet 12.5 mg</i>	NP	QL (12 TABLETS per 25 DAYs)
<i>almotriptan malate oral tablet 6.25 mg</i>	NP	QL (12 TABLETS per 25 days)
AMERGE (<i>naratriptan hcl</i>)	NP	ST; QL (12 TABLETS per 25 DAYs)
CAFERGOT (<i>ergotamine-caffeine</i>)	FE	
CAMBIA (<i>diclofenac potassium</i>)	FE	
<i>dihydroergotamine mesylate injection</i>	NP	
<i>dihydroergotamine mesylate nasal</i>	FE	
<i>eletriptan hydrobromide</i>	NP	QL (12 TABLETS per 25 DAYs)
<i>ergotamine-caffeine</i>	PG	
FROVA (<i>frovatriptan succinate</i>)	NP	ST; QL (18 TABLETS per 25 DAYs)

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<i>frovatriptan succinate</i>	NP	QL (18 TABLETS per 25 DAYS)
IMITREX NASAL SOLUTION 20 MG/ACT (<i>sumatriptan</i>)	NP	ST; QL (12 SPRAYS per 25 DAYS)
IMITREX NASAL SOLUTION 5 MG/ACT (<i>sumatriptan</i>)	NP	ST; QL (24 SPRAYS per 25 DAYS)
IMITREX ORAL (<i>sumatriptan succinate</i>)	NP	ST; QL (12 TABLETS per 25 DAYS)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (18 SYRINGES per 25 DAYS)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (12 CARTRIDGES per 25 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (18 SYRINGES per 25 DAYS)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (12 INJECTIONS per 25 days)
IMITREX SUBCUTANEOUS (<i>sumatriptan succinate</i>)	NP	ST; QL (12 VIALS per 25 DAYS)
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	NP	ST; QL (18 TABLETS per 25 DAYS)
MAXALT-MLT (<i>rizatriptan benzoate</i>)	NP	ST; QL (18 TABLETS per 25 DAYS)
MIGERGOT (<i>ergotamine-caffeine</i>)	PG	
MIGRANAL (<i>dihydroergotamine mesylate</i>)	NP	ST; QL (8 ML per 25 days)
<i>naratriptan hcl</i>	PG	QL (12 TABLETS per 25 DAYS)
ONZETRA XSAIL (<i>sumatriptan succinate</i>)	NP	ST; QL (8 POUCHES per 25 DAYS)
RELPAK (<i>eletriptan hydrobromide</i>)	NP	ST; QL (12 TABLETS per 25 DAYS)
<i>rizatriptan benzoate</i>	PG	QL (18 TABLETS per 25 DAYS)

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<i>sumatriptan nasal solution 20 mg/lact</i>	PG	QL (12 SPRAYS per 25 DAYs)
<i>sumatriptan nasal solution 5 mg/lact</i>	PG	QL (24 SPRAYS per 25 DAYs)
<i>sumatriptan succinate oral</i>	PG	QL (12 TABLETS per 25 DAYs)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	PG	QL (18 SYRINGES per 25 DAYs)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	PG	QL (12 CARTRIDGES per 25 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	PG	QL (12 ML per 25 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	PG	QL (18 ML per 25 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	PG	QL (12 ML per 25 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	PG	QL (12 SYRINGES per 25 days)
<i>sumatriptan-naproxen sodium</i>	PG	QL (9 TABLETS per 25 DAYs)
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	FE	
ZEMBRACE SYMTOUCH (<i>sumatriptan succinate</i>)	NP	ST; QL (24 INJECTORS per 25 DAYs)
<i>zolmitriptan oral tablet 2.5 mg</i>	PG	QL (12 TABLETS per 25 days)
<i>zolmitriptan oral tablet 5 mg</i>	PG	QL (12 TABLETS per 25 DAYs)
<i>zolmitriptan oral tablet dispersible</i>	PG	QL (12 TABLETS per 25 DAYs)
ZOMIG NASAL (<i>zolmitriptan</i>)	PB	ST; QL (12 SOLUTION per 25 days)
ZOMIG ORAL (<i>zolmitriptan</i>)	NP	ST; QL (12 TABLETS per 25 DAYs)
ZOMIG ZMT (<i>zolmitriptan</i>)	NP	ST; QL (12 TABLETS per 25 DAYs)

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MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
FLORIVA ORAL LIQUID (<i>sodium fluoride-vitamin d</i>)	FE	
<i>potassium chloride er</i> (Klor-Con 10)	PG	
<i>potassium chloride crys er</i> (Klor-Con M10)	PG	
KLOR-CON M15 (<i>potassium chloride crys er</i>)	PG	
<i>potassium chloride crys er</i> (Klor-Con M20)	PG	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	NP	
<i>potassium chloride er</i> (Klor-Con Oral Tablet Extended Release)	PG	
<i>potassium chloride er</i> (Klor-Con Sprinkle)	PG	
<i>phosphorous</i> (Phospho-Trin 250 Neutral)	PG	
<i>potassium chloride crys er</i>	PG	
<i>potassium chloride er</i>	PG	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	PG	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NP	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	PG	
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	PG	
*MIXED ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
ODACTRA (<i>dust mite mixed allergen ext</i>)	NP	PA
ORALAIR (<i>grass mix pollens allergen ext</i>)	PSP	PA
*MONOBACTAMS*** - DRUGS FOR INFECTIONS		
CAYSTON (<i>aztreonam lysine</i>)	NPS	PA; QL (84 ML per 28 days)
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl</i>	PG	
<i>chlorhexidine gluconate mouth/throat</i>	PG	
<i>clotrimazole mouth/throat troche</i>	PG	
<i>lidocaine viscous hcl</i>	PG	
<i>nystatin mouth/throat</i>	PG	
ORAVIG (<i>miconazole</i>)	NP	QL (14 TABLETS per 25 DAYs)

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<i>pilocarpine hcl oral</i>	PG	
<i>triamcinolone acetonide mouth/throat</i>	PG	
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** - DRUGS FOR METABOLIC DISEASE		
VIMIZIM (<i>elosulfase alfa</i>)	NPS	PA
*MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS*** - DRUGS FOR METABOLIC DISEASE		
MEPSEVII (<i>vestronidase alfa-vjbk</i>)	NPS	PA
*MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID*** - VITAMINS AND MINERALS		
<i>multivitamin/fluoride oral tablet chewable 0.25-0.3 mg, 0.5-0.3 mg, 1-0.3 mg</i>	FE	
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID*** - DRUGS FOR NUTRITION		
QUFLORA FE (<i>multi vit-min-fluoride-fe-fa</i>)	FE	
*MULTIPLE VITAMINS WITH FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>folika-v</i>	FE	
GENICIN VITA-Q (<i>multiple vitamins with fa</i>)	FE	
MULTIVITAMINS - DRUGS FOR NUTRITION		
<i>b-plex</i>	PG	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	PB	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	PB	
CITRANATAL B-CALM (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	PB	
CITRANATAL BLOOM (<i>prenatal-dss-fecb-fegl-fa</i>)	PB	
CITRANATAL BLOOM DHA (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	PB	
CITRANATAL DHA (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	PB	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	PB	
CITRANATAL MEDLEY (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	PB	
CITRANATAL RX (<i>prenat w/o a-fecb-fegl-dss-fa</i>)	PB	
CORVITA (<i>multiple vitamins-minerals-fa</i>)	PG	

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DEXIFOL (<i>b complex-c-folic acid</i>)	FE	
ENBRACE HR (<i>prenat vit-fe gly cys-fa-omega</i>)	FE	
<i>folbee plus</i>	PG	
FOLET DHA (<i>prenat-fe-methylfol-dss-dha</i>)	FE	
<i>folika-t</i>	FE	
GENICIN VITA-S (<i>b complex-c-folic acid</i>)	FE	
<i>hylavite</i>	FE	
INATAL GT (<i>prenatal vit-dss-fe cbn-fa</i>)	PG	
<i>kosher prenatal plus iron</i>	FE	
<i>lorid</i>	FE	
<i>m-natal plus</i>	FE	
<i>multivitamin/fluoride oral solution</i>	PG	
MVC-FLUORIDE (<i>pediatric multivitamins-fl</i>)	PG	
NESTABS ONE (<i>prenat-fe-methylfol-dha w/o a</i>)	FE	
NEXA PLUS (<i>prenat-fefum-doc-fa-dha w/o a</i>)	FE	
NICAZEL (<i>multiple vitamins-minerals</i>)	FE	
NICAZEL FORTE (<i>multiple vitamins-minerals</i>)	FE	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	FE	
NIVA-PLUS (<i>prenatal vit-fe fumarate-fa</i>)	FE	
OBSTETRIX ONE (<i>prenat-fe-methyl-dss-dha w/o a</i>)	FE	
OCUVEL ORAL CAPSULE 0.5 MG (<i>multiple vitamins-minerals-fa</i>)	FE	
<i>pnv tabs 29-1</i>	FE	
<i>pnv-dha</i>	PG	
POLY-VI-FLOR FS ORAL STRIP 0.25 MG, 0.5 MG (<i>pediatric multivitamins-fl</i>)	FE	
<i>prena 1 true</i>	FE	
PRENATABS RX (<i>prenatal vit-iron carbonyl-fa</i>)	PG	
PRENATAL + DHA (<i>prenatal-fefum-fa-dha w/o a</i>)	FE	
<i>pretab</i>	FE	
PRIMACARE ORAL CAPSULE (<i>pren-fe-meth-fa-omeg w/o a</i>)	FE	

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PROVIDA DHA (<i>prenat-fefum-fepo-fa-dha w/o a</i>)	FE	
QUFLORA FE PEDIATRIC (<i>ped multivitamins-fl-iron</i>)	FE	
QUFLORA GUMMIES (<i>pediatric multivitamins-fl</i>)	FE	
<i>tl folate</i>	FE	
TRINATE (<i>prenatal vit-fe fumarate-fa</i>)	PG	
<i>tristart dha</i>	FE	
TRISTART ONE (<i>prenat w/o a-fecbn-meth-fa-dha</i>)	FE	
<i>tronvite</i>	FE	
<i>virt-c dha</i>	FE	
VITAFOL GUMMIES (<i>prenatal vit-fe phos-fa-omega</i>)	FE	
<i>vol-care rx</i>	PG	
<i>xvite</i>	FE	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
AMRIX (<i>cyclobenzaprine hcl</i>)	FE	
<i>baclofen oral</i>	PG	
<i>carisoprodol oral tablet 250 mg</i>	NP	QL (84 TABLETS per 28 DAYs)
<i>carisoprodol oral tablet 350 mg</i>	PG	QL (84 TABLETS per 28 DAYs)
<i>carisoprodol-aspirin</i>	NP	QL (168 TABLETS per 25 days)
<i>carisoprodol-aspirin-codeine</i>	NP	QL (168 TABLETS per 25 days)
<i>chlorzoxazone oral tablet 250 mg</i>	FE	
<i>chlorzoxazone oral tablet 500 mg</i>	PG	
<i>cyclobenzaprine hcl er</i>	PG	
<i>cyclobenzaprine hcl oral</i>	PG	
<i>dantrolene sodium oral</i>	PG	
DUROLANE INTRA-ARTICULAR (<i>sodium hyaluronate (viscosup)</i>)	FE	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	FE	

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GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE (<i>cross-linked hyaluronate</i>)	PSP	PA
GELSYN-3 (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
GENVISC 850 (<i>sodium hyaluronate (viscosup)</i>)	FE	
HYALGAN (<i>sodium hyaluronate (viscosup)</i>)	FE	
HYMOVIS (<i>hyaluronan</i>)	FE	
<i>metaxalone</i>	NP	
<i>methocarbamol oral</i>	PG	
MONOVISC (<i>hyaluronan</i>)	FE	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hyaluronan</i>)	FE	
SOMA (<i>carisoprodol</i>)	NP	QL (84 TABLETS per 28 DAYs)
SUPARTZ FX (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hylan</i>)	FE	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hylan</i>)	FE	
<i>tizanidine hcl oral capsule</i>	NP	
<i>tizanidine hcl oral tablet</i>	PG	
TRIVISC (<i>sodium hyaluronate (viscosup)</i>)	FE	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
ALZAIR ALLERGY NASAL SPRAY (<i>hypromellose</i>)	FE	
ASTEPRO NASAL SOLUTION 0.15 % (<i>azelastine hcl</i>)	NP	QL (2 BOTTLES per 25 days)
<i>azelastine hcl nasal solution 0.1 %</i>	PG	QL (2 BOTTLES per 25 DAYs)
<i>azelastine hcl nasal solution 0.15 %</i>	NP	QL (2 BOTTLES per 25 days)
BECONASE AQ (<i>beclomethasone diprop monohyd</i>)	FE	
DYMISTA (<i>azelastine-fluticasone</i>)	PB	QL (1 PACKAGE per 25 DAYs)

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<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	PG	QL (3 CONTAINERS per 25 DAYs)
<i>ipratropium bromide nasal</i>	PG	
<i>mometasone furoate nasal</i>	PG	QL (2 PACKAGES per 25 DAYs)
NASONEX (<i>mometasone furoate</i>)	NP	QL (2 PACKAGES per 25 DAYs)
<i>olopatadine hcl nasal</i>	NP	QL (1 BOTTLE per 25 days)
OMNARIS (<i>ciclesonide</i>)	FE	
PATANASE (<i>olopatadine hcl</i>)	NP	QL (1 BOTTLE per 25 days)
QNASL (<i>beclomethasone diprop (nasal)</i>)	FE	
QNASL CHILDRENS (<i>beclomethasone diprop (nasal)</i>)	FE	
XHANCE (<i>fluticasone propionate</i>)	NP	QL (2 PACKAGES per 25 DAYs)
ZETONNA (<i>ciclesonide</i>)	FE	
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART		
ENTRESTO (<i>sacubitril-valsartan</i>)	PB	
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR THE HEART		
NORTHERA (<i>droxidopa</i>)	FE	
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
BOTOX (<i>onabotulinumtoxin</i>)	NPS	PA
DYSPOREX (<i>abobotulinumtoxin</i>)	NPS	PA
<i>riluzole</i>	PG	
TIGLUTIK (<i>riluzole</i>)	FE	
XEOMIN (<i>incobotulinumtoxin</i>)	NPS	PA
*NSAID-VITAMINS AND/OR MINERALS COMBINATIONS*** - DRUGS FOR PAIN AND FEVER		
<i>equapax/ibuprofen/minrex</i>	FE	
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
ACUVAIL (<i>ketorolac tromethamine</i>)	FE	

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<i>ak-poly-bac</i>	PG	
ALPHAGAN P (<i>brimonidine tartrate</i>)	PB	
ALREX (<i>loteprednol etabonate</i>)	FE	
<i>atropine sulfate ophthalmic solution</i>	FE	
AZASITE (<i>azithromycin</i>)	FE	
<i>azelastine hcl ophthalmic</i>	PG	
AZOPT (<i>brinzolamide</i>)	PB	
<i>bacitracin ophthalmic</i>	PG	
BEPREVE (<i>bepotastine besilate</i>)	FE	
BESIVANCE (<i>besifloxacin hcl</i>)	PB	
<i>betaxolol hcl ophthalmic</i>	PG	
BETIMOL (<i>timolol hemihydrate</i>)	PB	
BETOPTIC-S (<i>betaxolol hcl</i>)	PB	
<i>bimatoprost ophthalmic</i>	NP	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	NP	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	PG	
<i>bromfenac sodium (once-daily)</i>	NP	
BROMSITE (<i>bromfenac sodium</i>)	NP	
<i>carteolol hcl</i>	PG	
<i>ciprofloxacin hcl ophthalmic</i>	PG	
COMBIGAN (<i>brimonidine tartrate-timolol</i>)	PB	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (<i>dorzolamide hcl-timolol mal</i>)	FE	
<i>cromolyn sodium ophthalmic</i>	PG	
CYSTARAN (<i>cysteamine hcl</i>)	NPS	PA; QL (4 ML per 28 days)
<i>dexamethasone sodium phosphate ophthalmic</i>	PG	
DEXTENZA (<i>dexamethasone</i>)	FE	
<i>diclofenac sodium ophthalmic</i>	PG	
<i>dorzolamide hcl ophthalmic</i>	FE	
<i>dorzolamide hcl-timolol mal</i>	PG	
<i>dorzolamide hcl-timolol mal pf</i>	PG	
DUREZOL (<i>difluprednate</i>)	FE	

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<i>epinastine hcl</i>	PG	
<i>erythromycin ophthalmic</i>	PG	
EYLEA INTRAVITREAL (<i>aflibercept</i>)	PSP	PA
FLAREX (<i>fluorometholone acetate</i>)	FE	
<i>fluorometholone ophthalmic</i>	PG	
<i>flurbiprofen sodium</i>	PG	
FML (<i>fluorometholone</i>)	FE	
FML FORTE (<i>fluorometholone</i>)	FE	
FML LIQUIFILM (<i>fluorometholone</i>)	FE	
<i>gatifloxacin ophthalmic</i>	NP	
GENTAK OPHTHALMIC OINTMENT (<i>gentamicin sulfate</i>)	PG	
<i>gentamicin sulfate ophthalmic solution</i>	PG	
ILEVRO (<i>nepafenac</i>)	FE	
INVELTYS (<i>loteprednol etabonate</i>)	FE	
ISOPTO ATROPINE (<i>atropine sulfate</i>)	FE	
ISTALOL (<i>timolol maleate</i>)	FE	
JETREA INTRAVITREAL SOLUTION 0.375 MG/0.3ML (<i>ocriplasmin</i>)	NPS	PA
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	NP	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	PG	
LASTACFT (<i>alcaftadine</i>)	FE	
<i>latanoprost ophthalmic</i>	PG	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	PG	
<i>levofloxacin ophthalmic</i>	PG	
LOTEMAX (<i>loteprednol etabonate</i>)	FE	
LOTEMAX SM (<i>loteprednol etabonate</i>)	FE	
LUCENTIS INTRAVITREAL (<i>ranibizumab</i>)	PSP	PA
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	FE	
MACUGEN (<i>pegaptanib sodium</i>)	NPS	PA
MAXIDEX (<i>dexamethasone</i>)	NP	
MOXEZA (<i>moxifloxacin hcl</i>)	PB	
<i>moxifloxacin hcl ophthalmic</i>	PG	

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<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	PG	
NEVANAC (<i>nepafenac</i>)	FE	
<i>ofloxacin ophthalmic</i>	PG	
<i>olopatadine hcl ophthalmic</i>	PG	
PAZEO (<i>olopatadine hcl</i>)	PB	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	PG	
<i>polymyxin b-trimethoprim</i>	PG	
PRED FORTE (<i>prednisolone acetate</i>)	FE	
PRED MILD (<i>prednisolone acetate</i>)	FE	
<i>prednisolone acetate ophthalmic</i>	PG	
<i>prednisolone acetate p-f</i>	FE	
PROLENSA (<i>bromfenac sodium</i>)	PB	
RESTASIS (<i>cyclosporine</i>)	FE	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	FE	
<i>sulfacetamide sodium ophthalmic</i>	PG	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	PG	
<i>timolol maleate ophthalmic gel forming solution</i>	PG	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	NP	
TIMOPTIC OCUDOSE (<i>timolol maleate</i>)	FE	
TOBRADEX OPHTHALMIC OINTMENT (<i>tobramycin-dexamethasone</i>)	PB	
TOBRADEX ST (<i>tobramycin-dexamethasone</i>)	PB	
<i>tobramycin ophthalmic</i>	PG	
<i>tobramycin-dexamethasone</i>	PG	
TRAVATAN Z (<i>travoprost</i>)	PB	
<i>trifluridine ophthalmic</i>	PG	
<i>tropicamide ophthalmic</i>	PG	
VISUDYNE (<i>verteporfin</i>)	NPS	PA
VYZULTA (<i>latanoprostene bunod</i>)	FE	

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ZIOPTAN (<i>tafluprost</i>)	PB	
ZYLET (<i>loteprednol-tobramycin</i>)	FE	
ZYMAXID (<i>gatifloxacin</i>)	FE	
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR THE EYE		
ROCKLATAN (<i>netarsudil-latanoprost</i>)	PB	
*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE		
OXERVATE (<i>cenegermin-bkbj</i>)	NPS	PA
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR THE EYE		
RHOPRESSA (<i>netarsudil dimesylate</i>)	PB	
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
BELSOMRA (<i>suvorexant</i>)	FE	
OTIC AGENTS - DRUGS FOR THE EAR		
<i>acetic acid otic</i>	PG	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	PB	
<i>ciprofloxacin hcl otic</i>	NP	
FLOXIN OTIC (<i>ofloxacin</i>)	FE	
<i>fluocinolone acetonide otic</i>	NP	
<i>hydrocortisone-acetic acid</i>	PG	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	PG	
<i>neomycin-polymyxin-hc otic suspension</i>	PG	
<i>ofloxacin otic</i>	PG	
OTIPRIO (<i>ciprofloxacin</i>)	FE	
OTOVEL (<i>ciprofloxacin-fluocinolone</i>)	FE	
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
KERYDIN (<i>tavaborole</i>)	FE	
OXYTOCICS - HORMONES		
<i>methylergonovine maleate</i> (Methergine Oral)	PG	QL (4 TABLETS per 1 day)
<i>methylergonovine maleate oral</i>	PG	QL (4 TABLETS per 1 DAY)

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*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR INFECTIONS		
XOFLUZA (<i>baloxavir marboxil</i>)	FE	
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS		
HYQVIA (<i>immune globulin-hyaluronidase</i>)	FE	
PASSIVE IMMUNIZING AGENTS - BIOLOGICAL AGENTS		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)</i>)	NPS	PA
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM (<i>immune globulin (human)</i>)	NPS	PA
CUVITRU (<i>immune globulin (human)</i>)	FE	
CYTOGAM (<i>cytomegalovirus immune glob</i>)	NPS	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPS	PA
GAMASTAN (<i>immune globulin (human)</i>)	NPS	PA
GAMASTAN S/D INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	NPS	PA
GAMMAGARD (<i>immune globulin (human)</i>)	NPS	PA
GAMMAGARD S/D LESS IGA (<i>immune globulin (human)</i>)	NPS	PA
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPS	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPS	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPS	PA
GAMUNEX-C INJECTION SOLUTION 40 GM/400ML (<i>immune globulin (human)</i>)	FE	
HEPAGAM B (<i>hepatitis b immune globulin</i>)	NPS	

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HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPS	PA
HYPERHEP B S/D (<i>hepatitis b immune globulin</i>)	NPS	
HYPERRAB (<i>rabies immune globulin</i>)	NPS	
HYPERRAB S/D INJECTION (<i>rabies immune globulin</i>)	NPS	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	NPS	
HYPERTET S/D (<i>tetanus immune globulin</i>)	NPS	
IMOGAM RABIES-HT INJECTION (<i>rabies immune globulin</i>)	NPS	
kedrab injection	NPS	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	NPS	
NABI-HB (<i>hepatitis b immune globulin</i>)	NPS	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPS	PA
PANZYGA (<i>immune globulin (human)-ifas</i>)	FE	
PRIVIGEN (<i>immune globulin (human)</i>)	NPS	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	NPS	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	NPS	
SYNAGIS (<i>palivizumab</i>)	NPS	PA
VARIZIG INTRAMUSCULAR SOLUTION (<i>varicella-zoster immune glob</i>)	NPS	
WINRHO SDF (<i>rho d immune globulin</i>)	NPS	
*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART		
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>alirocumab</i>)	FE	
REPATHA (<i>evolocumab</i>)	PSP	PA; QL (2 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM (<i>evolocumab</i>)	PSP	PA; QL (1 ML per 28 days)

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REPATHA SURECLICK (<i>evolocumab</i>)	PSP	PA; QL (2 ML per 28 days)
*PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE*** - DRUGS FOR NUTRITION		
FLORIVA ORAL TABLET CHEWABLE 0.5 MG, 1 MG (<i>ped multiple vit-minerals-fl</i>)	FE	
*PEDIATRIC MULTIPLE VITAMINS W/FLUORIDE-IRON-ZINC*** - DRUGS FOR NUTRITION		
TEXAVITE LQ (<i>ped multivitamins-fl-iron-zinc</i>)	FE	
PENICILLINS - DRUGS FOR INFECTIONS		
<i>amoxicillin oral capsule</i>	PG	
<i>amoxicillin oral suspension reconstituted</i>	PG	
<i>amoxicillin oral tablet</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er</i>	PG	
<i>amoxicillin-pot clavulanate oral</i>	PG	
<i>ampicillin oral capsule 500 mg</i>	PG	
<i>dicloxacillin sodium</i>	PG	
<i>penicillin v potassium</i>	PG	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER		
COPIKTRA (<i>duvelisib</i>)	FE	
ZYDELIG (<i>idelalisib</i>)	NPS	PA; QL (60 TABLETS per 30 days)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
EUCRISA (<i>crisaborole</i>)	PB	
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR PAIN AND FEVER		
OTEZLA ORAL TABLET (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days)

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OTEZLA ORAL TABLET THERAPY PACK (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days)
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART		
TAKHZYRO (<i>lanadelumab-flyo</i>)	FE	
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER		
LYNPARZA ORAL TABLET 100 MG (<i>olaparib</i>)	PSP	PA; QL (180 TABLETS per 30 days)
LYNPARZA ORAL TABLET 150 MG (<i>olaparib</i>)	PSP	PA; QL (120 TABLETS per 30 days)
RUBRACA (<i>rucaparib camsylate</i>)	PSP	PA; QL (120 TABLETS per 30 days)
TALZENNA (<i>talazoparib tosylate</i>)	FE	
ZEJULA (<i>niraparib tosylate</i>)	PSP	PA; QL (90 CAPSULES per 30 days)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER		
LYNPARZA ORAL TABLET 100 MG (<i>olaparib</i>)	PSP	PA; QL (180 TABLETS per 30 days)
LYNPARZA ORAL TABLET 150 MG (<i>olaparib</i>)	PSP	PA; QL (120 TABLETS per 30 days)
RUBRACA (<i>rucaparib camsylate</i>)	PSP	PA; QL (120 TABLETS per 30 days)
TALZENNA (<i>talazoparib tosylate</i>)	FE	
ZEJULA (<i>niraparib tosylate</i>)	PSP	PA; QL (90 CAPSULES per 30 days)
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
GRALISE (<i>gabapentin (once-daily)</i>)	PB	ST
GRALISE STARTER (<i>gabapentin (once-daily)</i>)	PB	ST
LYRICA CR (<i>pregabalin</i>)	FE	

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*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension)	PG	
LOKELMA (<i>sodium zirconium cyclosilicate</i>)	PB	
<i>sodium polystyrene sulfonate oral</i>	PG	
SPS (<i>sodium polystyrene sulfonate</i>)	PG	
VELTASSA (<i>patiomer sorbitex calcium</i>)	PB	
PROGESTINS - HORMONES		
<i>hydroxyprogesterone caproate intramuscular oil</i>	PSP	PA; QL (21 ML per 365 days)
MAKENA INTRAMUSCULAR (<i>hydroxyprogesterone caproate</i>)	NPS	PA; QL (5 ML per 365 days)
MAKENA SUBCUTANEOUS (<i>hydroxyprogesterone caproate</i>)	NPS	PA; QL (1 ML per 1 day)
<i>medroxyprogesterone acetate oral</i>	PG	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	NP	
<i>norethindrone acetate oral</i>	PG	
<i>progesterone micronized oral</i>	PG	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD		
ZONTIVITY (<i>vorapaxar sulfate</i>)	NP	QL (30 TABLETS per 25 DAYs)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium</i>	NP	
AMPYRA (<i>dalfampridine</i>)	NPS	PA; ST; QL (60 TABLETS per 30 days)
AUBAGIO (<i>teriflunomide</i>)	PSP	PA; QL (30 TABLETS per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (120 TABLETS per 30 days)
AUSTEDO ORAL TABLET 6 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (60 TABLETS per 30 days)
AVONEX (<i>interferon beta-1a</i>)	FE	

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AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (<i>interferon beta-1a</i>)	FE	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (<i>interferon beta-1a</i>)	FE	
BETASERON SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	PSP	PA; QL (14 KIT per 28 days)
BRISDELLE (<i>paroxetine mesylate</i>)	NP	PA; QL (30 CAPSULES per 30 days)
<i>bupropion hcl er (smoking det)</i>	PG	CE; QL (2 TREATMENT CYCLES per 1 YEAR)
CHANTIX (<i>varenicline tartrate</i>)	NP	CE; QL (2 TREATMENT CYCLES per 1 YEAR)
CHANTIX CONTINUING MONTH PAK (<i>varenicline tartrate</i>)	NP	CE; QL (2 TREATMENT CYCLES per 1 YEAR)
CHANTIX STARTING MONTH PAK (<i>varenicline tartrate</i>)	NP	CE; QL (2 TREATMENT CYCLES per 1 YEAR)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 DAYS); AL (Min 65 Years)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; QL (12 ML per 28 days)
<i>dalfampridine er</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>disulfiram oral</i>	PG	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>donepezil hcl oral tablet 23 mg</i>	NP	
<i>donepezil hcl oral tablet dispersible</i>	PG	
<i>ergoloid mesylates oral</i>	NP	STX
EXELON TRANSDERMAL (<i>rivastigmine</i>)	NP	PA

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EXTAVIA SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	FE	
<i>fluoxetine hcl (pmdd)</i>	PG	
<i>galantamine hydrobromide</i>	NP	
<i>galantamine hydrobromide er</i>	NP	
GILENYA ORAL CAPSULE 0.5 MG (<i>fingolimod hcl</i>)	PSP	PA; QL (30 CAPSULES per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PSP	PA; QL (12 ML per 28 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)	PSP	PA; QL (12 ML per 28 days)
GRALISE (<i>gabapentin (once-daily)</i>)	PB	ST
GRALISE STARTER (<i>gabapentin (once-daily)</i>)	PB	ST
HORIZANT ORAL TABLET EXTENDED RELEASE (<i>gabapentin enacarbil</i>)	FE	
INGREZZA ORAL CAPSULE (<i>valbenazine tosylate</i>)	PB	PA; QL (30 CAPSULES per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK (<i>valbenazine tosylate</i>)	PB	PA; QL (1 CAPSULE THERAPY PACK per 1 day)
LEMTRADA (<i>alemtuzumab</i>)	FE	
LYRICA CR (<i>pregabalin</i>)	FE	
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (112 TABLETS per 28 DAYS)
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (30 TABLETS per 30 DAYS)
<i>memantine hcl er</i>	PG	PA; AL (Max 29 Years)
<i>memantine hcl oral solution 2 mg/ml</i>	PG	PA; AL (Max 29 Years)
<i>memantine hcl oral tablet</i>	PG	PA; AL (Max 29 Years)
NAMENDA ORAL TABLET (<i>memantine hcl</i>)	NP	PA; AL (Max 29 Years)
NAMENDA TITRATION PAK (<i>memantine hcl</i>)	NP	PA; AL (Max 29 Years)
NAMENDA XR (<i>memantine hcl</i>)	FE	

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NAMENDA XR TITRATION PACK (<i>memantine hcl</i>)	FE	
NICOTROL (<i>nicotine</i>)	NP	CE; QL (168 DAYS OF TREATMENT per 365 days)
NICOTROL NS (<i>nicotine</i>)	NP	CE; QL (168 DAYS OF TREATMENT per 365 days)
OCREVUS (<i>ocrelizumab</i>)	NPS	PA; QL (2 ML per 168 days)
<i>olanzapine-fluoxetine hcl</i>	NP	STX
<i>paroxetine mesylate</i>	NP	PA
<i>perphenazine-amitriptyline oral tablet 2-10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>perphenazine-amitriptyline oral tablet 2-25 mg, 4-25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>perphenazine-amitriptyline oral tablet 4-10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>perphenazine-amitriptyline oral tablet 4-50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>pimozide</i>	NP	
PLEGRIDY (<i>peginterferon beta-1a</i>)	FE	
PLEGRIDY STARTER PACK (<i>peginterferon beta-1a</i>)	FE	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	PSP	PA; QL (12 SYRINGES per 28 DAYS)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	PSP	PA; QL (1 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	PSP	PA; QL (12 SYRINGES per 28 DAYS)

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REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	PSP	PA; QL (1 ML per 28 days)
<i>rivastigmine</i>	NP	PA
<i>rivastigmine tartrate</i>	NP	PA
SAVELLA (<i>milnacipran hcl</i>)	NP	ST
SAVELLA TITRATION PACK (<i>milnacipran hcl</i>)	NP	ST
TECFIDERA ORAL (<i>dimethyl fumarate</i>)	PSP	PA; QL (1 MISCELLANEOUS per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG (<i>dimethyl fumarate</i>)	PSP	PA; QL (14 CAPSULES per 7 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG (<i>dimethyl fumarate</i>)	PSP	PA; QL (60 CAPSULES per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; QL (240 TABLETS per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
TYSABRI (<i>natalizumab</i>)	PSP	PA; QL (1 ML per 28 days)
XENAZINE (<i>tetrabenazine</i>)	FE	
XYREM (<i>sodium oxybate</i>)	NPS	PA; QL (540 ML per 25 days)
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER		
OFEV (<i>nintedanib esylate</i>)	PSP	PA; QL (60 CAPSULES per 30 days)
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS		
ESBRIET ORAL CAPSULE (<i>pirfenidone</i>)	PSP	PA; QL (270 CAPSULES per 30 days)
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	PSP	PA; QL (270 TABLETS per 30 days)
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	PSP	PA; QL (90 TABLETS per 30 days)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR THE HEART		
UPTRA VI (<i>selexipag</i>)	PSP	PA

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RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	NPS	PA
GLASSIA (<i>alpha1-proteinase inhibitor</i>)	NPS	PA
KALYDECO ORAL PACKET (<i>ivacaftor</i>)	NPS	PA; QL (56 PACKET per 28 days)
KALYDECO ORAL TABLET (<i>ivacaftor</i>)	NPS	PA; QL (56 TABLETS per 28 days)
PROLASTIN-C INTRAVENOUS SOLUTION (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
PULMOZYME (<i>dornase alfa</i>)	NPS	PA; QL (150 ML per 30 days)
ZEMAIRA (<i>alpha1-proteinase inhibitor</i>)	FE	
*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>nefazodone hcl</i>	NP	STX
<i>trazodone hcl oral</i>	PG	
TRINTELLIX (<i>vortioxetine hbr</i>)	PB	ST
VIIBRYD ORAL TABLET (<i>vilazodone hcl</i>)	PB	ST
VIIBRYD STARTER PACK (<i>vilazodone hcl</i>)	PB	ST
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - HORMONES		
GLYXAMBI (<i>empagliflozin-linagliptin</i>)	PB	ST
QTERN (<i>dapagliflozin-saxagliptin</i>)	FE	
STEGLUJAN (<i>ertugliflozin-sitagliptin</i>)	FE	
*SINUS NODE INHIBITORS** - DRUGS FOR THE HEART		
CORLANOR ORAL TABLET (<i>ivabradine hcl</i>)	PB	
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES		
INVOKAMET (<i>canagliflozin-metformin hcl</i>)	FE	

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INVOKAMET XR (<i>canagliflozin-metformin hcl</i>)	FE	
SEGLUROMET (<i>ertugliflozin-metformin hcl</i>)	FE	
SYNJARDY (<i>empagliflozin-metformin hcl</i>)	PB	ST
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>)	PB	ST
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>)	PB	ST
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD		
TAVALISSE (<i>fostamatinib disodium</i>)	FE	
*STERIODS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide mouth/throat</i>	PG	
TETRACYCLINES - DRUGS FOR INFECTIONS		
ACTICLATE (<i>doxycycline hyclate</i>)	FE	
<i>demeclocycline hcl oral</i>	NP	
DORYX MPC (<i>doxycycline hyclate</i>)	FE	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG (<i>doxycycline hyclate</i>)	FE	
<i>doxycycline hyclate oral capsule</i>	PG	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	NP	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	NP	
<i>doxycycline hyclate oral tablet delayed release 80 mg</i>	FE	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NP	
<i>doxycycline monohydrate oral suspension reconstituted</i>	PG	
<i>doxycycline monohydrate oral tablet</i>	NP	
MINOCIN ORAL CAPSULE 100 MG, 50 MG (<i>minocycline hcl</i>)	FE	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 65 mg, 80 mg</i>	PG	
<i>minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 55 mg, 90 mg</i>	NP	
<i>minocycline hcl oral capsule</i>	PG	

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<i>minocycline hcl oral tablet</i>	NP	
MINOLIRA (<i>minocycline hcl</i>)	FE	
SEYSARA (<i>sarecycline hcl</i>)	FE	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (<i>minocycline hcl</i>)	FE	
TARGADOX (<i>doxycycline hyclate</i>)	FE	
<i>tetracycline hcl oral</i>	PG	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED (<i>doxycycline monohydrate</i>)	NP	
XIMINO (<i>minocycline hcl</i>)	FE	
THYROID AGENTS - HORMONES		
<i>levothyroxine sodium oral</i>	PG	
<i>levothyroxine-liothyronine oral tablet 120 mg, 15 mg, 60 mg, 90 mg</i>	PG	
<i>levothyroxine-liothyronine oral tablet 30 mg</i>	PG	STX
<i>liothyronine sodium oral</i>	PG	
<i>methimazole oral</i>	PG	
<i>propylthiouracil oral</i>	PG	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	FE	
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR THE STOMACH		
XERMELO (<i>telotristat etiprate</i>)	NPS	PA; QL (90 TABLETS per 30 days)
ULCER DRUGS - DRUGS FOR THE STOMACH		
ACIPHEX (<i>rabeprazole sodium</i>)	FE	
ACIPHEX SPRINKLE (<i>rabeprazole sodium</i>)	FE	
<i>amoxicill-clarithro-lansopraz</i>	PG	
CARAFATE (<i>sucrafate</i>)	FE	
<i>chlordiazepoxide-clidinium</i>	NP	
<i>cimetidine hcl oral</i>	PG	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	PG	

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CUVPOSA (<i>glycopyrrolate</i>)	NP	
DEXILANT (<i>dexlansoprazole</i>)	PB	QL (90 CAPSULES per 365 DAYs)
<i>dicyclomine hcl oral capsule</i>	PG	
<i>dicyclomine hcl oral tablet</i>	PG	
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	PG	QL (90 CAPSULES per 365 DAYs)
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	NP	QL (90 CAPSULES per 365 DAYs)
<i>famotidine oral tablet 40 mg</i>	PG	
GLYCATE (<i>glycopyrrolate</i>)	FE	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	NP	
<i>lansoprazole oral capsule delayed release 30 mg</i>	PG	QL (90 CAPSULES per 365 DAYs)
<i>lansoprazole oral tablet dispersible</i>	NP	QL (90 TABLETS per 365 days)
<i>methscopolamine bromide oral</i>	NP	
<i>misoprostol oral</i>	PG	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE (<i>esomeprazole magnesium</i>)	FE	
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (<i>esomeprazole magnesium</i>)	FE	
NEXIUM ORAL PACKET (<i>esomeprazole magnesium</i>)	FE	
<i>nizatidine</i>	PG	
<i>omeprazole-sodium bicarbonate</i> (Omeppi Oral Capsule 40-1100 Mg)	FE	
<i>omeprazole oral capsule delayed release 10 mg</i>	PG	QL (90 CAPSULES per 365 days)
<i>omeprazole oral capsule delayed release 40 mg</i>	PG	QL (90 CAPSULES per 365 DAYs)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	FE	
<i>omeprazole-sodium bicarbonate oral packet</i>	FE	
<i>pantoprazole sodium oral</i>	PG	QL (90 TABLETS per 365 days)
PREVACID 24HR (<i>lansoprazole</i>)	FE	

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PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	FE	
PREVACID SOLUTAB (<i>lansoprazole</i>)	FE	
PRILOSEC ORAL PACKET (<i>omeprazole magnesium</i>)	NP	QL (90 PACKETS per 365 DAYs)
<i>propantheline bromide oral</i>	PG	
PROTONIX ORAL (<i>pantoprazole sodium</i>)	FE	
PYLERA (<i>bis subcit-metronid-tetracyc</i>)	PB	
<i>rabeprazole sodium oral tablet delayed release</i>	PG	QL (90 TABLETS per 365 days)
<i>ranitidine hcl oral capsule</i>	PG	
<i>ranitidine hcl oral tablet 300 mg</i>	PG	
<i>sucralfate oral tablet</i>	PG	
ZEGERID ORAL CAPSULE 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	FE	
ZEGERID ORAL PACKET (<i>omeprazole-sodium bicarbonate</i>)	FE	
ZEGERID OTC (<i>omeprazole-sodium bicarbonate</i>)	FE	
URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM		
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	FE	
<i>methenamine hippurate</i>	PG	
<i>methenamine mandelate oral</i>	PG	
<i>nitrofurantoin macrocrystal oral</i>	PG	
<i>nitrofurantoin monohyd macro</i>	PG	
<i>nitrofurantoin oral suspension</i>	NP	
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
<i>bethanechol chloride oral</i>	PG	
<i>darifenacin hydrobromide er</i>	NP	
DETROL LA (<i>tolterodine tartrate</i>)	FE	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>oxybutynin chloride</i>)	NP	ST; QL (90 TABLETS per 25 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (<i>oxybutynin chloride</i>)	NP	ST; QL (30 TABLETS per 25 days)

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ENABLEX (<i>darifenacin hydrobromide</i>)	FE	
<i>flavoxate hcl</i>	PG	
GELNIQUE PUMP (<i>oxybutynin chloride</i>)	FE	
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	FE	
MYRBETRIQ (<i>mirabegron</i>)	PB	ST
<i>oxybutynin chloride er</i>	PG	
<i>oxybutynin chloride oral</i>	PG	
OXYTROL FOR WOMEN (<i>oxybutynin</i>)	FE	
<i>solifenacin succinate</i>	PG	
<i>tolterodine tartrate</i>	PG	
<i>tolterodine tartrate er</i>	NP	
TOVIAZ (<i>fesoterodine fumarate</i>)	PB	ST
<i>trospium chloride</i>	PG	
<i>trospium chloride er</i>	PG	
VESICARE (<i>solifenacin succinate</i>)	FE	
VAGINAL PRODUCTS - DRUGS FOR WOMEN		
<i>clindamycin phosphate vaginal</i>	PG	
CRINONE (<i>progesterone</i>)	FE	
ENCARE VAGINAL SUPPOSITORY (<i>nonoxynol-9</i>)	NP	CE
ENDOMETRIN (<i>progesterone</i>)	PB	
<i>estradiol vaginal cream</i>	PG	
<i>estradiol vaginal tablet</i>	NP	
ESTRING (<i>estradiol</i>)	FE	
FEMRING (<i>estradiol acetate</i>)	FE	
IMVEXXY MAINTENANCE PACK (<i>estradiol</i>)	NP	PA
IMVEXXY STARTER PACK (<i>estradiol</i>)	NP	PA
<i>metronidazole vaginal</i>	PG	
<i>miconazole 3 vaginal suppository</i>	NP	
NUVESSA (<i>metronidazole</i>)	FE	
OPTIONS GYNOL II CONTRACEPTIVE (<i>nonoxynol-9</i>)	NP	CE
PREMARIN VAGINAL (<i>estrogens, conjugated</i>)	PB	

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SHUR-SEAL CONTRACEPTIVE (<i>nonoxynol-9</i>)	NP	CE
<i>terconazole</i>	PG	
TODAY SPONGE (<i>nonoxynol-9</i>)	NP	CE
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL (<i>nonoxynol-9</i>)	NP	CE
VASOPRESSORS - DRUGS FOR THE HEART		
ADYPHREN (<i>epinephrine</i>)	FE	
ADYPHREN AMP (<i>epinephrine</i>)	FE	
ADYPHREN II (<i>epinephrine</i>)	FE	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	FE	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	PG	QL (4 INJECTIONS per 25 DAYs)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	PG	QL (4 SOLUTION AUTO-INJECTOR per 25 days)
EPINEPHRINESNAP-V (<i>epinephrine</i>)	FE	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	PB	QL (4 INJECTIONS per 25 DAYs)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	PB	QL (4 INJECTIONS per 25 DAYs)
EPISNAP (<i>epinephrine</i>)	FE	
<i>midodrine hcl</i>	PG	
VITAMINS - DRUGS FOR NUTRITION		
ASCOR (<i>ascorbic acid</i>)	FE	
<i>ergocal</i>	FE	
MEPHYTON (<i>phytonadione</i>)	NP	QL (25 TABLETS per 25 days)
<i>phytonadione oral</i>	PG	QL (25 TABLETS per 25 days)
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>	PG	

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