BlueCross BlueShield Arizona

Coinsurance Prescription Medication List for Commercial Plans

OPEN Drug List

BCBSAZ offers a prescription benefit design for coinsurance plans. Instead of requiring members to adhere to a strict formulary program, this "open" benefit design provides coverage for all drugs (with the exception of plan exclusions).

Tier	Description
$0	**Preventive Medications** including Women's Prevention (typically $0)
%	**Retail & Mail Order Coinsurance** includes brands and generics
NC	**Not Covered** typically not covered, but may have coverage available via buy-up
A	**Specialty Medications, Low Cost Share**
B	**Specialty Medications, Moderate Cost Share**
C	**Specialty Medications, Moderately High Cost Share**
D	**Specialty Medications, Highest Cost Share**

This benefit design covers medications with a coinsurance. Coinsurance plans may still include specialty medications at varying cost share tiers.

Questions?

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

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
BCBSAZ	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday

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How Do I Know If This List Applies to Me?

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

Applies To	Does Not Apply To
• The OPEN Drug List *only* (not the Premium PDL Closed Formulary) • Members with plans that include pharmacy benefits administered by BCBSAZ • Members with pharmacy cost shares with a single coinsurance level (for plans with additional copay tiers, please view the 3 & 4 Tier Standard Plans Drug List)	• Federal Employee Program® (FEP®) plans • Medicare Advantage (MA) plans • Employer-sponsored plans in our Corporate Health Services (CHS) program • Employer-sponsored plans that have selected a separate pharmacy benefit manager • Plans offered or administered by other Blue Cross and/or Blue Shield plans

What Is Covered?

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

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

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

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

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What May Vary by Plan?

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

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

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

What Is Not Covered?

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

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

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

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How Much Will My Medications Cost?

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

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

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

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

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

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

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

Mandatory Generics

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

Legal Disclaimer

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

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Abbreviations Quick Reference

ACA: Affordable Care Act (ACA) Prevention

AL: Age Limit

CP: Cancer Parity

DS: Days' Supply Limit

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

F: Female Only Gender Limit

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

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

M: Male Only Gender Limit

PA: Prior Authorization

QL: Quantity Limit

R&M: Retail & Mail Distribution

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

SP: Specialty Pharmacy Distribution

ST: Step Therapy

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

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Utilization Management & Limitation Abbreviations with Explanations

ACA: Affordable Care Act (ACA) Prevention

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

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

There are two important things to remember about this mandate.

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

AL: Age Limit

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

CP: Cancer Parity

If your plan opts into cancer parity, these medications will be covered at the retail & mail order coinsurance level. If your plan opts out of cancer parity, a specialty cost share will apply based on whether the medication is a generic (Specialty Tier A) or a brand (Specialty Tier B).

DS: Days' Supply Limit

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

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

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

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

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EDL: Excluded Drugs List Medications

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

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

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

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

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

F: Female Only Gender Limit

FERT: Fertility Medications

Most plans do not cover medications to improve or achieve fertility or treat infertility. However, certain plans provide coverage. If your plan provides coverage for fertility/infertility medications, they will generally be covered at the retail & mail order coinsurance level.

HDHP: High Deductible Health Plan Preventive Medication List

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

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

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

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

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

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

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

M: Male Only Gender Limit

PA: Prior Authorization

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

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

What is a Pharmacy Coverage Guideline?

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

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

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

QL: Quantity Limit

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

R&M: Retail & Mail Distribution

Distribution limitations may apply.

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

SDIS: Sexual Dysfunction Medications

Most plans do not cover medications to treat sexual dysfunction. However, certain plans provide coverage. If your plan provides coverage for sexual dysfunction medications, they will generally be covered at the retail & mail order coinsurance level.

SP: Specialty Pharmacy Distribution

Distribution limitations may apply.

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

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

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ST: Step Therapy

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

WEIGHT: Weight Loss and/or Gain Medications

Most plans do not cover medications to achieve weight loss or gain. However, certain plans provide coverage. If your plan provides coverage for weight loss/gain medications, they will generally be covered at the retail & mail order coinsurance level.

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

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

Drug	Status	Notes
methamphetamine hcl	%	QL (3 tablets per day); AL (Min 6 Years)
PROCENTRA	NC	QL (60mg per day); EDL Alt (alternative: dextroamphetamine tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
VYVANSE ORAL CAPSULE	%	QL (1 capsule per day); AL (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE	%	QL (1 tablet per day); AL (Min 6 Years)
XELSTRYM	%	PA; QL (1 patch per day)
ZENZEDI ORAL TABLET 10 MG, 5 MG	%	QL (6 tablets per day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	NC	EDL Alt (alternative: Zenzedi (dextroamphetamine sulfate) tab 5mg or 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Analeptics**		
caffeine citrate oral	%	
Anorexiant Combinations**		
QSYMIA	NC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
Anorexiants Non-Amphetamine**		
ADIPEX-P ORAL TABLET	NC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
benzphetamine hcl oral tablet 50 mg	NC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
diethylpropion hcl er	NC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
diethylpropion hcl oral	NC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
LOMAIRA	NC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phendimetrazine tartrate	NC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phendimetrazine tartrate er	NC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
phentermine hcl oral	NC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))

Drug	Status	Notes
Anti-Obesity - Gip & Glp-1 Receptor Agonists**		
ZEPBOUND	NC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
Anti-Obesity - Glp-1 Receptor Agonists**		
SAXENDA	NC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
WEGOVY	NC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
Anti-Obesity Agent Combinations*		
CONTRAVE	NC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)**		
SUNOSI	%	PA
Histamine H3-Receptor Antagonist/Inverse Agonists**		
WAKIX	D	PA; SP; DS (30 day supply max)
Lipase Inhibitors**		
orlistat oral	NC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance)); AL (Min 12 Years)
XENICAL	NC	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance)); AL (Min 12 Years)
Melanocortin 4 (Mc4) Receptor Agonists**		
IMCIVREE	NC	PA; WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (Specialty Tier D))
Stimulant Combinations**		
AZSTARYS	%	PA; QL (1 capsule per day); AL (Min 6 Years)
Stimulants - Misc.**		
APTENSIO XR	%	PA; QL (1 capsule per day); AL (Min 6 Years)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	%	QL (1 tablet per day); AL (Min 18 Years)
armodafinil oral tablet 50 mg	%	QL (2 tablets per day); AL (Min 18 Years)

Drug	Status	Notes
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG	NC	QL (1 tablet per day); EDL Alt (alternative: methylphenidate hcl tab osmotic release 18mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 6 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG	NC	QL (1 tablet per day); EDL Alt (alternative: methylphenidate hcl tab osmotic release 27mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 6 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	NC	QL (1 tablet per day); EDL Alt (alternative: methylphenidate hcl tab osmotic release 36mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 6 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG	NC	QL (1 tablet per day); EDL Alt (alternative: methylphenidate hcl tab osmotic release 54mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 6 Years)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 8.6 MG	%	PA; QL (1 tablet per day); AL (Min 6 Years)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG	%	PA; QL (2 tablets per day); AL (Min 6 Years)
DAYTRANA	%	PA; QL (1 patch per day); AL (Min 6 Years)
dexmethylphenidate hcl	%	QL (3 tablets per day); AL (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	%	QL (1 capsule per day); AL (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg	%	QL (2 capsules per day); AL (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg	%	QL (3 capsules per day); AL (Min 6 Years)
FOCALIN	%	QL (3 tablets per day); AL (Min 6 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	%	QL (1 capsule per day); AL (Min 6 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	%	QL (2 capsules per day); AL (Min 6 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	%	QL (3 capsules per day); AL (Min 6 Years)
JORNAY PM	%	PA; QL (1 capsule per day); AL (Min 6 Years)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 40 MG, 50 MG, 60 MG	%	QL (1 capsule per day); AL (Min 6 Years)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 20 MG, 30 MG	%	QL (2 capsules per day); AL (Min 6 Years)
METHYLIN ORAL SOLUTION 10 MG/5ML	%	QL (30ml per day); AL (Min 6 Years)

Drug	Status	Notes
METHYLIN ORAL SOLUTION 5 MG/5ML	%	QL (6ml per day); AL (Min 6 Years)
methylphenidate	%	PA; QL (1 patch per day); AL (Min 6 Years)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 40 mg, 50 mg, 60 mg	%	QL (1 capsule per day); AL (Min 6 Years)
methylphenidate hcl er (cd) oral capsule extended release 20 mg, 30 mg	%	QL (2 capsules per day); AL (Min 6 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	%	QL (1 capsule per day); AL (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 54 mg	%	QL (1 tablet per day); EDL Alt (alternative: methylphenidate hcl tab osmotic release 36mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 27 mg, 36 mg	%	QL (1 tablet per day); AL (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg	NC	EDL Alt (alternative: methylphenidate hcl tab osmotic release 36mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
methylphenidate hcl er (osm) oral tablet extended release 72 mg	NC	QL (1 tablet per day); EDL Alt (alternative: methylphenidate hcl tab osmotic release 36mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 6 Years)
methylphenidate hcl er (xr)	%	PA; QL (1 capsule per day); AL (Min 6 Years)
methylphenidate hcl er oral tablet extended release	%	QL (2 tablets per day); AL (Min 6 Years)
methylphenidate hcl er oral tablet extended release 24 hour	%	QL (1 tablet per day); AL (Min 6 Years)
methylphenidate hcl oral solution 10 mg/5ml	%	QL (30ml per day); AL (Min 6 Years)
methylphenidate hcl oral solution 5 mg/5ml	%	QL (6ml per day); AL (Min 6 Years)
methylphenidate hcl oral tablet 10 mg, 5 mg	%	QL (6 tablets per day); AL (Min 6 Years)
methylphenidate hcl oral tablet 20 mg	%	QL (3 tablets per day); AL (Min 6 Years)
methylphenidate hcl oral tablet chewable 10 mg	%	QL (2 tablets per day); AL (Min 6 Years)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	%	AL (Min 6 Years)
modafinil oral	%	QL (2 tablets per day); AL (Min 16 Years)
NUVIGIL	%	PA; AL (Min 18 Years)
PROVIGIL	%	QL (2 tablets per day); AL (Min 16 Years)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG	%	PA; QL (1 chew tab per day); AL (Min 6 Years)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG	%	AL (Min 6 Years)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG	%	QL (1 tablet per day); AL (Min 6 Years)

Drug	Status	Notes
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	NC	EDL Alt (alternative: methylphenidate oral solution 10mg/5ml); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG	NC	EDL Alt (Alternative: methylphenidate hcl osmotic release tablets); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	NC	QL (1 tablet per day); EDL Alt (Alternative: methylphenidate hcl osmotic release tablets); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 6 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	%	PA; QL (1 capsule per day); AL (Min 6 Years)
RITALIN ORAL TABLET 10 MG, 5 MG	%	QL (6 tablets per day); AL (Min 6 Years)
RITALIN ORAL TABLET 20 MG	%	QL (3 tablets per day); AL (Min 6 Years)
Allergenic Extracts/Biologicals Misc		
Allergenic Extracts**		
GRASTEK	%	PA
PALFORZIA (12 MG DAILY DOSE)	%	QL (3 capsules per day); AL (Min 4 Years and Max 17 Years)
PALFORZIA (120 MG DAILY DOSE)	%	QL (2 capsules per day); AL (Min 4 Years and Max 17 Years)
PALFORZIA (160 MG DAILY DOSE)	%	QL (4 capsules per day); AL (Min 4 Years and Max 17 Years)
PALFORZIA (20 MG DAILY DOSE)	%	QL (1 per day); AL (Min 4 Years and Max 17 Years)
PALFORZIA (200 MG DAILY DOSE)	%	QL (2 capsules per day); AL (Min 4 Years and Max 17 Years)
PALFORZIA (240 MG DAILY DOSE)	%	QL (4 capsules per day); AL (Min 4 Years and Max 17 Years)
PALFORZIA (3 MG DAILY DOSE)	%	QL (3 capsules per day); AL (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG MAINTENANCE)	%	QL (1 per day); AL (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG TITRATION)	%	QL (1 per day); AL (Min 4 Years and Max 17 Years)
PALFORZIA (40 MG DAILY DOSE)	%	QL (2 capsules per day); AL (Min 4 Years and Max 17 Years)
PALFORZIA (6 MG DAILY DOSE)	%	QL (6 capsules per day); AL (Min 4 Years and Max 17 Years)
PALFORZIA (80 MG DAILY DOSE)	%	QL (4 capsules per day); AL (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL ESCALATION	%	QL (13 capsules is the initial starting dose); AL (Min 4 Years and Max 17 Years)

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

Drug	Status	Notes
adalimumab-aacf	D	PA; SP; DS (30 day supply max)
adalimumab-aacf (2 pen)	D	PA; SP
adalimumab-aaty (1 pen)	D	PA; SP; DS (30 day supply max)
adalimumab-aaty (2 pen)	D	PA; SP; DS (30 day supply max)
adalimumab-aaty (2 syringe)	D	PA; SP; DS (30 day supply max)
adalimumab-adaz	B	PA; SP; DS (30 day supply max)
adalimumab-adbm	B	PA; SP; DS (30 day supply max)
adalimumab-adbm (2 pen)	B	PA; SP; DS (30 day supply max)
adalimumab-adbm (2 syringe)	B	PA; SP; DS (30 day supply max)
adalimumab-adbm subcutaneous auto-injector kit 40 mg/0.8ml	B	PA; SP; DS (30 day supply max)
adalimumab-adbm(cd/uc/hs strt)	B	PA; SP; DS (30 day supply max)
adalimumab-adbm(ps/uv starter)	B	PA; SP; DS (30 day supply max)
adalimumab-fkjp	D	PA; SP; DS (30 day supply max)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	D	PA; DS (30 day supply max)
CYLTEZO (2 PEN)	B	PA; SP; DS (30 day supply max)
CYLTEZO (2 SYRINGE)	B	PA; SP; DS (30 day supply max)
CYLTEZO-CD/UC/HS STARTER	B	PA; SP; DS (30 day supply max)
CYLTEZO-PSORIASIS/UV STARTER	B	PA; SP; DS (30 day supply max)
HADLIMA	B	PA; SP; DS (30 day supply max)
HADLIMA PUSHTOUCH	B	PA; SP; DS (30 day supply max)
HULIO	D	PA; SP; DS (30 day supply max)
HULIO (2 PEN)	D	PA; SP; DS (30 day supply max)
HULIO (2 SYRINGE)	D	PA; SP; DS (30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	B	PA; SP; QL (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	B	PA; SP; DS (30 day supply max)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	B	PA; SP; QL (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	B	PA; SP; DS (30 day supply max)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	B	PA; SP; DS (30 day supply max)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	B	PA; SP; DS (30 day supply max)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	B	PA; SP; DS (30 day supply max)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	B	PA; SP; QL (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)

Drug	Status	Notes
HUMIRA-PED<40KG CROHNS STARTER	B	PA; SP; DS (30 day supply max)
HUMIRA-PED>/=40KG CROHNS START	B	PA; SP; DS (30 day supply max)
HUMIRA-PED>/=40KG UC STARTER	B	PA; SP; QL (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA-PS/UV/ADOL HS STARTER	B	PA; SP; DS (30 day supply max)
HUMIRA-PSORIASIS/UVEIT STARTER	B	PA; SP; DS (30 day supply max)
HYRIMOZ	D	PA; SP; DS (30 day supply max)
HYRIMOZ-CROHNS/UC STARTER	D	PA; SP; DS (30 day supply max)
HYRIMOZ-PED<40KG CROHN STARTER	D	PA; SP; DS (30 day supply max)
HYRIMOZ-PED>/=40KG CROHN START	D	PA; SP; DS (30 day supply max)
HYRIMOZ-PLAQUE PSORIASIS START	D	PA; SP; DS (30 day supply max)
IDACIO (2 PEN)	D	PA; SP; DS (30 day supply max)
IDACIO (2 SYRINGE)	D	PA; SP; DS (30 day supply max)
IDACIO-CROHNS/UC STARTER	D	PA; SP; DS (30 day supply max)
IDACIO-PSORIASIS STARTER	D	PA; SP; DS (30 day supply max)
SIMLANDI (1 PEN)	D	PA; DS (30 day supply max)
SIMLANDI (2 PEN)	D	PA; DS (30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; DS (30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
YUFLYMA (1 PEN)	D	PA; SP; DS (30 day supply max)
YUFLYMA (2 PEN)	D	PA; SP; DS (30 day supply max)
YUFLYMA (2 SYRINGE)	D	PA; SP; DS (30 day supply max)
YUFLYMA SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	D	PA; SP; DS (30 day supply max)
YUFLYMA-CD/UC/HS STARTER	D	PA; SP; DS (30 day supply max)
YUSIMRY	D	PA; SP; DS (30 day supply max)
Cyclooxygenase 2 (Cox-2) Inhibitors**		
CELEBREX	%	QL (2 capsules per day)
celecoxib oral	%	QL (2 capsules per day)
Gold Compounds**		
RIDAURA	%	
Interleukin-1 Receptor Antagonist (Il-1Ra)**		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
Interleukin-1Beta Blockers**		
ILARIS SUBCUTANEOUS SOLUTION	D	PA; SP; DS (30 day supply max)
Interleukin-6 Receptor Inhibitors**		
ACTEMRA ACTPEN	C	PA; SP; DS (30 day supply max)
ACTEMRA SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
KEVZARA	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
Nonsteroidal Anti-Inflammatory Agent Combinations**		
ARTHROTEC ORAL TABLET DELAYED RELEASE	%	
diclofenac-misoprostol oral tablet delayed release	%	
naproxen-esomeprazole mg	NC	EDL Alt (alternative: naproxen DR or EC tab 375mg plus esomeprazole magnesium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG	NC	EDL Alt (alternative: naproxen DR or EC tab 375mg plus esomeprazole magnesium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	NC	EDL Alt (alternative: naproxen DR or EC tab 500mg plus esomeprazole magnesium DR cap 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**		
COXANTO	D	PA; SP; DS (30 day supply max)
DAYPRO	%	
diclofenac potassium oral capsule	NC	EDL Alt (alternative: Diclofenac Sodium DR tab 25mg, 50mg or 75mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
diclofenac potassium oral tablet 25 mg	NC	EDL Alt (alternative: diclofenac tab 75mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
diclofenac potassium oral tablet 50 mg	%	
diclofenac sodium er	%	
diclofenac sodium oral	%	
EC-NAPROSYN	%	
ec-naproxen	%	
etodolac er oral tablet extended release 24 hour 400 mg	%	QL (3 tablets per day)
etodolac er oral tablet extended release 24 hour 500 mg, 600 mg	%	
etodolac oral capsule 200 mg	%	QL (6 capsules per day)
etodolac oral capsule 300 mg	%	QL (4 capsules per day)
etodolac oral tablet 400 mg	%	QL (3 tablets per day)
etodolac oral tablet 500 mg	%	QL (2 tablets per day)
FELDENE	%	
fenoprofen calcium oral capsule	NC	EDL Alt (alternative: fenoprofen tab 600mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fenoprofen calcium oral tablet	%	
flurbiprofen oral	%	
IBU	%	

Drug	Status	Notes
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	%	
INDOCIN ORAL	%	PA
INDOCIN RECTAL	NC	EDL Alt (alternative: indomethacin cap 25mg or 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
indomethacin er	%	
indomethacin oral capsule 25 mg, 50 mg	%	
indomethacin oral suspension	D	PA; SP; DS (30 day supply max)
indomethacin rectal suppository 50 mg	NC	EDL Alt (alternative: indomethacin cap 25 mg or 50 mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ketoprofen er	%	QL (1 capsule per day)
ketoprofen oral capsule 25 mg	%	
ketoprofen oral capsule 50 mg	NC	EDL Alt (alternative: Ketoprofen 25mg cap); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ketorolac tromethamine oral	%	QL (20 tablets per 5 days); DS (5 day supply max)
KIPROFEN	%	
LODINE	%	QL (3 tablets per day)
LOFENA	NC	EDL Alt (alternative: diclofenac tab 75mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
meclofenamate sodium oral	%	
mefenamic acid oral	%	
meloxicam oral capsule 5 mg	NC	EDL Alt (alternative: meloxicam tab 7.5mg or 15mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
meloxicam oral suspension	NC	EDL Alt (alternative: meloxicam tab 7.5mg or 15mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
meloxicam oral tablet 15 mg	%	QL (1 tablet per day)
meloxicam oral tablet 7.5 mg	%	QL (2 tablets per day)
nabumetone oral	%	
NALFON ORAL CAPSULE 400 MG	NC	EDL Alt (alternative: fenoprofen tab 600mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
NALFON ORAL TABLET	%	
NAPROSYN ORAL SUSPENSION	NC	EDL Alt (alternative: naproxen tab 250mg or naproxen (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
NAPROSYN ORAL TABLET 500 MG	%	

Drug	Status	Notes
naproxen oral suspension	NC	EDL Alt (alternative: naproxen tab 250mg or naproxen (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
naproxen oral tablet	%	
naproxen sodium oral tablet 275 mg	%	
oxaprozin oral capsule	D	PA; SP; DS (30 day supply max)
oxaprozin oral tablet	%	
piroxicam oral	%	
RELAFEN DS	NC	EDL Alt (alternative: nabumetone 500mg or 750mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SPRIX	NC	QL (10 bottles per month); EDL Alt (alternative: ketorolac tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
sulindac oral	%	
tolmetin sodium oral capsule	%	QL (5 capsules per day)
tolmetin sodium oral tablet 600 mg	%	
ZIPSOR	NC	EDL Alt (alternative: Diclofenac Sodium DR tab 25mg, 50mg or 75mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ZORVOLEX	NC	EDL Alt (alternative: diclofenac potassium tab 50mg or diclofenac sodium DR tab 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Phosphodiesterase 4 (Pde4) Inhibitors**		
OTEZLA ORAL TABLET	B	PA; SP; DS (30 day supply max); AL (Min 18 Years)
OTEZLA ORAL TABLET THERAPY PACK	B	PA; SP; DS (30 day supply max); AL (Min 18 Years)
Pyrimidine Synthesis Inhibitors**		
ARAVA	%	
leflunomide oral	%	
Selective Costimulation Modulators**		
ORENCIA CLICKJECT	C	PA; SP; DS (30 day supply max)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	C	PA; SP; DS (30 day supply max)
Soluble Tumor Necrosis Factor Receptor Agents**		
ENBREL MINI	B	PA; SP; QL (4ml per 28 days); DS (30 day supply max)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	B	PA; SP; QL (4ml per 28 days); DS (30 day supply max)

Drug	Status	Notes
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; QL (4ml per 28 days); DS (30 day supply max)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; QL (4ml per 28 days); DS (30 day supply max)
Analgesics - Nonnarcotic		
Analgesics-Sedatives**		
ALLZITAL	NC	EDL Alt (alternative: butalbital/acetaminophen tab 50-325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
BUPAP ORAL TABLET 50-300 MG	NC	EDL Alt (alternative: butalbital/acetaminophen tab 50-325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
butalbital-acetaminophen oral capsule	NC	EDL Alt (alternative: butalbital/acetaminophen tab 50-325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
butalbital-acetaminophen oral tablet 50-300 mg	NC	EDL Alt (alternative: butalbital/acetaminophen tab 50-325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
butalbital-acetaminophen oral tablet 50-325 mg	%	
butalbital-apap-caffeine oral capsule 50-300-40 mg	%	QL (6 capsules per day); AL (Min 12 Years)
butalbital-apap-caffeine oral capsule 50-325-40 mg	%	AL (Min 12 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	%	
butalbital-aspirin-caffeine oral capsule	%	
ESGIC ORAL CAPSULE	%	AL (Min 12 Years)
ESGIC ORAL TABLET	%	
FIORICET ORAL CAPSULE	%	QL (6 capsules per day); AL (Min 12 Years)
TENCON ORAL TABLET 50-325 MG	%	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	%	AL (Min 12 Years)
Salicylates**		
adult aspirin regimen	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
aspirin 81	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

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

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

Drug	Status	Notes
cvs genuine aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
diflunisal oral	%	
ECOTRIN	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ECOTRIN ARTHRTIS PAIN	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ECOTRIN LOW STRENGTH	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ECPIRIN	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eq aspirin adult low dose	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eq aspirin low dose oral tablet chewable	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eq aspirin oral tablet	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eql aspirin ec oral tablet delayed release 325 mg	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eql aspirin low dose oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
eql aspirin low dose oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ft aspirin	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

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

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

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

Drug	Status	Notes
sb aspirin ec	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sb aspirin oral tablet	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sb childrens aspirin	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sb low dose asa ec	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm aspirin adult low strength oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm aspirin ec	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm aspirin ec low strength	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm aspirin low dose oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm aspirin low dose oral tablet delayed release	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
sm childrens aspirin	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	$0	QL (1 tablet per day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Drug	Status	Notes
Analgesics - Opioid		
Codeine Combinations**		
acetaminophen-codeine oral solution	%	QL (136mg per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
acetaminophen-codeine oral tablet 300-15 mg	%	PA; QL (13 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
acetaminophen-codeine oral tablet 300-30 mg	%	PA; QL (10 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
acetaminophen-codeine oral tablet 300-60 mg	%	PA; QL (5 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
ASCOMP-CODEINE	%	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	NC	EDL Alt (alternative: butalbital/acetaminophen/caffeine/codeine cap 50-325-40-30mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	%	
butalbital-asa-caff-codeine	%	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	NC	EDL Alt (alternative: butalbital/acetaminophen/caffeine/codeine cap 50-325-40-30mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Dihydrocodeine Combinations**		
apap-caff-dihydrocodeine oral capsule	%	PA; QL (12 capsules per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))

Drug	Status	Notes
TREZIX ORAL CAPSULE 320.5-30-16 MG	%	PA; QL (12 capsules per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
Hydrocodone Combinations**		
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	%	QL (294mg per month; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	%	QL (4 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	%	QL (9 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg	%	QL (6 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydrocodone-ibuprofen oral tablet 10-200 mg	NC	QL (9 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max)); EDL Alt (alternative: hydrocodone-ibuprofen 7.5-200mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
hydrocodone-ibuprofen oral tablet 5-200 mg	%	QL (9 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydrocodone-ibuprofen oral tablet 7.5-200 mg	%	QL (6 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))

Drug	Status	Notes
Opioid Agonists**		
codeine sulfate oral tablet 15 mg	%	PA; QL (3 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
codeine sulfate oral tablet 30 mg	%	PA; QL (10 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
codeine sulfate oral tablet 60 mg	%	PA; QL (5 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	NC	EDL Alt (alternative: tramadol hcl ER tab 24hour biphasic release 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	NC	EDL Alt (alternative: tramadol hcl ER tab 24hour biphasic release 200mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	NC	QL (1 tablet per day); EDL Alt (alternative: tramadol hcl ER tab 24hour biphasic release 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
DILAUDID ORAL LIQUID	%	PA; QL (367mg per month; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
DILAUDID ORAL TABLET 2 MG	%	PA; QL (6 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
DILAUDID ORAL TABLET 4 MG	%	PA; QL (3 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))

Drug	Status	Notes
DILAUDID ORAL TABLET 8 MG	%	PA; QL (1 tablet per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
fentanyl	%	PA; QL (10 patches per month: PA applies for new starts only)
fentanyl citrate buccal lozenge on a handle	%	PA; QL (3 lollipops per day); DS (30 day supply max)
fentanyl citrate buccal tablet	%	PA
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	%	PA
hydrocodone bitartrate er oral capsule extended release 12 hour	%	PA; QL (2 capsules per day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	%	PA; QL (1 tablet per day: PA applies to new starts only)
hydromorphone hcl er oral tablet extended release 24 hour	%	PA; QL (1 tablet per day; PA applies to new starts only)
hydromorphone hcl oral liquid	%	PA; QL (367mg per month; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydromorphone hcl oral tablet 2 mg	%	PA; QL (6 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydromorphone hcl oral tablet 4 mg	%	PA; QL (3 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydromorphone hcl oral tablet 8 mg	%	PA; QL (1 tablet per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydromorphone hcl rectal	%	PA; QL (4 suppositories per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
HYSINGLA ER	%	PA; QL (1 tablet per day: PA applies to new starts only)

Drug	Status	Notes
levorphanol tartrate oral	%	PA; QL (8 tablets per day)
meperidine hcl oral solution	%	PA; QL (1470mg per month; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
meperidine hcl oral tablet 50 mg	%	PA; QL (9 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
methadone hcl oral tablet	%	PA
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	%	QL (72mg per month; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
morphine sulfate er beads	%	PA; QL (1 capsule per day)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	%	PA; QL (1 capsule per day)
morphine sulfate er oral tablet extended release	%	PA; QL (PA applies to new starts only)
morphine sulfate oral solution 10 mg/5ml	%	QL (735mg per month; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
morphine sulfate oral solution 20 mg/5ml	%	QL (367mg per month; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
morphine sulfate rectal suppository 10 mg	%	PA; QL (4 suppositories per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
morphine sulfate rectal suppository 20 mg	%	PA; QL (2 suppositories per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))

Drug	Status	Notes
morphine sulfate rectal suppository 30 mg	%	PA; QL (1 suppository per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
morphine sulfate rectal suppository 5 mg	%	PA; QL (9 suppositories per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
morphine sulfate tablet 15 mg oral	%	PA; QL (3 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
morphine sulfate tablet 30 mg oral	%	PA; QL (1 tablet per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
MS CONTIN ORAL TABLET EXTENDED RELEASE	%	PA; QL (PA applies to new starts only)
NUCYNTA ER	%	PA; QL (2 tablets per day: PA applies to new starts only); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
NUCYNTA ORAL TABLET 100 MG, 75 MG	%	PA; QL (1 tablet per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
NUCYNTA ORAL TABLET 50 MG	%	PA; QL (2 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
OXAYDO ORAL TABLET 5 MG	NC	QL (6 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max)); EDL Alt (alternative: oxycodone tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
OXAYDO ORAL TABLET 7.5 MG	NC	QL (4 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max)); EDL Alt (alternative: oxycodone tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	%	PA; QL (2 tablets per day: PA applies to new starts only)
oxycodone hcl oral capsule	%	PA; QL (6 capsules per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone hcl oral concentrate 100 mg/5ml	%	PA; QL (48mg per month; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone hcl oral solution	%	PA; QL (978mg per month; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone hcl oral tablet 10 mg	%	PA; QL (3 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone hcl oral tablet 15 mg	%	PA; QL (2 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone hcl oral tablet 20 mg, 30 mg	%	PA; QL (1 tablet per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone hcl oral tablet 5 mg	%	QL (6 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))

Drug	Status	Notes
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	%	PA; QL (2 tablets per day: PA applies to new starts only)
oxymorphone hcl er	%	PA; QL (2 tablets per day: PA applies to new starts only)
oxymorphone hcl oral tablet 10 mg	%	PA; QL (1 tablet per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxymorphone hcl oral tablet 5 mg	%	PA; QL (6 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
QDOLO	%	QL (16ml per day); DS (30 day supply max); AL (Min 18 Years)
ROXICODONE ORAL TABLET 15 MG	%	PA; QL (2 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
ROXICODONE ORAL TABLET 30 MG	%	PA; QL (1 tablet per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
ROXYBOND	NC	PA; EDL Alt (alternative: oxycodone immediate release tab 5mg, 10mg, 15mg or 30mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SUBSYS SUBLINGUAL LIQUID 800 MCG	%	PA; DS (30 day supply max)
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg	NC	EDL Alt (alternative: tramadol hcl ER tab 24hour biphasic release 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
tramadol hcl (er biphasic) oral capsule extended release 24 hour 200 mg	NC	EDL Alt (alternative: tramadol hcl ER tab 24hour biphasic release 200mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
tramadol hcl (er biphasic) oral capsule extended release 24 hour 300 mg	NC	QL (1 tablet per day); EDL Alt (alternative: tramadol hcl ER tab 24hour biphasic release 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
tramadol hcl (er biphasic) oral tablet extended release 24 hour	%	QL (1 tablet per day); ST (Step Therapy required: 1 fill in the last 3 months - non-ER Tramadol tabs); AL (Min 16 Years)

Drug	Status	Notes
tramadol hcl er	%	QL (1 tablet per day); AL (Min 18 Years)
tramadol hcl oral solution	%	QL (16ml per day); DS (30 day supply max)
tramadol hcl oral tablet 100 mg	%	
tramadol hcl oral tablet 25 mg	NC	EDL Alt (Alternative: Tramadol 50mg tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tramadol hcl oral tablet 50 mg	%	QL (8 tablets per day)
XTAMPZA ER	%	PA; QL (2 tablets per day: PA applies to new starts only)
Opioid Combinations**		
APADAZ ORAL TABLET 4.08-325 MG	NC	QL (3 tablets per day); EDL Alt (alternative: benzhydrocodone hclacetaminophen tab 4.08325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
APADAZ ORAL TABLET 6.12-325 MG	NC	QL (3 tablets per day); EDL Alt (alternative: benzhydrocodone hclacetaminophen tab 6.12325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
APADAZ ORAL TABLET 8.16-325 MG	NC	QL (3 tablets per day); EDL Alt (alternative: benzhydrocodone hclacetaminophen tab 8.16325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
benzhydrocodone-acetaminophen	%	QL (3 tablets per day)
ENDOCET ORAL TABLET 10-325 MG	%	QL (3 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
ENDOCET ORAL TABLET 2.5-325 MG	%	QL (12 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
ENDOCET ORAL TABLET 5-325 MG	%	QL (6 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
ENDOCET ORAL TABLET 7.5-325 MG	%	PA; QL (4 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))

Drug	Status	Notes
nalocet	%	QL (12 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone-acetaminophen oral solution 10-300 mg/5ml	NC	QL (20 ml per day); EDL Alt (alternative: oxycodone/acetaminophen 5-325mg/5ml oral solution or oxycodone/acetaminophen 5/325mg tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
oxycodone-acetaminophen oral solution 5-325 mg/5ml	%	PA; QL (32.6 ml per day; MED dosing limit applies; first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	NC	QL (4 tablets per day); EDL Alt (alternative: oxycodone/acetaminophen tab 5/325mg, 7.5/325mg, or 10/325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
oxycodone-acetaminophen oral tablet 10-325 mg	%	QL (3 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone-acetaminophen oral tablet 2.5-300 mg, 2.5-325 mg	%	QL (12 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone-acetaminophen oral tablet 5-325 mg	%	QL (6 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
oxycodone-acetaminophen oral tablet 7.5-325 mg	%	PA; QL (4 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
PERCOCET ORAL TABLET 10-325 MG	%	QL (3 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))

Drug	Status	Notes
PERCOCET ORAL TABLET 2.5-325 MG	%	QL (12 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
PERCOCET ORAL TABLET 5-325 MG	%	QL (6 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
PERCOCET ORAL TABLET 7.5-325 MG	%	QL (4 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
PROLATE ORAL SOLUTION	NC	QL (20 ml per day); EDL Alt (alternative: oxycodone/acetaminophen 5-325mg/5ml oral solution or oxycodone/acetaminophen 5/325mg tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PROLATE ORAL TABLET	NC	QL (4 tablets per day); EDL Alt (alternative: oxycodone/acetaminophen tab 5/325mg, 7.5/325mg, or 10/325mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Opioid Partial Agonists**		
BELBUCA	%	PA; QL (2 per day)
buprenorphine hcl sublingual tablet sublingual 2 mg	%	QL (8 tablets per day)
buprenorphine hcl sublingual tablet sublingual 8 mg	%	QL (3 tablets per day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	%	QL (2 films per day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	%	QL (8 films per day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	%	QL (6 films per day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	%	QL (3 films per day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	%	QL (6 tablets per day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	%	QL (2 tablets per day)
buprenorphine transdermal	%	PA; QL (1 patch per week: PA applies for new starts only); AL (Min 18 Years)
butorphanol tartrate nasal	%	QL (2x 2.5ml bottles per month)
BUTRANS	%	PA; QL (1 patch per week: PA applies for new starts only); AL (Min 18 Years)

Drug	Status	Notes
pentazocine-naloxone hcl	%	PA; QL (5 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
SUBOXONE SUBLINGUAL FILM 12-3 MG	%	QL (2 films per day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	%	QL (8 films per day)
SUBOXONE SUBLINGUAL FILM 4-1 MG	%	QL (6 films per day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	%	QL (3 films per day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG	%	QL (3 tablets per day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	%	QL (1 tablet per day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	%	QL (2 tablets per day)
Tramadol Combinations**		
SEGLENTIS	NC	EDL Alt (alternative: Celecoxib 50mg, 100mg, or 200mg AND Tramadol 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tramadol-acetaminophen	%	QL (8 tablets per day)
Androgens-Anabolic		
Androgens**		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	%	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	%	PA; QL (Limited to 150gm per 30 days); AL (Min 18 Years)
danazol oral	%	QL (4 capsules per day)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	%	QL (One 10ml vial per 28 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	%	QL (4ml per 28 day)
FORTESTA	%	PA; QL (1x 60gm bottle per month)
JATENZO	%	PA
KYZATREX	%	PA
methitest	%	PA
methyltestosterone oral	C	PA; SP; DS (30 day supply max)
NATESTO	%	PA
TESTIM	%	PA
testosterone cypionate injection solution 200 mg/ml	%	QL (4ml per 28 day)
testosterone cypionate intramuscular solution 100 mg/ml	%	QL (One 10ml vial per 28 days)
testosterone cypionate intramuscular solution 200 mg/ml	%	QL (4ml per 28 day)
testosterone enanthate intramuscular solution	%	

Drug	Status	Notes
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	%	QL (Limited to 150gm per 30 days); AL (Min 18 Years)
testosterone transdermal gel 10 mg/act (2%)	%	PA; QL (1x 60gm bottle per month)
testosterone transdermal gel 12.5 mg/act (1%)	%	PA; QL (Limited to 150gm per 30 days); AL (Min 18 Years)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)	%	PA; QL (5gm per day)
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	%	QL (5gm per day)
testosterone transdermal solution	%	QL (6ml per day)
TLANDO	%	PA
VOGELXO PUMP	%	PA; QL (Limited to 150gm per 30 days); AL (Min 18 Years)
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	%	PA
XYOSTED	%	PA
Anorectal And Related Products		
Intrarectal Steroids**		
budesonide rectal	%	
CORTENEMA	%	
CORTIFOAM EXTERNAL	%	
hydrocortisone rectal enema	%	
UCERIS RECTAL	%	
Nitrate Vasodilating Agents**		
nitroglycerin rectal	%	
RECTIV	%	
Rectal Anesthetic/Steroids**		
ANALPRAM-HC EXTERNAL LOTION	%	
PROCTOFOAM HC EXTERNAL	%	
Rectal Steroids**		
ANUSOL-HC EXTERNAL	%	
hydrocortisone (perianal) external cream 2.5 %	%	
PROCTO-MED HC EXTERNAL	%	
PROCTOZONE-HC EXTERNAL	%	
Antacids		
Antacids - Bicarbonate**		
sodium bicarbonate oral powder	%	
Anthelmintics		
Anthelmintics**		
albendazole oral	%	PA
benznidazole	%	AL (Min 2 Years and Max 12 Years)
BILTRICIDE	%	

Drug	Status	Notes
EMVERM	%	
ivermectin oral	%	PA
praziquantel oral	%	
STROMECTOL	%	PA
Antianginal Agents		
Antianginals-Other**		
ASPRUZYO SPRINKLE	%	QL (2 packets per day); AL (Min 16 Years)
ranolazine er	%	QL (2 tablets per day); AL (Min 16 Years)
Nitrates**		
ISORDIL TITRADOSE	%	
isosorbide dinitrate oral	%	
isosorbide mononitrate	%	
isosorbide mononitrate er	%	
NITRO-BID	%	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR	%	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.8 MG/HR	%	QL (1 patch per day)
nitroglycerin sublingual	%	
nitroglycerin transdermal patch 24 hour	%	
nitroglycerin translingual solution	%	
NITROLINGUAL	%	
NITROSTAT	%	
Antianxiety Agents		
Antianxiety Agents - Misc.**		
buspirone hcl oral tablet 10 mg	%	QL (6 tablets per day)
buspirone hcl oral tablet 15 mg	%	QL (4 tablets per day)
buspirone hcl oral tablet 30 mg	%	QL (3 tablets per day)
buspirone hcl oral tablet 5 mg	%	QL (12 tablets per day)
buspirone hcl oral tablet 7.5 mg	%	
hydroxyzine hcl oral syrup	%	
hydroxyzine hcl oral tablet	%	
hydroxyzine pamoate oral	%	
meprobamate	%	
VISTARIL ORAL CAPSULE 25 MG	%	
Benzodiazepines**		
alprazolam er	%	QL (1 tablet per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
ALPRAZOLAM INTENSOL	%	

Drug	Status	Notes
alprazolam oral tablet 0.25 mg, 0.5 mg	%	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
alprazolam oral tablet 1 mg	%	QL (3 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
alprazolam oral tablet 2 mg	%	QL (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg	%	QL (3 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
alprazolam oral tablet dispersible 2 mg	%	QL (5 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
alprazolam xr	%	QL (1 tablet per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
ATIVAN ORAL TABLET 0.5 MG	NC	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); EDL Alt (alternative: lorazepam tab 0.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
ATIVAN ORAL TABLET 1 MG	NC	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); EDL Alt (alternative: lorazepam tab 1mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
ATIVAN ORAL TABLET 2 MG	NC	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); EDL Alt (alternative: lorazepam tab 2mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
chlordiazepoxide hcl oral capsule 10 mg, 5 mg	%	QL (4 capsules per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 6 Years)

Drug	Status	Notes
chlordiazepoxide hcl oral capsule 25 mg	%	QL (8 capsules per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 6 Years)
clorazepate dipotassium oral tablet 15 mg, 7.5 mg	%	QL (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 9 Years)
clorazepate dipotassium oral tablet 3.75 mg	%	QL (3 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 9 Years)
DIAZEPAM INTENSOL	%	QL (Limitations of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max)
diazepam oral concentrate	%	QL (Limitations of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max)
diazepam oral solution 5 mg/5ml	%	QL (40ml per day, Limitations of up to two fills of any benzodiazepirp per 30 days); DS (30 day supply max)
diazepam oral tablet 10 mg, 5 mg	%	QL (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max)
diazepam oral tablet 2 mg	%	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max)
LORAZEPAM INTENSOL	%	QL (1 bottle per month, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
lorazepam oral concentrate 2 mg/ml	%	QL (1 bottle per month, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
lorazepam oral tablet	%	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG	NC	QL (max 2 fills in 25 days); EDL Alt (alternative: lorazepam (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG	NC	EDL Alt (alternative: lorazepam (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
oxazepam oral capsule 10 mg, 15 mg	%	QL (5 capsules per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 6 Years)
oxazepam oral capsule 30 mg	%	QL (4 capsules per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 6 Years)
VALIUM ORAL TABLET 10 MG, 5 MG	%	QL (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max)
VALIUM ORAL TABLET 2 MG	%	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max)
XANAX ORAL TABLET 0.25 MG, 0.5 MG	%	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
XANAX ORAL TABLET 1 MG	%	QL (3 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
XANAX ORAL TABLET 2 MG	%	QL (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
XANAX XR	%	QL (1 tablet per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); AL (Min 18 Years)
Antiarrhythmics		
Antiarrhythmics Type I-A*		
disopyramide phosphate oral	%	
NORPACE	%	
NORPACE CR	%	
quinidine gluconate er	%	
quinidine sulfate oral	%	
Antiarrhythmics Type I-B*		
mexiletine hcl oral	%	
Antiarrhythmics Type I-C*		
flecainide acetate	%	
propafenone hcl	%	
propafenone hcl er	%	
RYTHMOL SR	%	

Drug	Status	Notes
Antiarrhythmics Type Iii**		
amiodarone hcl oral	%	
dofetilide	A	SP; QL (2 capsules per day); DS (30 day supply max)
MULTAQ	%	QL (2 tablets per day); AL (Min 18 Years)
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	%	
TIKOSYN	C	SP; QL (2 capsules per day); DS (30 day supply max)
Antiasthmatic And Bronchodilator Agents		
5-Lipoxygenase Inhibitors**		
zileuton er	%	QL (2 tablets per day); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); HDHP; AL (Min 12 Years)
ZYFLO	%	QL (4 tablets per day); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); HDHP; AL (Min 12 Years)
Adrenergic Combinations**		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 500-50 MCG/ACT	%	QL (1 inhaler per month); HDHP
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT	%	QL (1 inhaler per day); HDHP
ADVAIR HFA	%	QL (1 inhaler per month); HDHP; AL (Min 3 Years)
AIRDUO DIGIHALER	%	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP; AL (Min 12 Years)
AIRDUO RESPICLICK 113/14	%	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP; AL (Min 12 Years)
AIRDUO RESPICLICK 232/14	%	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP; AL (Min 12 Years)

Drug	Status	Notes
AIRDUO RESPICLICK 55/14	%	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP; AL (Min 12 Years)
AIRSUPRA	%	PA; AL (Min 18 Years)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	%	HDHP
BEVESPI AEROSPHERE	%	QL (1x 5.9gm or 1x 10.7gm inhaler per month); ST (Step Therapy required: both of the following in the last 12 months - Anoro Ellipta AND Stiolto Respimat); HDHP; AL (Min 15 Years)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	%	HDHP
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	%	HDHP; AL (Min 5 Years)
BREYNA	%	ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP
BREZTRI AEROSPHERE	%	QL (Max one 10.7gm inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Bevespi, Duaklir Pressair, or Lonhala Magnair); HDHP; AL (Min 18 Years)
budesonide-formoterol fumarate	%	ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP
COMBIVENT RESPIMAT	%	HDHP
DUAKLIR PRESSAIR	%	QL (1 inhaler per month); ST (Step Therapy required: BOTH of the following in the last 6 months - Anoro Ellipta AND Symbicort); HDHP; AL (Min 18 Years)
DULERA	%	QL (1x 8.8gm or 1x 13gm inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); HDHP

Drug	Status	Notes
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	%	HDHP
fluticasone-salmeterol inhalation aerosol	%	QL (1 inhaler per month); HDHP; AL (Min 3 Years)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act	%	QL (1 inhaler per month); HDHP
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	%	QL (1 inhaler per month); HDHP; AL (Min 12 Years)
fluticasone-salmeterol inhalation aerosol powder breath activated 250-50 mcg/act	%	QL (1 inhaler per day); HDHP
ipratropium-albuterol	%	QL (18ml per day); HDHP
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	%	QL (1 carton (4gm) per month); HDHP; AL (Max 18 Years)
SYMBICORT	%	HDHP
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	%	HDHP
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 500-50 MCG/ACT	%	QL (1 inhaler per month); HDHP
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT	%	QL (1 inhaler per day); HDHP
Anti-Ige Monoclonal Antibodies**		
XOLAIR	B	PA; SP; DS (30 day supply max)
Anti-Inflammatory Agents**		
cromolyn sodium inhalation	%	HDHP
Beta Adrenergics**		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	%	HDHP
albuterol sulfate inhalation	%	HDHP
albuterol sulfate oral syrup	%	HDHP
albuterol sulfate oral tablet	%	
arformoterol tartrate	%	QL (4ml (2 vials) per day); HDHP; AL (Min 18 Years)
BROVANA	%	QL (4ml (2 vials) per day); HDHP; AL (Min 18 Years)
formoterol fumarate inhalation	%	QL (1 carton per month); HDHP; AL (Min 18 Years)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	%	HDHP
levalbuterol tartrate	%	QL (1gm per day); ST (Step Therapy required: 1 fill in the last 1 month - Albuterol HFA); HDHP
PERFOROMIST	%	QL (1 carton per month); HDHP; AL (Min 18 Years)

Drug	Status	Notes
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	%	HDHP
PROAIR RESPICLICK	%	HDHP
PROVENTIL HFA	%	HDHP
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	%	QL (1 inhaler per month); HDHP
STRIVERDI RESPIMAT	%	QL (4 inhalers per month); ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months - Serevent, Anoro Ellipta, AND Spiriva); HDHP; AL (Min 18 Years)
terbutaline sulfate injection	%	HDHP
terbutaline sulfate oral	%	HDHP
VENTOLIN HFA	%	HDHP
XOPENEX HFA	%	QL (1gm per day); ST (Step Therapy required: 1 fill in the last 1 month - Albuterol HFA); HDHP
Bronchodilators - Anticholinergics**		
ATROVENT HFA	%	QL (2x 12.9gm inhalers per month); HDHP
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	%	HDHP
ipratropium bromide inhalation	%	HDHP
SPIRIVA HANDIHALER	%	QL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	%	HDHP
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	%	QL (1 inhaler per month); HDHP
tiotropium bromide monohydrate	%	QL (1 capsule per day); HDHP
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	%	QL (1 inhaler per month); HDHP
YUPELRI	%	PA; HDHP
Interleukin-5 Antagonists (Igg1 Kappa)**		
FASENRA	B	PA; SP; DS (30 day supply max)
FASENRA PEN	B	PA; SP; DS (30 day supply max)
NUCALA	D	PA; SP; DS (30 day supply max)
Leukotriene Receptor Antagonists**		
ACCOLATE	%	HDHP
montelukast sodium oral packet	%	QL (1 packet per day); HDHP
montelukast sodium oral tablet	%	QL (1 tablet per day); HDHP
montelukast sodium oral tablet chewable	%	HDHP
SINGULAIR ORAL PACKET	%	QL (1 packet per day); HDHP
SINGULAIR ORAL TABLET	%	QL (1 tablet per day); HDHP

Drug	Status	Notes
SINGULAIR ORAL TABLET CHEWABLE	%	HDHP
zafirlukast	%	HDHP
Selective Phosphodiesterase 4 (Pde4) Inhibitors**		
DALIRESP	%	QL (1 tablet per day); AL (Min 18 Years)
roflumilast	%	QL (1 tablet per day); AL (Min 18 Years)
Steroid Inhalants**		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	%	QL (2x 6.1gm inhalers per month); DS (90 day supply max); HDHP
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	%	QL (1x 6.1gm inhaler per month); DS (90 day supply max); HDHP
ARMONAIR DIGIHALER	%	QL (1 inhaler per month); ST (Step Therapy required: 1 fill in the last 3 months - Flovent); HDHP; AL (Min 12 Years)
ARNUITY ELLIPTA	%	HDHP
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	%	HDHP
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	%	HDHP
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	%	HDHP
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	%	HDHP
ASMANEX HFA	%	HDHP
budesonide inhalation	%	HDHP
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	%	QL (One 60 count inhaler per month); HDHP
FLOVENT HFA	%	HDHP
fluticasone propionate diskus	%	QL (One 60 count inhaler per month); HDHP
fluticasone propionate hfa	%	HDHP
PULMICORT	%	HDHP
PULMICORT FLEXHALER	%	HDHP
QVAR REDIHALER	%	HDHP
Thymic Stromal Lymphopoietin (Tslp) Antagonists**		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
Xanthines**		
ELIXOPHYLLIN	%	
THEO-24	%	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	%	QL (3 tablets per day)
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	%	

Drug	Status	Notes
theophylline er oral tablet extended release 24 hour	%	
theophylline er tablet extended release 12 hour 450 mg oral	%	
theophylline oral	%	
Anticoagulants		
Coumarin Anticoagulants**		
JANTOVEN	%	HDHP
warfarin sodium oral	%	HDHP
Direct Factor Xa Inhibitors**		
ELIQUIS	%	QL (2 tablets per day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	%	QL (74 tablets per 28 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG	%	PA; AL (Min 18 Years)
SAVAYSA ORAL TABLET 60 MG	%	PA; QL (1 tablet per day); AL (Min 18 Years)
XARELTO ORAL SUSPENSION RECONSTITUTED	%	QL (10ml per day)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	%	QL (1 tablet per day)
XARELTO ORAL TABLET 2.5 MG	%	QL (2 tablets per day)
XARELTO STARTER PACK	%	QL (51 tablets per 28 days)
Heparins And Heparinoid-Like Agents**		
BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION 10 UNIT/ML	%	
heparin na (pork) lock flsh pf	%	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	%	
heparin sodium (porcine) injection solution 1000 unit/ml	%	
heparin sodium (porcine) injection solution prefilled syringe	%	
Low Molecular Weight Heparins**		
enoxaparin sodium injection solution	%	
enoxaparin sodium injection solution prefilled syringe	%	QL (2ml per day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	%	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	%	
LOVENOX INJECTION SOLUTION	%	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	%	QL (2ml per day)
Synthetic Heparinoid-Like Agents**		
ARIXTRA	%	
fondaparinux sodium	%	
Thrombin Inhibitors - Selective Direct & Reversible**		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	%	QL (2 capsules per day)

Drug	Status	Notes
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	%	QL (2 capsules per day)
PRADAXA ORAL PACKET	%	PA; AL (Max 12 Years)
Anticonvulsants		
Ampa Glutamate Receptor Antagonists*		
FYCOMPA ORAL SUSPENSION	%	
FYCOMPA ORAL TABLET 10 MG, 4 MG, 6 MG, 8 MG	%	
FYCOMPA ORAL TABLET 12 MG	%	QL (1 tablet per day)
FYCOMPA ORAL TABLET 2 MG	%	QL (2 tablets per day)
Anticonvulsants - Benzodiazepines*		
clobazam oral suspension	%	QL (8ml per day)
clobazam oral tablet	%	QL (2 tablets per day); AL (Min 2 Years)
clonazepam oral tablet 0.5 mg, 1 mg	%	QL (4 tablets per day)
clonazepam oral tablet 2 mg	%	QL (2 tablets per day)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	%	
clonazepam oral tablet dispersible 2 mg	%	QL (2 tablets per day)
DIASTAT ACUDIAL	%	QL (10 boxes per month)
DIASTAT PEDIATRIC	%	QL (10 boxes per month)
diazepam rectal	%	QL (10 boxes per month)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	%	QL (4 tablets per day)
KLONOPIN ORAL TABLET 2 MG	%	QL (2 tablets per day)
NAYZILAM	%	PA
ONFI ORAL SUSPENSION	%	PA; QL (8ml per day)
ONFI ORAL TABLET 10 MG, 20 MG	%	PA; QL (2 tablets per day); AL (Min 2 Years)
SYMPAZAN	%	PA; QL (2 films per day)
VALTOCO 10 MG DOSE	%	PA
VALTOCO 15 MG DOSE	%	PA
VALTOCO 20 MG DOSE	%	PA
VALTOCO 5 MG DOSE	%	PA
Anticonvulsants - Misc.*		
APTIOM ORAL TABLET 200 MG, 400 MG	%	QL (1 tablet per day); ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide)
APTIOM ORAL TABLET 600 MG, 800 MG	%	QL (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide)
BANZEL	%	PA

Drug	Status	Notes
BRIVIACT ORAL SOLUTION	%	QL (20ml per day); ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); AL (Min 4 Years)
BRIVIACT ORAL TABLET	%	QL (2 tablets per day); ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); AL (Min 4 Years)
carbamazepine er	%	
carbamazepine oral	%	
CARBATROL	%	
DIACOMIT	C	PA; SP; DS (30 day supply max)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	%	QL (3 tablets per day); ST (Step Therapy required: 3 months in the last 12 months - levetircetam 24hr tab (generic for Keppra XR)); AL (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG	%	QL (2 tablets per day); ST (Step Therapy required: 3 months in the last 12 months - levetircetam 24hr tab (generic for Keppra XR)); AL (Min 12 Years)
EPIDIOLEX	%	PA
EPITOL	%	
EPRONTIA	%	QL (16ml day or 473ml per 30 days); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR))
FINTEPLA	C	PA; SP; DS (30 day supply max)
gabapentin oral capsule	%	
gabapentin oral solution 250 mg/5ml	%	
gabapentin oral tablet 600 mg, 800 mg	%	
KEPPRA ORAL	%	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	%	QL (6 tablets per day); AL (Min 12 Years)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	%	AL (Min 12 Years)
lacosamide oral	%	
LAMICTAL ODT ORAL KIT	%	AL (Max 6 Years)
LAMICTAL ODT ORAL TABLET DISPERSIBLE	%	
LAMICTAL ORAL TABLET	%	

Drug	Status	Notes
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	%	
LAMICTAL STARTER	%	
LAMICTAL XR	%	
lamotrigine er	%	
lamotrigine oral kit 25 & 50 & 100 mg	%	AL (Max 6 Years)
lamotrigine oral tablet	%	
lamotrigine oral tablet chewable	%	
lamotrigine oral tablet dispersible	%	
levetiracetam er oral tablet extended release 24 hour 500 mg	%	QL (6 tablets per day); AL (Min 12 Years)
levetiracetam er oral tablet extended release 24 hour 750 mg	%	AL (Min 12 Years)
levetiracetam oral	%	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	%	QL (4 capsules per day)
LYRICA ORAL CAPSULE 200 MG	%	QL (3 capsules per day)
LYRICA ORAL CAPSULE 225 MG, 300 MG	%	QL (2 capsules per day)
LYRICA ORAL SOLUTION	%	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG	%	PA; QL (1 capsule per day); AL (Min 17 Years)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	%	PA; QL (2 capsules per day); AL (Min 17 Years)
MYSOLINE	%	
NEURONTIN	%	
oxcarbazepine	%	
OXTELLAR XR	%	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	%	QL (4 capsules per day)
pregabalin oral capsule 200 mg	%	QL (3 capsules per day)
pregabalin oral capsule 225 mg, 300 mg	%	QL (2 capsules per day)
pregabalin oral solution	%	
primidone oral	%	
QUDEXY XR	%	QL (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - topiramate (generic for Topamax)); AL (Min 3 Years)
ROWEEPRA ORAL TABLET 500 MG	%	
rufinamide	%	PA
SPRITAM	%	
SUBVENITE	%	
SUBVENITE STARTER KIT-BLUE	%	
SUBVENITE STARTER KIT-GREEN	%	
SUBVENITE STARTER KIT-ORANGE	%	
TEGRETOL ORAL SUSPENSION	%	

Drug	Status	Notes
TEGRETOL ORAL TABLET	%	
TEGRETOL-XR	%	
TOPAMAX	%	
TOPAMAX SPRINKLE	%	QL (2 capsules per day)
topiramate er oral capsule er 24 hour sprinkle	%	QL (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - topiramate (generic for Topamax)); AL (Min 3 Years)
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	%	QL (1 capsule per day); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); AL (Min 6 Years)
topiramate oral capsule sprinkle	%	QL (2 capsules per day)
topiramate oral tablet	%	
TRILEPTAL	%	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	%	QL (1 capsule per day); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); AL (Min 6 Years)
VIMPAT ORAL	%	PA
ZONEGRAN ORAL CAPSULE 100 MG	%	QL (6 capsules per day)
ZONEGRAN ORAL CAPSULE 25 MG	%	
ZONISADE	%	
zonisamide oral capsule 100 mg	%	QL (6 capsules per day)
zonisamide oral capsule 25 mg, 50 mg	%	
ZTALMY	D	PA; SP; DS (30 day supply max)
Carbamates**		
felbamate	%	
FELBATOL	%	
XCOPRI	%	QL (1 tablet per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for VImpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); AL (Min 18 Years)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	%	QL (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for VImpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); AL (Min 18 Years)

Drug	Status	Notes
XCOPRI (350 MG DAILY DOSE)	%	QL (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for VImpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); AL (Min 18 Years)
Gaba Modulators**		
SABRIL	B	PA; SP; DS (30 day supply max)
tiagabine hcl	%	
vigabatrin	B	PA; SP; DS (30 day supply max)
VIGADRONE	B	PA; SP; DS (30 day supply max)
VIGPODER	B	PA; SP; DS (30 day supply max)
Hydantoins**		
DILANTIN	%	
DILANTIN INFATABS	%	
PHENYTEK	%	QL (2 capsules per day)
PHENYTOIN INFATABS	%	
phenytoin oral suspension 125 mg/5ml	%	
phenytoin oral tablet chewable	%	
phenytoin sodium extended oral capsule 100 mg, 200 mg	%	
phenytoin sodium extended oral capsule 300 mg	%	QL (2 capsules per day)
Succinimides**		
CELONTIN	%	
ethosuximide oral	%	
methsuximide	%	
ZARONTIN	%	
Valproic Acid**		
DEPAKOTE	%	
DEPAKOTE ER	%	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	%	
divalproex sodium er oral tablet extended release 24 hour	%	
divalproex sodium oral capsule delayed release sprinkle	%	
divalproex sodium oral tablet delayed release	%	
valproic acid oral capsule	%	
valproic acid oral solution	%	
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)**		
mirtazapine oral	%	QL (1 tablet per day)
REMERON ORAL TABLET 15 MG, 30 MG	%	QL (1 tablet per day)

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

Drug	Status	Notes
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	NC	QL (45 tablets per month); EDL Alt (alternative: bupropion hcl XL tab 150mg or 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Gaba Receptor Modulator - Neuroactive Steroid**		
ZURZUVAE	D	PA; SP; DS (30 day supply max)
Monoamine Oxidase Inhibitors (Maois)**		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR	D	SP; QL (1 patch per day); DS (30 day supply max); AL (Min 16 Years)
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR, 9 MG/24HR	D	SP; DS (30 day supply max); AL (Min 16 Years)
MARPLAN	%	
NARDIL	%	
PARNATE	%	
phenelzine sulfate oral	%	
tranylcypromine sulfate	%	
Selective Serotonin Reuptake Inhibitors (Ssris)**		
CELEXA ORAL TABLET	%	HDHP
citalopram hydrobromide oral capsule	NC	EDL Alt (alternative: citalopram tab 10mg or 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
citalopram hydrobromide oral solution	%	HDHP
citalopram hydrobromide oral tablet	%	HDHP
escitalopram oxalate oral	%	HDHP
fluoxetine hcl oral capsule	%	HDHP
fluoxetine hcl oral capsule delayed release	NC	QL (5 capsules per month); EDL Alt (alternative: fluoxetine cap 20mg x3/day or fluoxetine tab 20mg x3/day); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fluoxetine hcl oral solution	%	HDHP
fluoxetine hcl oral tablet 10 mg, 20 mg	%	HDHP
fluoxetine hcl oral tablet 60 mg	%	
fluvoxamine maleate	%	HDHP
fluvoxamine maleate er	%	HDHP
LEXAPRO ORAL TABLET	%	HDHP
paroxetine hcl er	%	QL (1 tablet per day); HDHP
paroxetine hcl oral suspension	%	HDHP
paroxetine hcl oral tablet 10 mg, 40 mg	%	HDHP
paroxetine hcl oral tablet 20 mg	%	QL (1 tablet per day); HDHP
paroxetine hcl oral tablet 30 mg	%	QL (2 tablets per day); HDHP
PAXIL CR	%	QL (1 tablet per day); HDHP

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

Drug	Status	Notes
FETZIMA	%	QL (1 capsule per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI))
FETZIMA TITRATION	%	QL (1 capsule per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI))
PRISTIQ	%	QL (1 tablet per day)
venlafaxine besylate er	%	
venlafaxine hcl	%	
venlafaxine hcl er	%	
Tricyclic Agents**		
amitriptyline hcl oral	%	
amoxapine	%	
ANAFRANIL	%	
clomipramine hcl oral	%	
desipramine hcl oral	%	
doxepin hcl oral capsule	%	
doxepin hcl oral concentrate	%	
imipramine hcl oral	%	
imipramine pamoate oral capsule 100 mg, 125 mg	%	
imipramine pamoate oral capsule 150 mg	%	QL (2 capsules per day)
imipramine pamoate oral capsule 75 mg	%	QL (3 capsules per day)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	%	
nortriptyline hcl oral	%	
PAMELOR ORAL CAPSULE	%	
protriptyline hcl	%	
trimipramine maleate oral	%	
Antidiabetics		
Alpha-Glucosidase Inhibitors**		
acarbose oral	%	HDHP
miglitol	%	HDHP
Antidiabetic - Amylin Analogs**		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	%	QL (4 pens per month); HDHP; AL (Min 18 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	%	QL (4 pens per month); HDHP; AL (Min 18 Years)

Drug	Status	Notes
Biguanides**		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	NC	QL (2 tablets per day); EDL Alt (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	NC	QL (4 tablets per day); EDL Alt (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	NC	QL (2 tablets per day); EDL Alt (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
metformin hcl er (mod) oral tablet extended release 24 hour 500 mg	NC	QL (4 tablets per day); EDL Alt (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	NC	QL (2 tablets per day); EDL Alt (alternative: metformin hcl tab ER 24Hr 500mg or 750mg tabs); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	NC	QL (4 tablets per day); EDL Alt (alternative: metformin hcl tab ER 24Hr 500mg or 750mg tabs); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
metformin hcl er oral tablet extended release 24 hour 500 mg	%	QL (5 tablets per day); HDHP
metformin hcl er oral tablet extended release 24 hour 750 mg	%	QL (3 tablets per day); HDHP
metformin hcl oral solution	%	HDHP
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	%	HDHP
metformin hcl oral tablet 625 mg	NC	EDL Alt (alternative: metformin tab 500mg, 850mg, or 1000mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RIOMET	%	HDHP
Diabetic Other**		
BAQSIMI ONE PACK	%	QL (2 boxes per month); HDHP
BAQSIMI TWO PACK	%	QL (2 boxes per month); HDHP
diazoxide oral	%	HDHP
GLUCAGEN HYPOKIT	%	HDHP
glucagon emergency injection kit	%	QL (2 per month); HDHP

Drug	Status	Notes
glucagon emergency injection solution reconstituted	%	HDHP
GVOKE HYPOPEN 1-PACK	NC	EDL Alt (alternative: glucagon injection reconstituted solution 1mg or Baqsimi One Pack (glucagon) nasal powder 3mg/dose or Baqsimi Two Pack (glucagon) nasal powder 3mg/dose); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
GVOKE HYPOPEN 2-PACK	NC	EDL Alt (alternative: glucagon injection reconstituted solution 1mg or Baqsimi One Pack (glucagon) nasal powder 3mg/dose or Baqsimi Two Pack (glucagon) nasal powder 3mg/dose); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
GVOKE PFS	NC	EDL Alt (alternative: glucagon injection reconstituted solution 1mg or Baqsimi One Pack (glucagon) nasal powder 3mg/dose or Baqsimi Two Pack (glucagon) nasal powder 3mg/dose); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PROGLYCEM	%	HDHP
ZEGALOGUE	%	QL (0.6ml/day with fill limit of 2 fills/month); DS (2 day supply max); ST (Step Therapy required: 1 month in the last 12 months - generic Glucagon (NDC 00548585000)); HDHP; AL (Min 6 Years)
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**		
alogliptin benzoate	%	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); HDHP; AL (Min 18 Years)
JANUVIA	%	QL (1 tablet per day); HDHP; AL (Min 18 Years)
NESINA	%	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); HDHP; AL (Min 18 Years)
ONGLYZA	%	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); AL (Min 16 Years)

Drug	Status	Notes
saxagliptin hcl	%	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); HDHP; AL (Min 16 Years)
sitagliptin	%	PA
TRADJENTA	%	HDHP
zituvio	%	PA
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**		
alogliptin-metformin hcl	%	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); HDHP
JANUMET	%	HDHP; AL (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	%	QL (1 tablet per day); HDHP; AL (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	%	HDHP; AL (Min 18 Years)
JENTADUETO	%	HDHP
JENTADUETO XR	%	QL (1 tablet per day); HDHP; AL (Min 18 Years)
KAZANO	%	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); HDHP
KOMBIGLYZE XR	%	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta)
saxagliptin-metformin er	%	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); HDHP
Dopamine Receptor Agonists - Ergot Derivatives**		
CYCLOSET	%	HDHP
Dpp-4 Inhibitor-Thiazolidinedione Combinations**		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	%	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); HDHP

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

Drug	Status	Notes
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	%	QL (2 ml per day); HDHP
HUMALOG MIX 75/25	%	QL (2 ml per day); HDHP
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	%	QL (2 ml per day); HDHP
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	%	QL (2 ml per day); HDHP
HUMALOG TEMPO PEN	%	QL (2ml per day); HDHP
HUMULIN 70/30	%	QL (2ml per day); HDHP
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	%	QL (2ml per day); HDHP
HUMULIN N	%	QL (2ml per day); HDHP
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	%	QL (2ml per day); HDHP
HUMULIN R	%	QL (2ml per day); HDHP
HUMULIN R U-500 (CONCENTRATED)	%	QL (2ml per day); ST (Step Therapy required: trial of Humulin R U 100 for 3 mo in the last 6 months); HDHP
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	%	QL (2ml per day); ST (Step Therapy required: 3 months in the last 6 months - Humulin R U 100); HDHP
insulin asp prot & asp flexpen	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); HDHP
insulin aspart flexpen	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
insulin aspart injection	%	QL (2ML per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
insulin aspart penfill	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
insulin aspart prot & aspart	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); HDHP
insulin degludec	%	QL (2 ml per day); ST (Step Therapy required: 3 months in the last 12 months - Lantus); HDHP; AL (Min 1 Years)
insulin degludec flextouch	%	QL (2 ml per day); ST (Step Therapy required: 3 months in the last 12 months - Lantus); HDHP; AL (Min 1 Years)
insulin glargine	%	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP

Drug	Status	Notes
insulin glargine max solostar	%	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml	%	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	%	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
insulin glargine-yfgn	%	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
insulin lispro (1 unit dial)	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
insulin lispro injection	%	QL (60ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
insulin lispro junior kwikpen	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
insulin lispro prot & lispro	%	QL (2 ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
LANTUS	%	QL (2ml per day); HDHP
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	%	QL (2ml per day); HDHP
LEVEMIR	%	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	%	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
LYUMJEV	%	QL (15 ml per month); HDHP
LYUMJEV KWIKPEN	%	QL (15 ml per month); HDHP
LYUMJEV TEMPO PEN	%	QL (15 ml per month); HDHP
NOVOLIN 70/30	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); HDHP
NOVOLIN 70/30 FLEXPEN	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); HDHP
NOVOLIN 70/30 FLEXPEN RELION	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); HDHP

Drug	Status	Notes
NOVOLIN 70/30 RELION	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30); HDHP
NOVOLIN N	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); HDHP
NOVOLIN N FLEXPEN	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); HDHP
NOVOLIN N FLEXPEN RELION	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); HDHP
NOVOLIN N RELION	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin N); HDHP
NOVOLIN R	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); HDHP
NOVOLIN R FLEXPEN	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); HDHP
NOVOLIN R FLEXPEN RELION	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); HDHP
NOVOLIN R RELION	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin R); HDHP
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
NOVOLOG INJECTION	%	QL (2ML per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
NOVOLOG MIX 70/30	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); HDHP
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25); HDHP
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	%	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
NOVOLOG RELION INJECTION	%	QL (2ML per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog); HDHP
REZVOGLAR KWIKPEN	%	PA; HDHP

Drug	Status	Notes
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	%	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	%	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
SEMGLEE SUBCUTANEOUS SOLUTION	%	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP
TOUJEO MAX SOLOSTAR	%	QL (2 ml per day); HDHP
TOUJEO SOLOSTAR	%	QL (2 ml per day); HDHP
TRESIBA	%	QL (2 ml per day); ST (Step Therapy required: 3 months in the last 12 months - Lantus); HDHP; AL (Min 1 Years)
TRESIBA FLEXTOUCH	%	QL (2 ml per day); ST (Step Therapy required: 3 months in the last 12 months - Lantus); HDHP; AL (Min 1 Years)
Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)**		
MOUNJARO	%	PA
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**		
BYDUREON BCISE	%	PA; QL (4 pens per month); HDHP
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	%	PA; QL (2.4ml (60 doses) per month); HDHP; AL (Min 18 Years)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	%	PA; QL (1.2ml (60 doses) per month); HDHP; AL (Min 18 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	%	PA; QL (2 pens per 28 days); HDHP
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	%	PA; QL (1 pen per 28 days); HDHP
OZEMPIC (2 MG/DOSE)	%	PA; QL (1 pen per 28 days); HDHP
RYBELSUS	%	PA; QL (1 tablet per day); HDHP
TRULICITY	%	PA; QL (4 pens per month); HDHP; AL (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	%	PA; QL (3 pens per month); HDHP; AL (Min 10 Years)
Insulin-Incretin Mimetic Combinations**		
SOLIQUA	%	QL (5 pens (15ml) per month); HDHP; AL (Min 18 Years)
XULTOPHY	%	QL (5 pens per month); ST (Step Therapy required: 1 month in the last 12 months - Lantus); HDHP; AL (Min 18 Years)
Meglitinide Analogues**		
nateglinide	%	HDHP
repaglinide	%	HDHP

Drug	Status	Notes
Progesterone Receptor Antagonists**		
KORLYM	D	PA; SP; DS (30 day supply max)
mifepristone oral tablet 300 mg	D	PA; SP; DS (30 day supply max)
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**		
TRIJARDY XR	%	QL (1 tablet per day); HDHP
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**		
GLYXAMBI	%	QL (1 tablet per day); HDHP; AL (Min 18 Years)
QTERN	%	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
STEGLUJAN	%	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**		
bexagliflozin	%	PA; DS (30 day supply max)
BRENZAVVY	%	PA; DS (30 day supply max)
dapagliflozin propanediol	%	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
FARXIGA	%	QL (1 tablet per day); HDHP; AL (Min 18 Years)
INVOKANA	%	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
JARDIANCE	%	QL (1 tablet per day); HDHP
STEGLATRO	%	QL (1ml per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP

Drug	Status	Notes
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**		
dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg	%	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg	%	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
INVOKAMET	%	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
INVOKAMET XR	%	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
SEGLUROMET	%	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); HDHP; AL (Min 18 Years)
SYNJARDY	%	HDHP
SYNJARDY XR	%	HDHP
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	%	QL (1 tablet per day); HDHP; AL (Min 18 Years)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	%	QL (2 tablets per day); HDHP; AL (Min 18 Years)
Sulfonylurea-Biguanide Combinations**		
glipizide-metformin hcl oral tablet 2.5-250 mg	%	QL (2 tablets per day); HDHP
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	%	HDHP
glyburide-metformin oral tablet 1.25-250 mg	%	QL (3 tablets per day); HDHP
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	%	HDHP
Sulfonylureas**		
glimepiride oral tablet 1 mg, 2 mg	%	QL (3 tablets per day); HDHP
glimepiride oral tablet 4 mg	%	QL (2 tablets per day); HDHP
glipizide er	%	HDHP

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

Drug	Status	Notes
Antidotes And Specific Antagonists		
Antidotes - Chelating Agents**		
CHEMET	C	PA; SP; DS (30 day supply max)
deferasirox	D	PA; SP; DS (30 day supply max)
deferasirox granules	D	PA; SP; DS (30 day supply max)
deferiprone	D	PA; SP; DS (30 day supply max)
EXJADE	D	PA; SP; DS (30 day supply max)
FERRIPROX	D	PA; SP; DS (30 day supply max)
FERRIPROX TWICE-A-DAY	D	PA; SP; DS (30 day supply max)
JADENU	D	PA; SP; DS (30 day supply max)
JADENU SPRINKLE	D	PA; SP; DS (30 day supply max)
Antidotes And Specific Antagonists**		
RADIOGARDASE	%	QL (18 tablets per day); AL (Min 2 Years)
VISTOGARD	%	QL (4 packets per day); DS (30 day supply max)
Opioid Antagonists**		
KLOXXADO	%	QL (1 box per 30 days); DS (30 day supply max)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	%	
naloxone hcl injection solution cartridge	%	
naloxone hcl injection solution prefilled syringe	%	
naloxone hcl nasal	%	QL (1 box per month); DS (30 day supply max)
naltrexone hcl oral	%	
NARCAN	%	QL (1 box per month); DS (30 day supply max)
OPVEE	%	QL (2 bottles per month); DS (30 day supply max)
VIVITROL	B	SP; DS (30 day supply max)
ZIMHI	%	QL (1ml per 30 days); ST (Step Therapy required: 1 fill in the last 3 months - generic naloxone prefilled syringe); AL (Min 12 Years)
Antiemetics		
5-Ht3 Receptor Antagonists**		
ANZEMET ORAL TABLET 50 MG	%	
granisetron hcl oral	%	QL (1 tablet per day)
ondansetron hcl oral solution	%	
ondansetron hcl oral tablet 24 mg	NC	EDL Alt (alternative: ondansetron tab 8mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ondansetron hcl oral tablet 4 mg, 8 mg	%	QL (4 tablets per day)

Drug	Status	Notes
ondansetron oral tablet dispersible 4 mg	%	QL (4 tablets per day)
ondansetron oral tablet dispersible 8 mg	%	
SANCUSO	%	QL (20 patches per month)
Antiemetic Combinations**		
AKYNZEO ORAL	%	QL (One capsule); ST (Step Therapy required: simultaneous use of BOTH of the following in the last 3 months - ondansetron AND aprepitant); AL (Min 18 Years)
BONJESTA	%	PA
DICLEGIS	%	PA
doxylamine-pyridoxine	%	PA
Antiemetics - Anticholinergic**		
scopolamine	%	QL (10 patches per month)
trimethobenzamide hcl oral	%	
Antiemetics - Miscellaneous**		
dronabinol	%	QL (3 capsules per day)
MARINOL ORAL CAPSULE 2.5 MG	NC	QL (3 capsules per day); EDL Alt (alternative: dronabinol cap 2.5mg, 5mg, or 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SYNDROS	%	PA
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**		
aprepitant oral capsule	%	
EMEND ORAL CAPSULE 80 MG	%	
EMEND ORAL SUSPENSION RECONSTITUTED	%	
EMEND TRI-PACK	%	
VARUBI (180 MG DOSE)	%	QL (Maximum of 4 pills per 28 days); DS (30 day supply max)
Antifungals		
Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)**		
BREXAFEMME	%	QL (4 tablets per day, 1 fill per month); DS (30 day supply max); ST (Step Therapy required: 1 fill in the last 3 months - Fluconazole)
Antifungals**		
ANCOBON	%	
flucytosine oral	%	
griseofulvin microsize oral	%	
griseofulvin ultramicrosize	%	
nystatin oral tablet	%	
terbinafine hcl oral	%	QL (1 tablet per day)

Drug	Status	Notes
Imidazoles**		
ketoconazole oral	%	
Tetrazoles**		
VIVJOA	D	SP; QL (1 fill in 1 year); DS (84 day supply min / 90 day supply max); ST (Step Therapy required: 1 fill in the last 10 days - Fluconazole)
Triazoles**		
CRESEMBA ORAL	D	PA; DS (30 day supply max)
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	%	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	%	
fluconazole oral	%	
itraconazole oral	%	
NOXAFIL ORAL	%	PA
posaconazole oral	%	PA
SPORANOX	%	
tolsura	NC	QL (4 capsules per day); EDL Alt (alternative: itraconazole cap 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
VFEND	%	
voriconazole oral	%	
Antihistamines		
Antihistamines - Alkylamines**		
RYCLORA ORAL SOLUTION	%	QL (118ml per month)
Antihistamines - Ethanolamines**		
carbinoxamine maleate oral solution	%	
carbinoxamine maleate oral tablet 4 mg	%	
carbinoxamine maleate oral tablet 6 mg	NC	EDL Alt (alternative: carbinoxamine maleate tab 4mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
diphenhydramine hcl injection	%	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	%	QL (4ml per day); DS (30 day supply max); ST (Step Therapy required: 1 month in the last 2 months - carbinoxamine 4mg tab); AL (Min 2 Years)
RYVENT	NC	EDL Alt (alternative: carbinoxamine maleate tab 4mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
Antihistamines - Non-Sedating**		
CLARINEX ORAL TABLET	%	QL (1 tablet per day)
desloratadine oral tablet	%	QL (1 tablet per day)
desloratadine oral tablet dispersible	%	
Antihistamines - Phenothiazines**		
promethazine hcl oral	%	
promethazine hcl rectal suppository 12.5 mg, 25 mg	%	
PROMETHEGAN	%	
Antihistamines - Piperidines**		
cyproheptadine hcl oral	%	
Antihyperlipidemics		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb**		
NEXLIZET	%	QL (1 tablet per day); ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); HDHP; AL (Min 18 Years)
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors**		
NEXLETOL	%	QL (1 tablet per day); ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); HDHP; AL (Min 18 Years)
Antihyperlipidemics - Misc.**		
icosapent ethyl	%	HDHP
LOVAZA	%	PA; QL (4 capsules per day); HDHP; AL (Min 18 Years)
omega-3-acid ethyl esters	%	QL (4 capsules per day); HDHP; AL (Min 18 Years)
VASCEPA	%	PA; HDHP
Bile Acid Sequestrants**		
cholestyramine light	%	HDHP
cholestyramine oral	%	HDHP
colesevelam hcl oral packet	%	QL (1 packet per day); HDHP
colesevelam hcl oral tablet	%	QL (6 tablets per day); HDHP
COLESTID	%	HDHP
COLESTID FLAVORED	%	HDHP
colestipol hcl	%	HDHP
PREVALITE	%	HDHP
QUESTRAN	%	HDHP
QUESTRAN LIGHT ORAL POWDER	%	HDHP
WELCHOL ORAL PACKET	%	QL (1 packet per day); HDHP

Drug	Status	Notes
WELCHOL ORAL TABLET	%	QL (6 tablets per day); HDHP
Fibric Acid Derivatives**		
fenofibrate micronized oral capsule 130 mg	%	QL (1 capsule per day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	%	
fenofibrate micronized oral capsule 43 mg, 90 mg	NC	EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	%	
fenofibrate oral capsule 150 mg, 50 mg	NC	EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fenofibrate oral tablet 120 mg	NC	QL (1 tablet per day); EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fenofibrate oral tablet 145 mg	%	QL (1 tablet per day); HDHP
fenofibrate oral tablet 160 mg	%	QL (1 tablet per day)
fenofibrate oral tablet 40 mg, 54 mg	NC	QL (2 tablets per day); EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fenofibrate oral tablet 48 mg	%	QL (2 tablets per day); HDHP
fenofibric acid oral capsule delayed release	%	HDHP; AL (Min 18 Years)
fenofibric acid oral tablet 105 mg	%	QL (1 tablet per day); HDHP
fenofibric acid oral tablet 35 mg	%	QL (2 tablets per day); HDHP
FENOGLIDE ORAL TABLET 120 MG	NC	QL (1 tablet per day); EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
FENOGLIDE ORAL TABLET 40 MG	NC	QL (2 tablets per day); EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
FIBRICOR ORAL TABLET 105 MG	%	QL (1 tablet per day); HDHP
FIBRICOR ORAL TABLET 35 MG	%	QL (2 tablets per day); HDHP
gemfibrozil oral	%	HDHP

Drug	Status	Notes
LIPOFEN	NC	EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
LOPID	%	HDHP
TRICOR ORAL TABLET 145 MG	NC	QL (1 tablet per day); EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TRICOR ORAL TABLET 48 MG	NC	QL (2 tablets per day); EDL Alt (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TRILIPIX	%	HDHP; AL (Min 18 Years)
Hmg Coa Reductase Inhibitors**		
ALTOPREV	%	HDHP
ATORVALIQ	%	QL (15ml per day)
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg	%	QL (45 tablets per month); HDHP
atorvastatin calcium oral tablet 80 mg	%	QL (1 tablet per day); HDHP
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG	%	HDHP
CRESTOR ORAL TABLET 40 MG	%	QL (1 tablet per day); HDHP
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG	%	HDHP
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG	%	QL (1 capsule per day); HDHP
flolipid oral suspension 20 mg/5ml	NC	EDL Alt (alternative: simvastatin tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
flolipid oral suspension 40 mg/5ml	NC	EDL Alt (alternative: simvastatin tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fluvastatin sodium er	%	QL (1 tablet per day); HDHP
fluvastatin sodium oral capsule 20 mg	%	QL (3 capsules per day); HDHP
fluvastatin sodium oral capsule 40 mg	%	QL (1 capsule per day); HDHP
LESCOL XL	%	QL (1 tablet per day); HDHP
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG	%	QL (45 tablets per month); HDHP
LIPITOR ORAL TABLET 80 MG	%	QL (1 tablet per day); HDHP
LIVALO	%	PA; QL (1 tablet per day); AL (Min 8 Years)
lovastatin oral tablet 10 mg, 20 mg	%	HDHP
lovastatin oral tablet 40 mg	%	QL (2 tablets per day); HDHP

Drug	Status	Notes
pitavastatin calcium	%	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); HDHP; AL (Min 8 Years)
pravastatin sodium oral tablet 10 mg, 20 mg	%	HDHP
pravastatin sodium oral tablet 40 mg	%	QL (2 tablets per day); HDHP
pravastatin sodium oral tablet 80 mg	%	QL (1 tablet per day); HDHP
rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 mg	%	HDHP
rosuvastatin calcium oral tablet 40 mg	%	QL (1 tablet per day); HDHP
simvastatin oral tablet 10 mg, 20 mg, 5 mg	%	HDHP
simvastatin oral tablet 40 mg	%	QL (1 tablet per day); HDHP
simvastatin oral tablet 80 mg	%	PA; QL (1 tablet per day: Covered only for patients who have been stable at this dose for at least 12 months); HDHP
ZOCOR ORAL TABLET 10 MG, 20 MG	%	HDHP
ZOCOR ORAL TABLET 40 MG	%	QL (1 tablet per day); HDHP
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	%	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); HDHP; AL (Min 8 Years)
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb**		
ezetimibe-rosuvastatin	%	QL (1 tablet per day); HDHP
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg	%	HDHP
ezetimibe-simvastatin oral tablet 10-40 mg	%	QL (1 tablet per day); HDHP
ezetimibe-simvastatin oral tablet 10-80 mg	%	PA; QL (1 tablet per day: Covered only for patients who have been stable at this dose for at least 12 months); HDHP
ROSZET	%	QL (1 tablet per day); HDHP
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG	%	HDHP
VYTORIN ORAL TABLET 10-40 MG	%	QL (1 tablet per day); HDHP
VYTORIN ORAL TABLET 10-80 MG	%	PA; QL (1 tablet per day: Covered only for patients who have been stable at this dose for at least 12 months); HDHP
Intestinal Cholesterol Absorption Inhibitors**		
ezetimibe	%	QL (1 tablet per day); HDHP
ZETIA	%	QL (1 tablet per day); HDHP
Microsomal Triglyceride Transfer Protein Inhibitors**		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	D	PA; SP; DS (30 day supply max)
Nicotinic Acid Derivatives**		
niacin (antihyperlipidemic)	%	HDHP
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg	%	QL (2 tablets per day); HDHP

Drug	Status	Notes
niacin er (antihyperlipidemic) oral tablet extended release 500 mg	%	QL (3 tablets per day); HDHP
NIACOR	%	HDHP
Pcsk9 Inhibitors**		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; DS (30 day supply max); AL (Min 18 Years)
REPATHA	B	PA; QL (2 syringes per month); DS (30 day supply max); AL (Min 13 Years)
REPATHA PUSHTRONEX SYSTEM	B	PA; SP; QL (1 cartridge per 28 days); DS (30 day supply max); AL (Min 13 Years)
REPATHA SURECLICK	B	PA; QL (2 pens per month); DS (30 day supply max); AL (Min 13 Years)
Antihypertensives		
Ace Inhibitor & Calcium Channel Blocker Combinations**		
amlodipine besy-benazepril hcl	%	HDHP
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	%	HDHP
PRESTALIA ORAL TABLET 14-10 MG	NC	EDL Alt (alternative: perindopril erbumine tab 2mg, 4mg, or 8mg plus amlodipine besylate tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
PRESTALIA ORAL TABLET 3.5-2.5 MG	NC	QL (1 tablet per day); EDL Alt (alternative: perindopril erbumine tab 2mg, 4mg, or 8mg plus amlodipine besylate tab 2.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
PRESTALIA ORAL TABLET 7-5 MG	NC	EDL Alt (alternative: perindopril erbumine tab 2mg, 4mg, or 8mg plus amlodipine besylate tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
trandolapril-verapamil hcl er	%	HDHP
Ace Inhibitors & Thiazide/Thiazide-Like**		
ACCURETIC	%	PA
benazepril-hydrochlorothiazide	%	HDHP
enalapril-hydrochlorothiazide	%	HDHP
fosinopril sodium-hctz	%	HDHP
lisinopril-hydrochlorothiazide	%	HDHP
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	%	HDHP
quinapril-hydrochlorothiazide	%	HDHP
VASERETIC	%	HDHP
ZESTORETIC	%	HDHP

Drug	Status	Notes
Ace Inhibitors**		
ACCUPRIL	%	HDHP
ALTACE ORAL CAPSULE	%	HDHP
benazepril hcl oral	%	HDHP
captopril oral	%	HDHP
enalapril maleate oral solution	%	AL (Max 10 Years)
enalapril maleate oral tablet	%	HDHP
EPANED ORAL SOLUTION	NC	EDL Alt (alternative: Enalapril tab (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fosinopril sodium	%	HDHP
lisinopril oral	%	HDHP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	%	HDHP
moexipril hcl	%	HDHP
perindopril erbumine	%	HDHP
QBRELIS	%	HDHP
quinapril hcl	%	HDHP
ramipril	%	HDHP
trandolapril	%	HDHP
VASOTEC	%	HDHP
ZESTRIL	%	HDHP
Agents For Pheochromocytoma**		
DEMSER	D	PA; SP; DS (30 day supply max)
DIBENZYLINE	D	PA; SP; DS (30 day supply max)
metyrosine	D	PA; SP; DS (30 day supply max)
phenoxybenzamine hcl oral	D	PA; SP; DS (30 day supply max)
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**		
amlodipine besylate-valsartan	%	QL (1 tablet per day); HDHP
amlodipine-olmesartan	%	QL (1 tablet per day); HDHP
AZOR	%	QL (1 tablet per day); HDHP
EXFORGE	%	QL (1 tablet per day); HDHP
telmisartan-amlodipine	%	HDHP
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**		
ATACAND HCT	%	HDHP
AVALIDE ORAL TABLET 150-12.5 MG	%	QL (2 tablets per day); HDHP
AVALIDE ORAL TABLET 300-12.5 MG	%	QL (1 tablet per day); HDHP
BENICAR HCT ORAL TABLET 20-12.5 MG	%	QL (45 tablets per month); HDHP
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG	%	QL (1 tablet per day); HDHP
candesartan cilexetil-hctz	%	HDHP

Drug	Status	Notes
DIOVAN HCT ORAL TABLET 160-12.5 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	%	HDHP
DIOVAN HCT ORAL TABLET 160-25 MG	%	QL (2 tablets per day); HDHP
EDARBYCLOR	%	HDHP
HYZAAR	%	HDHP
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	%	QL (2 tablets per day); HDHP
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	%	QL (1 tablet per day); HDHP
losartan potassium-hctz	%	HDHP
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG	%	HDHP
MICARDIS HCT ORAL TABLET 80-25 MG	%	QL (1 tablet per day); HDHP
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	%	QL (45 tablets per month); HDHP
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	%	QL (1 tablet per day); HDHP
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg	%	HDHP
telmisartan-hctz oral tablet 80-25 mg	%	QL (1 tablet per day); HDHP
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	%	HDHP
valsartan-hydrochlorothiazide oral tablet 160-25 mg	%	QL (2 tablets per day); HDHP
Angiotensin Ii Receptor Antagonists**		
ATACAND	%	HDHP
AVAPRO ORAL TABLET 150 MG, 75 MG	%	HDHP
AVAPRO ORAL TABLET 300 MG	%	QL (1 tablet per day); HDHP
BENICAR ORAL TABLET 20 MG	%	QL (45 tablets per month); HDHP
BENICAR ORAL TABLET 40 MG	%	QL (1 tablet per day); HDHP
BENICAR ORAL TABLET 5 MG	%	QL (3 tablets per day); HDHP
candesartan cilexetil	%	HDHP
COZAAR	%	HDHP
DIOVAN ORAL TABLET 160 MG	%	QL (2 tablets per day); HDHP
DIOVAN ORAL TABLET 320 MG	%	QL (1 tablet per day); HDHP
DIOVAN ORAL TABLET 40 MG, 80 MG	%	HDHP
EDARBI	%	HDHP; AL (Min 18 Years)
irbesartan oral tablet 150 mg, 75 mg	%	HDHP
irbesartan oral tablet 300 mg	%	QL (1 tablet per day); HDHP
losartan potassium oral	%	HDHP
MICARDIS	%	HDHP
olmesartan medoxomil oral tablet 20 mg	%	QL (45 tablets per month); HDHP
olmesartan medoxomil oral tablet 40 mg	%	QL (1 tablet per day); HDHP
olmesartan medoxomil oral tablet 5 mg	%	QL (3 tablets per day); HDHP
telmisartan	%	HDHP

Drug	Status	Notes
valsartan oral solution	NC	EDL Alt (alternative: valsartan tab (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
valsartan oral tablet 160 mg	%	QL (2 tablets per day); HDHP
valsartan oral tablet 320 mg	%	QL (1 tablet per day); HDHP
valsartan oral tablet 40 mg, 80 mg	%	HDHP
Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides**		
amlodipine-valsartan-hctz	%	QL (1 tablet per day); HDHP
EXFORGE HCT	%	QL (1 tablet per day); HDHP
olmesartan-amlodipine-hctz	%	HDHP
TRIBENZOR	%	HDHP
Antiadrenergics - Centrally Acting**		
CATAPRES-TTS-1	%	HDHP
CATAPRES-TTS-2	%	HDHP
CATAPRES-TTS-3	%	HDHP
clonidine	%	HDHP
clonidine hcl er oral tablet extended release 24 hour	NC	EDL Alt (alternative: clonidine transdermal patch weekly 0.1mg/24hr, 0.2mg/24hr, or 0.3mg/24hr); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
clonidine hcl oral	%	HDHP
guanfacine hcl oral	%	HDHP
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NC	EDL Alt (alternative: clonidine transdermal patch weekly 0.1mg/24hr, 0.2mg/24hr, or 0.3mg/24hr); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Antiadrenergics - Peripherally Acting**		
CARDURA	%	HDHP
doxazosin mesylate oral	%	HDHP
MINIPRESS	%	HDHP
prazosin hcl oral	%	HDHP
terazosin hcl oral	%	HDHP
Antihypertensives - Misc.**		
VECAMYL	%	HDHP
Beta Blocker & Diuretic Combinations**		
atenolol-chlorthalidone	%	HDHP
bisoprolol-hydrochlorothiazide	%	HDHP
metoprolol-hydrochlorothiazide	%	HDHP
TENORETIC 100	%	HDHP

Drug	Status	Notes
TENORETIC 50	%	HDHP
Direct Renin Inhibitors**		
aliskiren fumarate	%	HDHP; AL (Min 18 Years)
TEKTURNA	%	HDHP; AL (Min 18 Years)
Selective Aldosterone Receptor Antagonists (Saras)**		
eplerenone oral tablet 25 mg	%	QL (1 tablet per day); HDHP
eplerenone oral tablet 50 mg	%	QL (2 tablets per day); HDHP
INSPRA ORAL TABLET 25 MG	%	QL (1 tablet per day); HDHP
INSPRA ORAL TABLET 50 MG	%	QL (2 tablets per day); HDHP
Vasodilators**		
hydralazine hcl oral	%	HDHP
minoxidil oral	%	HDHP
Anti-Infective Agents - Misc.		
Anti-Infective Agents - Misc.**		
AEMCOLO	%	QL (12 tablets for 3 days per 30 days (max 2 fills per year)); DS (30 day supply max)
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	%	QL (150ml per 10 days); DS (Limited to 1 fill per month)
FLAGYL ORAL CAPSULE	%	
IMPAVIDO	D	PA; SP; DS (30 day supply max)
LIKMEZ	%	QL (7.5ml per day, and a limitation of 75ml per 10 days.); DS (Limited to 1 fill per month)
METRONIDAZOLE BENZO+SYRSPEND	%	
metronidazole oral	%	
NEBUPENT	B	SP; DS (30 day supply max)
pentamidine isethionate inhalation	B	SP; DS (30 day supply max)
tinidazole oral	%	
trimethoprim oral	%	
XIFAXAN	%	PA
Anti-Infective Misc. - Combinations**		
BACTRIM	%	
BACTRIM DS	%	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	%	
sulfamethoxazole-trimethoprim oral tablet	%	
SULFATRIM PEDIATRIC	%	
Antiprotozoal Agents**		
ALINIA ORAL SUSPENSION RECONSTITUTED	%	QL (20ml per day, limited to one fill per month); DS (3 day supply max)
ALINIA ORAL TABLET	%	QL (2 tablets per day: limited to one fill per month); DS (3 day supply max)

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

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

Drug	Status	Notes
Antimycobacterial Agents		
Antimycobacterial Agents**		
cycloserine oral	C	PA; SP; DS (30 day supply max)
ethambutol hcl oral	%	
isoniazid oral syrup	%	
isoniazid oral tablet 300 mg	%	QL (1 tablet per day)
isoniazid tablet 100 mg oral	%	QL (2 tablets per day)
MYAMBUTOL ORAL TABLET 400 MG	%	
MYCOBUTIN	%	
pretomanid	C	PA; SP; DS (30 day supply max)
PRIFTIN	%	
pyrazinamide oral	%	
rifabutin	%	
rifampin oral	%	
SIRTURO	D	PA; SP; DS (30 day supply max)
TRECATOR	%	
Antineoplastics And Adjunctive Therapies		
Alkylating Agents**		
MYLERAN	%	SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Androgen Biosynthesis Inhibitors**		
abiraterone acetate oral tablet 250 mg, 500 mg	%	PA; SP; QL (Only the 250mg NDC 82249-0010-12 by Civica is covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
abiraterone acetate tablet 250 mg oral	%	QL (Only the 250mg NDC 82249-0010-12 by Civica is covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
YONSA	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
ZYTIGA	%	PA; SP; QL (Only the 250mg NDC 82249-0010-12 by Civica is covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antiadrenals**		
LYSODREN	%	SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Antiandrogens**		
bicalutamide	%	DS (30 day supply max); CP (Tier 1)
CASODEX	%	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
ERLEADA	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
EULEXIN	NC	DS (30 day supply max); EDL Alt (alternative: flutamide 125mg cap); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
NILANDRON	%	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
nilutamide	%	DS (30 day supply max); CP (Tier 1); M
NUBEQA	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
XTANDI	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antiestrogens**		
FARESTON	%	QL (1 tablet per day); DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
SOLTAMOX	%	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
tamoxifen citrate oral	$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
toremifene citrate	%	QL (1 tablet per day); DS (30 day supply max); CP (Tier 1)

Drug	Status	Notes
Antimetabolites**		
azacitidine	%	DS (30 day supply max); CP (Tier 1)
capecitabine	%	SP; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
cytarabine (pf)	%	DS (30 day supply max); CP (Tier 1)
cytarabine injection solution	%	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
JYLAMVO	%	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
mercaptopurine oral	%	DS (30 day supply max); CP (Tier 1)
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	%	DS (30 day supply max); CP (Tier 1)
methotrexate sodium injection solution 1000 mg/40ml, 50 mg/2ml	%	DS (30 day supply max); CP (Tier 1)
methotrexate sodium injection solution 250 mg/10ml	%	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
methotrexate sodium injection solution reconstituted	%	DS (30 day supply max); CP (Tier 1)
methotrexate sodium oral	%	DS (30 day supply max); CP (Tier 1)
ONUREG	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
PURIXAN	%	QL (1x 100ml box per month); DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
TABLOID	%	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
TREXALL	%	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
VIDAZA	%	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XATMEP	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XELODA	%	SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Akt Inhibitors**		
TRUQAP	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
Antineoplastic - Alk Inhibitors**		
ALECENSA	%	PA; SP; QL (8 capsules per day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 18 Years)
ALUNBRIG	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
LORBRENA	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
XALKORI ORAL CAPSULE	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 16 Years)
XALKORI ORAL CAPSULE SPRINKLE	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZYKADIA ORAL TABLET	%	PA; SP; QL (5 tablets per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 16 Years)
Antineoplastic - Anti-Her2 Agents**		
TUKYSA	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Bcl-2 Inhibitors**		
VENCLEXTA ORAL TABLET 10 MG, 50 MG	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VENCLEXTA ORAL TABLET 100 MG	%	PA; SP; DS (30 day supply max)
VENCLEXTA STARTING PACK	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Bcr-Abl Kinase Inhibitors**		
BOSULIF	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
GLEEVEC ORAL TABLET 100 MG	%	PA; SP; QL (6 tablets per day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)

Drug	Status	Notes
GLEEVEC ORAL TABLET 400 MG	%	PA; SP; QL (2 tablets per day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
ICLUSIG	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
imatinib mesylate oral tablet 100 mg	%	PA; SP; QL (6 tablets per day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
imatinib mesylate oral tablet 400 mg	%	PA; SP; QL (2 tablets per day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
SCEMBLIX	%	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 80 MG	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
SPRYCEL ORAL TABLET 70 MG	%	PA; SP; QL (2 tablets per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TASIGNA	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Braf Kinase Inhibitors**		
BRAFTOVI ORAL CAPSULE 75 MG	%	PA; SP; DS (30 day supply max); CP (Tier 1)
TAFINLAR	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZELBORAF	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Btk Inhibitors**		
BRUKINSA	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 1)
CALQUENCE ORAL TABLET	%	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
IMBRUVICA ORAL CAPSULE 140 MG	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply); AL (Min 18 Years)

Drug	Status	Notes
IMBRUVICA ORAL CAPSULE 70 MG	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
IMBRUVICA ORAL SUSPENSION	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
JAYPIRCA	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Egfr Inhibitors**		
erlotinib hcl	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
EXKIVITY	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
gefitinib	%	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 1)
GILOTRIF	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
IRESSA	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
TAGRISSO	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TARCEVA	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VIZIMPRO	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Fgfr Kinase Inhibitors**		
BALVERSA	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)

Drug	Status	Notes
LYTGOBI (12 MG DAILY DOSE)	%	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LYTGOBI (16 MG DAILY DOSE)	%	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LYTGOBI (20 MG DAILY DOSE)	%	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
PEMAZYRE	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Antineoplastic - Gamma Secretase Inhibitors		
OGSIVEO ORAL TABLET 100 MG, 150 MG	B	PA; DS (30 day supply max)
OGSIVEO ORAL TABLET 50 MG	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ERIVEDGE	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ODOMZO	%	PA; SP; QL (1 capsule per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 18 Years)
Antineoplastic - Hif-2-Alpha Inhibitors		
WELIREG	%	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Antineoplastic - Histone Deacetylase Inhibitors		
ZOLINZA	%	PA; SP; QL (4 capsules per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 16 Years)
Antineoplastic - Hormonal And Related Agent Combinations		
AKEEGA	%	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Immunomodulators		
POMALYST	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
Antineoplastic - Kras Inhibitors**		
KRAZATI	%	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LUMAKRAS	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Mek Inhibitors**		
COTELLIC	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
KOSELUGO	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
MEKINIST	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
MEKTOVI	%	PA; SP; DS (30 day supply max); CP (Tier 1)
Antineoplastic - Met Inhibitors**		
TABRECTA	%	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
TEPMETKO	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Antineoplastic - Methyltransferase Inhibitors**		
TAZVERIK	%	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 1)
Antineoplastic - Mtor Kinase Inhibitors**		
AFINITOR	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
AFINITOR DISPERZ	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)

Drug	Status	Notes
everolimus oral tablet soluble	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
Antineoplastic - Multikinase Inhibitors**		
CABOMETYX	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
CAPRELSA	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
COMETRIQ (60 MG DAILY DOSE)	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
FOTIVDA ORAL CAPSULE 0.89 MG	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
FOTIVDA ORAL CAPSULE 1.34 MG	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
lapatinib ditosylate	%	PA; SP; QL (5 tablets per day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
NERLYNX	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 1)
NEXAVAR	%	PA; SP; QL (4 tablets per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 16 Years)
pazopanib hcl	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
QINLOCK	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)

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

Drug	Status	Notes
Antineoplastic - Ret Inhibitors**		
GAVRETO	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
RETEVMO	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors**		
AUGTYRO	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ROZLYTREK	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VITRAKVI	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Antineoplastic - Xpo1 Inhibitors**		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	%	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	%	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	%	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	%	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (60 MG TWICE WEEKLY)	%	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	%	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (80 MG TWICE WEEKLY)	%	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Antineoplastic Antibiotics**		
bleomycin sulfate	%	DS (30 day supply max); CP (Tier 1)

Drug	Status	Notes
Antineoplastic Combinations**		
DARZALEX FASPRO	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
INQOVI	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LONSURF	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 18 Years)
Antineoplastic Enzymes**		
ONCASPAR INJECTION	%	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Antineoplastics Misc.**		
ACTIMMUNE	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ALFERON N	%	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
BESREMI	%	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
HYDREA	%	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
hydroxyurea oral	%	DS (30 day supply max); CP (Tier 1)
MATULANE	%	SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
SYNRIBO	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Aromatase Inhibitors**		
anastrozole oral	$0	QL (1 tablet per day); ACA (Tier 1 OR coinsurance if ACA does not apply)
ARIMIDEX	%	QL (1 tablet per day); DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
AROMASIN	%	QL (1 tablet per day); DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply); F
exemestane	$0	QL (1 tablet per day); ACA (Tier 1 OR coinsurance if ACA does not apply); F

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

Drug	Status	Notes
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ORGOVYX	%	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Imidazotetrazines**		
temozolomide	%	PA; SP; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors**		
REZLIDHIA	%	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TIBSOVO	%	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Isocitrate Dehydrogenase-2 (Idh2) Inhibitors**		
IDHIFA	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Janus Associated Kinase (Jak) Inhibitors**		
INREBIC	%	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 1)
JAKAFI	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Tier 1)
OJJAARA	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VONJO	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Lhrh Analogs**		
CAMCEVI	%	SP; QL (One Syringe); DS (167 day supply min / 180 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply); AL (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 22.5 MG	%	SP; QL (1 injection per 90 days (FDA approved only for Prostate Cancer)); DS (84 day supply min / 90 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)

Drug	Status	Notes
ELIGARD SUBCUTANEOUS KIT 30 MG	%	SP; QL (1 injection per 120 days (FDA approved only for Prostate Cancer); x4 copay applies); DS (112 day supply min / 120 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 45 MG	%	SP; QL (1 injection per 180 days (FDA approved only for Prostate Cancer); x6 copay applies); DS (167 day supply min / 180 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	%	SP; QL (1 injection per month (FDA approved only for Prostate Cancer)); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
leuprolide acetate (3 month)	%	QL (1 injection per 90 days (FDA approved only for Prostate Cancer)); DS (84 day supply min / 90 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
leuprolide acetate injection	%	SP; QL (1 injection per month (FDA approved only for Prostate Cancer)); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	D	PA; SP; QL (1 injection per month (FDA approved only for Endometriosis and Fibroids)); DS (30 day supply max); F
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	%	SP; QL (1 injection per month (FDA approved only for Prostate Cancer)); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	D	PA; SP; QL (1 injection per 90 days (FDA approved only for Endometriosis and Fibroids)); DS (84 day supply min / 90 day supply max); F
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	%	SP; QL (1 injection per 90 days (FDA approved only for Prostate Cancer)); DS (84 day supply min / 90 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
LUPRON DEPOT (4-MONTH)	%	SP; QL (1 injection per 120 days (FDA approved only for Prostate Cancer); x4 copay applies); DS (112 day supply min / 120 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)

Drug	Status	Notes
LUPRON DEPOT (6-MONTH)	%	SP; QL (1 injection per 180 days (FDA approved only for Prostate Cancer); x6 copay applies); DS (167 day supply min / 180 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
TRELSTAR MIXJECT	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZOLADEX	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Mitotic Inhibitors**		
etoposide oral	%	SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Nitrogen Mustards And Related Analogues**		
cyclophosphamide capsule 25 mg oral	%	SP; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
cyclophosphamide capsule 25 mg oral	%	SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
cyclophosphamide capsule 50 mg oral	%	SP; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
cyclophosphamide capsule 50 mg oral	%	SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
cyclophosphamide injection	%	DS (30 day supply max); CP (Tier 1)
cyclophosphamide oral tablet	%	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LEUKERAN	%	SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
melphalan	%	SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Nitrosoureas**		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Ornithine Decarboxylase (Odc) Inhibitors**		
IWILFIN	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**		
COPIKTRA	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
PIQRAY (200 MG DAILY DOSE)	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
PIQRAY (250 MG DAILY DOSE)	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
PIQRAY (300 MG DAILY DOSE)	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZYDELIG	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**		
LYNPARZA ORAL TABLET	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
RUBRACA	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	%	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZEJULA ORAL TABLET	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Progestins-Antineoplastic**		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	%	DS (30 day supply max); CP (Tier 1)
megestrol acetate oral tablet	%	DS (30 day supply max); CP (Tier 1)
Retinoids**		
tretinoin oral	%	PA; SP; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
Selective Estrogen Receptor Degraders**		
ORSERDU	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Selective Retinoid X Receptor Agonists**		
bexarotene oral	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)

Drug	Status	Notes
TARGRETIN ORAL	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Topoisomerase I Inhibitors		
HYCAMTIN ORAL	%	SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Urinary Tract Protective Agents		
MESNEX ORAL	C	SP; DS (30 day supply max)
Vascular Endothelial Growth Factor (Vegf) Inhibitors		
FRUZAQLA	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
INLYTA	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (10 MG DAILY DOSE)	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (12 MG DAILY DOSE)	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (14 MG DAILY DOSE)	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (18 MG DAILY DOSE)	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (20 MG DAILY DOSE)	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (24 MG DAILY DOSE)	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (4 MG DAILY DOSE)	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
LENVIMA (8 MG DAILY DOSE)	%	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antiparkinson And Related Therapy Agents		
Adenosine Receptor Antagonist**		
NOURIANZ	%	PA
Antiparkinson Anticholinergics**		
benztropine mesylate oral	%	
trihexyphenidyl hcl	%	
Antiparkinson Dopaminergics**		
amantadine hcl oral capsule	%	
amantadine hcl oral solution	%	
amantadine hcl oral tablet	%	
bromocriptine mesylate oral	%	
GOCOVRI	%	PA
INBRIJA	%	PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	%	PA
PARLODEL	%	
Antiparkinson Monoamine Oxidase Inhibitors**		
AZILECT	C	SP; DS (30 day supply max)
rasagiline mesylate oral	A	SP; DS (30 day supply max)
selegiline hcl oral	%	
XADAGO	%	PA
ZELAPAR	NC	QL (2 tablets per day); EDL Alt (alternative: selegiline hcl cap 5mg or selegiline hcl tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Central/Peripheral Comt Inhibitors**		
TASMAR ORAL TABLET 100 MG	%	PA
tolcapone	%	PA
Decarboxylase Inhibitors**		
carbidopa oral	%	
LODOSYN	%	
Levodopa Combinations**		
carbidopa-levodopa	%	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	%	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	%	QL (8 tablets per day)

Drug	Status	Notes
RYTARY	%	PA
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	%	
STALEVO 100	%	QL (8 tablets per day)
STALEVO 125	%	QL (8 tablets per day)
STALEVO 150	%	QL (8 tablets per day)
STALEVO 200	%	QL (8 tablets per day)
STALEVO 50	%	QL (8 tablets per day)
STALEVO 75	%	QL (8 tablets per day)
Nonergoline Dopamine Receptor Agonists**		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	D	PA; SP; DS (30 day supply max)
apomorphine hcl subcutaneous	D	PA; SP; DS (30 day supply max)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG	%	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 4.5 MG	%	QL (1 tablet per day)
NEUPRO	C	SP; DS (30 day supply max)
pramipexole dihydrochloride	%	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg	%	
pramipexole dihydrochloride er oral tablet extended release 24 hour 4.5 mg	%	QL (1 tablet per day)
ropinirole hcl	%	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg	%	QL (6 tablets per day); AL (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 2 mg	%	QL (8 tablets per day); AL (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 4 mg	%	QL (4 tablets per day); AL (Min 16 Years)
ropinirole hcl er oral tablet extended release 24 hour 8 mg	%	QL (3 tablets per day); AL (Min 16 Years)
Peripheral Comt Inhibitors**		
COMTAN	%	
entacapone	%	
ONGENTYS	%	PA
Antipsychotics/Antimanic Agents		
Antimanic Agents**		
lithium	%	AL (Min 7 Years)
lithium carbonate er	%	
lithium carbonate oral	%	
LITHOBID	%	
Antipsychotics - Misc.**		
CAPLYTA	%	PA
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	%	QL (3 capsules per day)

Drug	Status	Notes
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	%	QL (8 capsules per day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	%	QL (5 capsules per day)
GEODON INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
GEODON ORAL CAPSULE 20 MG, 60 MG, 80 MG	%	QL (2 capsules per day)
GEODON ORAL CAPSULE 40 MG	%	
LATUDA ORAL TABLET 120 MG	%	PA; QL (1 tablet per day); AL (Min 10 Years)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG, 80 MG	%	PA; QL (2 tablets per day); AL (Min 10 Years)
lurasidone hcl oral tablet 120 mg	%	QL (1 tablet per day); AL (Min 10 Years)
lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg	%	QL (2 tablets per day); AL (Min 10 Years)
NUPLAZID ORAL CAPSULE	%	PA
NUPLAZID ORAL TABLET 10 MG	%	PA
VRAYLAR ORAL CAPSULE	%	QL (1 capsule per day); ST (Step Therapy required: 2 of the following in the last 12 months - aripiprazole, quetiapine, risperidone, Saphris, or ziprasidone); AL (Min 18 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK	%	QL (1 box per 7 days); ST (Step Therapy required: 2 of the following in the last 12 months - aripiprazole, quetiapine, risperidone, Saphris, or ziprasidone); AL (Min 18 Years)
ziprasidone hcl oral capsule 20 mg, 60 mg, 80 mg	%	QL (2 capsules per day)
ziprasidone hcl oral capsule 40 mg	%	
ziprasidone mesylate	A	PA; SP; DS (30 day supply max)
Benzisoxazoles		
FANAPT	%	
FANAPT TITRATION PACK	%	
INVEGA HAFYERA	C	PA; SP; DS (30 day supply max)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 6 MG	%	QL (2 tablets per day); AL (Min 12 Years)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG	%	QL (1 tablet per day); AL (Min 12 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	B	PA; SP; DS (30 day supply max)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	B	PA; SP
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	B	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)

Drug	Status	Notes
paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg	%	QL (2 tablets per day); AL (Min 12 Years)
paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg	%	QL (1 tablet per day); AL (Min 12 Years)
PERSERIS	B	PA; SP; DS (30 day supply max)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	B	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
RISPERDAL ORAL SOLUTION	%	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	%	
risperidone	%	
risperidone er	B	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
risperidone microspheres er	B	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
RYKINDO	B	PA; SP; DS (30 day supply max)
UZEDY	B	PA; SP; DS (30 day supply max)
Butyrophenones**		
haloperidol lactate oral concentrate 2 mg/ml	%	
haloperidol oral	%	
Dibenzodiazepines**		
clozapine	%	
CLOZARIL	%	
VERSACLOZ	%	
Dibenzo-Oxepino Pyrroles**		
asenapine maleate	%	QL (2 tablets per day)
SAPHRIS	%	QL (2 tablets per day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR	%	
SECUADO TRANSDERMAL PATCH 24 HOUR 7.6 MG/24HR	%	QL (1 patch per day)
Dibenzothiazepines**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	%	QL (1 tablet per day); AL (Min 10 Years)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	%	QL (2 tablets per day); AL (Min 10 Years)
quetiapine fumarate oral tablet 100 mg, 150 mg, 300 mg, 400 mg	%	QL (2 tablets per day); AL (Min 10 Years)
quetiapine fumarate oral tablet 200 mg, 25 mg, 50 mg	%	QL (3 tablets per day); AL (Min 10 Years)
SEROQUEL ORAL TABLET 100 MG, 300 MG, 400 MG	%	QL (2 tablets per day); AL (Min 10 Years)
SEROQUEL ORAL TABLET 200 MG, 25 MG, 50 MG	%	QL (3 tablets per day); AL (Min 10 Years)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	%	QL (1 tablet per day); AL (Min 10 Years)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG	%	QL (2 tablets per day); AL (Min 10 Years)

Drug	Status	Notes
Dibenzoxazepines**		
loxapine succinate oral	%	
Dihydroindolones**		
molindone hcl	%	
Phenothiazines**		
chlorpromazine hcl injection	%	PA
chlorpromazine hcl oral concentrate	NC	EDL Alt (alternative: chlorpromazine hcl tab 25mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
chlorpromazine hcl oral tablet	%	
COMPRO	%	
fluphenazine decanoate injection	%	PA
fluphenazine hcl injection	%	PA
fluphenazine hcl oral	%	
perphenazine oral	%	
prochlorperazine	%	
prochlorperazine edisylate injection solution 10 mg/2ml	%	PA
prochlorperazine maleate oral	%	
thioridazine hcl oral	%	
trifluoperazine hcl oral	%	
Quinolinone Derivatives**		
ABILIFY ASIMTUFII	B	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	B	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	B	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ABILIFY ORAL TABLET 10 MG, 2 MG, 5 MG	%	QL (2 tablets per day)
ABILIFY ORAL TABLET 15 MG, 20 MG, 30 MG	%	QL (1 tablet per day)
aripiprazole oral solution	%	QL (25ml per day)
aripiprazole oral tablet 10 mg, 2 mg, 5 mg	%	QL (2 tablets per day)
aripiprazole oral tablet 15 mg, 20 mg, 30 mg	%	QL (1 tablet per day)
aripiprazole oral tablet dispersible	%	
ARISTADA	C	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ARISTADA INITIO	C	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
REXULTI ORAL TABLET 0.25 MG	%	PA; QL (2 tablets per day); AL (Min 18 Years)
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	%	PA; QL (1 tablet per day); AL (Min 18 Years)

Drug	Status	Notes
Thienbenzodiazepines**		
olanzapine intramuscular	A	PA; SP; DS (30 day supply max)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	%	QL (2 tablets per day)
olanzapine oral tablet 15 mg, 20 mg	%	QL (1 tablet per day)
olanzapine oral tablet 7.5 mg	%	QL (3 tablets per day)
olanzapine oral tablet dispersible 10 mg, 5 mg	%	QL (2 tablets per day)
olanzapine oral tablet dispersible 15 mg, 20 mg	%	QL (1 tablet per day)
ZYPREXA INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG	%	QL (2 tablets per day)
ZYPREXA ORAL TABLET 15 MG, 20 MG	%	QL (1 tablet per day)
ZYPREXA ORAL TABLET 7.5 MG	%	QL (3 tablets per day)
ZYPREXA RELPREVV	B	PA; SP; DS (30 day supply max)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 5 MG	%	QL (2 tablets per day)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG, 20 MG	%	QL (1 tablet per day)
Thioxanthenes**		
thiothixene oral	%	
Antiseptics & Disinfectants		
Antiseptics & Disinfectants**		
formaldehyde external solution 37 %	%	
Antivirals		
Antiretroviral Combinations**		
abacavir sulfate-lamivudine	%	
ATRIPLA	%	QL (1 tablet per day); AL (Min 18 Years)
BIKTARVY	%	QL (1 tablet per day)
CIMDUO	%	QL (1 tablet per day)
COMBIVIR	%	
COMPLERA	%	
DELSTRIGO	%	QL (1 tablet per day); AL (Min 12 Years)
DESCOVY	%	QL (1 tablet per day); ST (Step Therapy required: 3 months in the last 6 months - emtricitabine-tenofovir disoproxil fumarate (generic for Truvada))
DOVATO	%	
efavirenz-emtricitab-tenofo df	%	QL (1 tablet per day); AL (Min 18 Years)
efavirenz-lamivudine-tenofovir	%	QL (1 tablet per day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	%	QL (1 tablet per day)
emtricitabine-tenofovir df oral tablet 200-300 mg	$0	QL (1 tablet per day); ACA (Tier 3 OR coinsurance if ACA does not apply)
EPZICOM	%	

Drug	Status	Notes
EVOTAZ	%	
GENVOYA	%	
JULUCA	%	PA
KALETRA ORAL SOLUTION	%	
KALETRA ORAL TABLET	%	
lamivudine-zidovudine	%	
lopinavir-ritonavir	%	
ODEFSEY	%	
PREZCOBIX	%	
STRIBILD	%	
SYMFI	%	QL (1 tablet per day)
SYMFI LO	%	QL (1 tablet per day)
SYMTUZA	%	
TRIUMEQ	%	QL (1 tablet per day)
TRIUMEQ PD	%	QL (6 tablets per day); AL (Max 10 Years)
TRIZIVIR	%	QL (2 tablets per day)
TRUVADA	%	QL (1 tablet per day)
Antiretrovirals - Capsid Inhibitors**		
SUNLENCA ORAL	D	PA; SP; QL (5 tablets per 30 days; with a limit of 1 fill per month); DS (30 day supply max)
SUNLENCA SUBCUTANEOUS	D	PA; SP; QL (3ml per 6 months); DS (167 day supply min / 180 day supply max)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**		
maraviroc	%	QL (2 tablets per day)
SELZENTRY ORAL SOLUTION	%	
SELZENTRY ORAL TABLET	%	QL (2 tablets per day)
Antiretrovirals - Fusion Inhibitors**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	B	PA; SP; DS (30 day supply max)
Antiretrovirals - Gp120-Directed Attachment Inhibitor**		
RUKOBIA	%	PA
Antiretrovirals - Integrase Inhibitors**		
ISENTRESS	%	
ISENTRESS HD	%	
TIVICAY	%	
TIVICAY PD	%	
Antiretrovirals - Protease Inhibitors**		
APTIVUS ORAL CAPSULE	%	
atazanavir sulfate oral capsule 150 mg, 200 mg	%	
atazanavir sulfate oral capsule 300 mg	%	QL (1 capsule per day)

Drug	Status	Notes
darunavir	%	QL (2 tablets per day)
fosamprenavir calcium	%	
LEXIVA	%	
NORVIR ORAL PACKET	%	
NORVIR ORAL TABLET	%	
PREZISTA ORAL SUSPENSION	%	
PREZISTA ORAL TABLET 150 MG	%	
PREZISTA ORAL TABLET 600 MG, 800 MG	%	QL (2 tablets per day)
PREZISTA ORAL TABLET 75 MG	%	QL (6 tablets per day)
REYATAZ ORAL CAPSULE 200 MG	%	
REYATAZ ORAL CAPSULE 300 MG	%	QL (1 capsule per day)
REYATAZ ORAL PACKET	%	
ritonavir	%	
VIRACEPT ORAL TABLET	%	
Antiretrovirals - Rti-Non-Nucleoside Analogues**		
EDURANT	%	QL (1 tablet per day)
efavirenz oral capsule 200 mg	%	QL (1 capsule per day)
efavirenz oral capsule 50 mg	%	QL (2 capsules per day)
efavirenz oral tablet	%	QL (1 tablet per day)
etravirine	%	
INTELENCE	%	
nevirapine	%	
nevirapine er oral tablet extended release 24 hour 400 mg	%	
PIFELTRO	%	QL (1 tablet per day); AL (Min 12 Years)
SUSTIVA ORAL TABLET	%	QL (1 tablet per day)
Antiretrovirals - Rti-Nucleoside Analogues-Purines**		
abacavir sulfate	%	
ZIAGEN	%	
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**		
emtricitabine	%	QL (1 capsule per day)
EMTRIVA ORAL CAPSULE	%	QL (1 capsule per day)
EMTRIVA ORAL SOLUTION	%	QL (24ml per day)
EPIVIR	%	
lamivudine oral solution	%	
lamivudine oral tablet 150 mg, 300 mg	%	
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**		
RETROVIR ORAL CAPSULE	%	
RETROVIR ORAL SYRUP	%	
zidovudine	%	

Drug	Status	Notes
Antiretrovirals - Rti-Nucleotide Analogues**		
tenofovir disoproxil fumarate	%	QL (1 tablet per day)
VIREAD ORAL POWDER	%	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	%	
VIREAD ORAL TABLET 300 MG	%	QL (1 tablet per day)
Antiretrovirals Adjuvants**		
TYBOST	%	QL (1 tablet per day)
Antiviral Combinations**		
PAXLOVID (150/100)	%	QL (4 tablets per day); DS (5 day supply max (limited to 2 fills per year))
PAXLOVID (300/100)	%	QL (6 tablets per day); DS (5 day supply max (limited to 2 fills per year))
Cmv Agents**		
LIVTENCITY	D	PA; SP; DS (30 day supply max)
PREVYMIS ORAL	D	PA; SP; DS (30 day supply max)
VALCYTE ORAL SOLUTION RECONSTITUTED	C	PA; SP; DS (30 day supply max)
VALCYTE ORAL TABLET	D	PA; SP; DS (30 day supply max)
valganciclovir hcl	A	SP; DS (30 day supply max)
Hepatitis B Agents**		
adefovir dipivoxil	A	SP; DS (30 day supply max)
BARACLUDE ORAL SOLUTION	B	SP; DS (30 day supply max); AL (Min 16 Years)
BARACLUDE ORAL TABLET	D	SP; DS (30 day supply max); AL (Min 16 Years)
entecavir	A	SP; DS (30 day supply max); AL (Min 16 Years)
lamivudine oral tablet 100 mg	A	SP; DS (30 day supply max)
VEMLIDY	B	PA; SP; QL (1 tablet per day); DS (30 day supply max); AL (Min 18 Years)
Hepatitis C Agent - Combinations**		
EPCLUSA ORAL PACKET	D	PA; SP; DS (30 day supply max)
EPCLUSA ORAL TABLET 200-50 MG	D	PA; SP; DS (30 day supply max)
EPCLUSA ORAL TABLET 400-100 MG	D	PA; SP; QL (1 tablet per day); DS (30 day supply max)
HARVONI	C	PA; SP; DS (30 day supply max)
ledipasvir-sofosbuvir	B	PA; SP; DS (30 day supply max)
MAVYRET	B	PA; SP; DS (30 day supply max)
sofosbuvir-velpatasvir	B	PA; SP; QL (1 tablet per day); DS (30 day supply max)
VOSEVI	D	PA; SP; DS (30 day supply max)
ZEPATIER	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
Hepatitis C Agents**		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	B	SP; DS (30 day supply max)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	SP; DS (30 day supply max)
ribavirin oral capsule	A	SP; DS (30 day supply max)
ribavirin oral tablet 200 mg	A	SP; DS (30 day supply max)
SOVALDI	D	PA; SP; DS (30 day supply max)
Herpes Agents - Purine Analogues**		
acyclovir oral	%	
SITAVIG	%	PA; QL (15 tablets per 90 days); DS (90 day supply max); AL (Min 16 Years)
valacyclovir hcl oral tablet 1 gm	%	QL (4 tablets per day)
valacyclovir hcl oral tablet 500 mg	%	QL (2 tablets per day)
VALTREX ORAL TABLET 1 GM	%	QL (4 tablets per day)
VALTREX ORAL TABLET 500 MG	%	QL (2 tablets per day)
Herpes Agents - Thymidine Analogues**		
famciclovir oral	%	
Influenza Agents**		
rimantadine hcl	%	
Misc. Antivirals**		
LAGEVRIO	%	PA
Neuraminidase Inhibitors**		
oseltamivir phosphate oral capsule	%	QL (2 capsules per day); DS (5 day supply max)
oseltamivir phosphate oral suspension reconstituted	%	QL (120ml for 5 days (2x 60ml)); DS (5 day supply max)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	%	QL (1 inhaler per month)
TAMIFLU ORAL CAPSULE	%	QL (2 capsules per day); DS (5 day supply max)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	%	QL (120ml for 5 days (2x 60ml)); DS (5 day supply max)
Pa Endonuclease Inhibitors**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	%	QL (2 tablets per day, with a limitation of 1 fill per month.)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	%	QL (2 tablets per day, with a limitation of 1 fill per month.)
Beta Blockers		
Alpha-Beta Blockers**		
carvedilol	%	HDHP
carvedilol phosphate er	%	HDHP
COREG	%	HDHP

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

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

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

Drug	Status	Notes
Cardiotonics		
Cardiac Glycosides**		
DIGOX	%	
digoxin oral	%	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	%	
Cardiovascular Agents - Misc.		
Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb**		
amlodipine-atorvastatin oral tablet 10-10 mg	NC	EDL Alt (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 10-20 mg	NC	EDL Alt (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 10-40 mg	NC	EDL Alt (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 10-80 mg	NC	QL (1 tablet per day); EDL Alt (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 80mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 2.5-10 mg	NC	EDL Alt (alternative: amlodipine besylate tab 2.5mg plus atorvastatin calcium tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 2.5-20 mg	NC	EDL Alt (alternative: amlodipine besylate tab 2.5mg plus atorvastatin calcium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 2.5-40 mg	NC	EDL Alt (alternative: amlodipine besylate tab 2.5mg plus atorvastatin calcium tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 5-10 mg	NC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 5-20 mg	NC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
amlodipine-atorvastatin oral tablet 5-40 mg	NC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
amlodipine-atorvastatin oral tablet 5-80 mg	NC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 80mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CADUET ORAL TABLET 10-10 MG	NC	EDL Alt (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CADUET ORAL TABLET 10-20 MG, 10-40 MG	NC	EDL Alt (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CADUET ORAL TABLET 10-80 MG	NC	QL (1 tablet per day); EDL Alt (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CADUET ORAL TABLET 5-10 MG	NC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CADUET ORAL TABLET 5-20 MG	NC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CADUET ORAL TABLET 5-40 MG	NC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CADUET ORAL TABLET 5-80 MG	NC	EDL Alt (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 80mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Cardiac Myosin Inhibitors**		
CAMZYOS	D	PA; SP; DS (30 day supply max)
Cardiovascular Anti-Inflammatory/Immune Modulators**		
LODOCO	NC	EDL Alt (Alternative: colchicine 0.6mg capsule); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Cardiovascular Sglt2 Inhibitors*		
INPEFA	%	QL (1 tablet per day); ST (Step Therapy required: any of the following for 3 months in the last 6 months - Farxiga or Jardiance); AL (Min 18 Years)

Drug	Status	Notes
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**		
ENTRESTO	%	QL (2 tablets per day); ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol)
Nitrate & Vasodilator Combinations**		
BIDIL	%	QL (6 tablets per day); AL (Min 16 Years)
isosorb dinitrate-hydralazine	%	QL (6 tablets per day); AL (Min 16 Years)
Pde Inhibitor-Endothelin Recptor Antagonist Combinations**		
OPSYNVI	D	PA; SP; DS (30 day supply max)
Prostaglandin - Impotence Agents**		
CAVERJECT IMPULSE	NC	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG	NC	QL (6 vials per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG	NC	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
EDEX INTRACAVERNOSAL KIT 40 MCG	NC	QL (6 pellets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
MUSE URETHRAL PELLET 1000 MCG, 250 MCG, 500 MCG	NC	QL (6 pellets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
Prostaglandin Vasodilators**		
ORENITRAM	D	PA; SP; DS (30 day supply max)
ORENITRAM MONTH 1	D	PA; SP; DS (30 day supply max)
ORENITRAM MONTH 2	D	PA; SP; DS (30 day supply max)
ORENITRAM MONTH 3	D	PA; SP; DS (30 day supply max)
TYVASO	D	PA; SP; DS (30 day supply max)
TYVASO DPI INSTITUTIONAL KIT	D	PA; SP; DS (30 day supply max)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	D	PA; SP; DS (30 day supply max)
TYVASO DPI TITRATION KIT	D	PA; SP; DS (30 day supply max)
TYVASO REFILL	D	PA; SP; DS (30 day supply max)
TYVASO STARTER	D	PA; SP; DS (30 day supply max)
VENTAVIS	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)**		
ADEMPAS	D	PA; SP; DS (30 day supply max); AL (Min 18 Years)
Pulmonary Hypertension - Endothelin Receptor Antagonists**		
ambrisentan	A	PA; SP; QL (1 tablet per day); DS (30 day supply max); AL (Min 18 Years)
bosentan	D	PA; SP; DS (30 day supply max)
LETAIRIS	D	PA; SP; QL (1 tablet per day); DS (30 day supply max); AL (Min 18 Years)
OPSUMIT	D	PA; SP; DS (30 day supply max)
TRACLEER	D	PA; SP; DS (30 day supply max)
Pulmonary Hypertension - Phosphodiesterase Inhibitors**		
ADCIRCA	D	PA; SP; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
ALYQ	C	PA; SP; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
LIQREV	Not Covered	DS (30 day supply max); EDL Alt (alternative: sildenafil citrate suspension 10mg/ml (generic for Revatio)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
REVATIO ORAL SUSPENSION RECONSTITUTED	D	PA; SP; QL (6 ml per day); DS (30 day supply max); AL (Min 18 Years)
REVATIO ORAL TABLET	D	PA; SP; QL (3 tablets per day); DS (30 day supply max); AL (Min 18 Years)
sildenafil citrate oral suspension reconstituted	C	SP; QL (6 ml per day); DS (30 day supply max); ST (Step Therapy required: trial of one 30 day supply fill of sildenafil citrate 20mg tablet in last 6 months); AL (Min 18 Years)
sildenafil citrate oral tablet 20 mg	A	SP; QL (3 tablets per day); DS (30 day supply max); AL (Min 18 Years)
tadalafil (pah)	C	PA; SP; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
TADLIQ	D	PA; SP; DS (30 day supply max)
Pulmonary Hypertension - Prostacyclin Receptor Agonist**		
UPTRAVI ORAL	D	PA; SP; DS (30 day supply max); AL (Min 18 Years)
UPTRAVI TITRATION	D	PA; SP; DS (30 day supply max); AL (Min 18 Years)

Drug	Status	Notes
Selective Cgmp Phosphodiesterase Type 5 Inhibitors**		
CIALIS ORAL TABLET 10 MG, 20 MG	NC	QL (8 tablets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M; AL (Min 18 Years)
CIALIS ORAL TABLET 2.5 MG, 5 MG	%	QL (1 tablet per day); ST (Step Therapy required: BOTH of the following for 3 months in the last 18 months - tadalafil AND a benign prostatic hyperplasia (BPH) medication to include alfuzosin ER, tamsulosin, silodosin, finasteride 5mg, dutasteride, or dutasteride-tamsulosin (generic for Jalyn)); M; AL (Min 18 Years)
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	NC	QL (8 tablets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
STENDRA	NC	QL (8 tablets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
tadalafil oral tablet 10 mg, 20 mg	NC	QL (8 tablets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M; AL (Min 18 Years)
tadalafil oral tablet 2.5 mg, 5 mg	%	QL (1 tablet per day); M; AL (Min 18 Years)
vardenafil hcl oral	NC	QL (8 tablets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
VIAGRA	NC	QL (8 tablets per 30 days); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
Sinus Node Inhibitors*		
CORLANOR	%	PA
Transthyretin Stabilizers**		
VYNDAMAX	D	PA; SP; DS (30 day supply max)
VYNDAQEL	D	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)**		
VERQUVO	%	PA; QL (1 tablet per day)
Cephalosporins		
Cephalosporins - 1St Generation**		
cefadroxil	%	

Drug	Status	Notes
cephalexin oral capsule 250 mg, 500 mg	%	
cephalexin oral capsule 750 mg	NC	EDL Alt (alternative: cephalexin cap 250mg plus cephalexin cap 500mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
cephalexin oral suspension reconstituted	%	
cephalexin oral tablet	%	
Cephalosporins - 2Nd Generation**		
cefaclor er	%	
cefaclor oral capsule	%	QL (3 capsules per day, 1 fill per month); DS (10 day supply max)
cefaclor oral suspension reconstituted 125 mg/5ml, 375 mg/5ml	%	
cefprozil	%	
cefuroxime axetil oral tablet	%	
Cephalosporins - 3Rd Generation**		
cefdinir	%	
cefixime	%	
cefpodoxime proxetil	%	
Contraceptives		
Biphasic Contraceptives - Oral**		
AZURETTE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KARIVA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LO LOESTRIN FE	$0	QL (28 tablets per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
PIMTREA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SIMLIYA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
viorele	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VOLNEA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
Combination Contraceptives - Oral**		
AFIRMELLE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ALTAVERA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
alyacen 1/35	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
APRI	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUBRA EQ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AVIANE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AYUNA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BALCOLTRA	NC	QL (28 tablets per month); EDL Alt (alternative: Vienva tab 0.1mg-20mcg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); F
BALZIVA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
BEYAZ	NC	QL (28 tablets per month); EDL Alt (alternative: drospiren-eth estrad-levomefol tab 3-0.02-0.451mg, Safyral tab 3-0.03-0.451mg, Tydemy tab 3-0.03-0.451mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); F
BLISOVI 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BLISOVI FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BLISOVI FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
briellyn	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CHARLOTTE 24 FE	%	QL (28 tablets per month); F
CHATEAL EQ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CRYSELLE-28	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CYRED EQ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DASETTA 1/35	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DELYLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
drospiren-eth estrad-levomefol	%	QL (28 tablets per month); F
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	%	QL (28 tablets per month); F
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ELINEST	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
ESTARYLLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ethynodiol diac-eth estradiol	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FALMINA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FINZALA	%	QL (28 tablets per month); F
GEMMILY	%	QL (28 capsules per month); F
HAILEY 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ISIBLOOM	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JASMIEL	%	QL (28 tablets per month); F
JOYEAUX	NC	QL (28 tablets per month); EDL Alt (alternative: Vienva tab 0.1mg-20mcg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); F
JULEBER	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
JUNEL FE 24	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KAITLIB FE	%	QL (28 tablets per month); F
KALLIGA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KELNOR 1/35	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KELNOR 1/50	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KURVELO	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LAYOLIS FE	%	QL (28 tablets per month); F
LESSINA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
levonorgest-eth estradiol-iron	NC	QL (28 tablets per month); EDL Alt (alternative: Vienva tab 0.1mg-20mcg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); F
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEVORA 0.15/30 (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LOESTRIN 1.5/30 (21)	%	QL (28 tablets per month); F

Drug	Status	Notes
LOESTRIN 1/20 (21)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LOESTRIN FE 1.5/30	%	QL (28 tablets per month); F
LOESTRIN FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LORYNA	%	QL (28 tablets per month); F
LOW-OGESTREL	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LO-ZUMANDIMINE	%	QL (28 tablets per month); F
LUTERA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
marlissa	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MERZEE	%	QL (28 tablets per month); F
MICROGESTIN 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN FE 1.5/30	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN FE 1/20	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MILI	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MINASTRIN 24 FE	NC	QL (28 tablets per month); EDL Alt (alternative: norethin ace-eth estrad-fe chew tab 1mg-20mcg(24), Mibelas 24 FE tab 1mg-20mcg(24), Charlotte 24 FE tab 1mg-20mcg(24), norethin ace-eth estrad FE 24 tab 1/20, Aurovela 24 1/20, Blisovi 24 1/20, Hailey 24 1/20, Junel FE 24 1/20, Larin 24 FE 1/20, Microgestin 24 1/20, Tarina 24 FE 1/20); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); F

Drug	Status	Notes
MONO-LINYAH	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NECON 0.5/35 (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NEXTSTELLIS	%	QL (1 tablet per day); F
NIKKI	%	QL (28 tablets per month); F
norethin ace-eth estrad-fe oral capsule	%	QL (28 capsules per month); F
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norethin ace-eth estrad-fe oral tablet chewable	%	QL (28 tablets per month); F
norethindrone acet-ethinyl est oral tablet	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	%	QL (28 tablets per month); F
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 0.5/35 (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 1/35 (21)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 1/35 (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NYLIA 1/35	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
OCELLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ORSYTHIA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PHILITH	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PORTIA-28	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
RECLIPSEN	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SAFYRAL	%	QL (28 tablets per month); F
SPRINTEC 28	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SRONYX	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SYEDA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TARINA 24 FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TARINA FE 1/20 EQ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TAYSOFY	%	QL (28 capsules per month); F
TAYTULLA	%	QL (28 capsules per month); F
TURQOZ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TYDEMY	%	QL (28 tablets per month); F
VIENVA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VYFEMLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VYLIBRA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
WERA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
WYMZYA FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
YASMIN 28	%	QL (28 tablets per month); F

Drug	Status	Notes
YAZ	NC	QL (28 tablets per month); EDL Alt (alternative: drospirenone-ethinyl estradiol tab 3-0.02mg, Jasmiel tab 3-0.02mg, Lo-Zumandimine tab 3-0.02mg, Nikki tab 3-0.02mg, Loryna tab 3-0.02mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); F
ZUMANDIMINE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Combination Contraceptives - Transdermal**		
norelgestromin-eth estradiol	$0	QL (3 patches per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
TWIRLA	%	QL (3 patches per month); F
XULANE	$0	QL (3 patches per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
ZAFEMY	$0	QL (3 patches per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
Combination Contraceptives - Vaginal**		
ANNOVERA	%	PA; QL (1 ring per year. 12 copays apply.); DS (365 day supply must be billed); F
ELURYNG	$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENILLORING	$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
etonogestrel-ethinyl estradiol	$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HALOETTE	$0	QL (1 vaginal ring per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NUVARING	%	QL (1 vaginal ring per month); F
Continuous Contraceptives - Oral**		
AMETHYST	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

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

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

Drug	Status	Notes
Progestin Contraceptives - Oral**		
CAMILA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DEBLITANE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
EMZAHH	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ERRIN	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HEATHER	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
INCASSIA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JENCYCLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LYLEQ	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LYZA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORA-BE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norethindrone oral	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORLYDA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORLYROC	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SHAROBEL	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SLYND	%	QL (28 tablets per month); ST (Step Therapy required: 3 months in the last 6 months - norethindrone); F

Drug	Status	Notes
Triphasic Contraceptives - Oral**		
alyacen 7/7/7	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ARANELLE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DASETTA 7/7/7	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENPRESSE-28	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEENA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEVONEST	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norethindron-ethinyl estrad-fe	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
norgestim-eth estrad triphasic	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 7/7/7	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NYLIA 7/7/7	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ORTHO TRI-CYCLEN LO	%	QL (28 tablets per month); F
PIRMELLA 7/7/7	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TILIA FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI FEMYNOR	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-ESTARYLLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
TRI-LEGEST FE	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LINYAH	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-ESTARYLLA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-MARZIA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-MILI	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-SPRINTEC	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-MILI	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRINESSA (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-NYMYO	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-SPRINTEC	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRIVORA (28)	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-VYLIBRA	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-VYLIBRA LO	$0	QL (28 tablets per month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VELIVET	$0	QL (28 tablets per month); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
Corticosteroids		
Glucocorticosteroids*		
AGAMREE	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
ALKINDI SPRINKLE	NC	EDL Alt (alternative: hydrocortisone tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
budesonide er oral tablet extended release 24 hour	%	
budesonide oral	%	QL (3 capsules per day)
CORTEF	%	
deflazacort	%	PA; DS (30 day supply max); AL (Min 5 Years)
dexabliss	NC	EDL Alt (alternative: dexamethasone tab 0.75mg or 1.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DEXAMETHASONE INTENSOL	%	
dexamethasone oral elixir	%	
dexamethasone oral solution	%	
dexamethasone oral tablet	%	
dexamethasone oral tablet therapy pack	NC	EDL Alt (alternative: dexamethasone tab 0.75mg or 1.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
EMFLAZA	%	PA; AL (Min 5 Years)
EOHILIA	D	PA; SP; DS (30 day supply max)
HEMADY	NC	EDL Alt (alternative: dexamethasone tab (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
HIDEX 6-DAY	NC	EDL Alt (alternative: dexamethasone tab 0.75mg or 1.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
hydrocortisone oral	%	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	%	
MEDROL ORAL TABLET THERAPY PACK	%	
methylprednisolone oral	%	
ORAPRED ODT	%	
ORTIKOS	%	QL (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - budesonide cap 3mg DR); AL (Min 8 Years)
PEDIAPRED	%	
prednisolone oral solution	%	

Drug	Status	Notes
prednisolone oral tablet	NC	EDL Alt (alternative: prednisolone solution 25mg/5ml, Medrol 32mg, methylpred 32mg, prednisolone solution 20mg/5ml); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	%	
prednisolone sodium phosphate oral tablet dispersible	%	
PREDNISONE INTENSOL	%	
prednisone oral	%	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG	NC	EDL Alt (alternative: prednisone tab 1mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RAYOS ORAL TABLET DELAYED RELEASE 2 MG	NC	EDL Alt (alternative: prednisone tab 1mg or 2.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RAYOS ORAL TABLET DELAYED RELEASE 5 MG	NC	EDL Alt (alternative: prednisone tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SOLU-CORTEF	%	
TAPERDEX 12-DAY	NC	EDL Alt (alternative: dexamethasone tab 0.75mg or 1.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TAPERDEX 6-DAY	NC	EDL Alt (alternative: dexamethasone tab 0.75mg or 1.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	NC	EDL Alt (alternative: dexamethasone tab 0.75mg or 1.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TARPEYO	D	PA; SP; DS (30 day supply max)
UCERIS ORAL	%	
Mineralocorticoids		
fludrocortisone acetate oral	%	
Cough/Cold/Allergy		
Antitussive - Nonnarcotic		
benzonatate oral capsule 100 mg, 200 mg	%	
benzonatate oral capsule 150 mg	NC	EDL Alt (alternative: benzonatate cap 100mg or benzonatate cap 200mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Antitussive - Opioid		
HYCODAN ORAL SOLUTION	%	QL (150ml per 10 days. 1 fill per month.); DS (10 day supply max)

Drug	Status	Notes
HYCODAN ORAL TABLET	%	QL (9 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydrocodone bit-homatrop mbr oral solution	%	QL (150ml per 10 days. 1 fill per month.); DS (10 day supply max)
hydrocodone bit-homatrop mbr oral tablet	%	QL (9 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
hydromet oral solution	%	QL (150ml per 10 days. 1 fill per month.); DS (10 day supply max)
Decongestant & Antihistamine**		
CLARINEX-D 12 HOUR	%	QL (2 tablets per day); ST (Step Therapy required: any of the following in the last 1 month - Desloratadine 5mg tabs or 2.5mg/5mg ODT tabs)
promethazine vc	%	QL (15ml per day); DS (10 day supply max)
Decongestant W/ Expectorant**		
GILPHEX TR ORAL TABLET 10-388 MG	%	
Misc. Respiratory Inhalants**		
HYPERSAL	%	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	%	
Mucolytics**		
acetylcysteine inhalation	%	
Non-Narc Antitussive-Antihistamine**		
promethazine-dm oral syrup	%	
Non-Narc Antitussive-Decongestant-Antihistamine**		
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	%	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	%	
Opioid Antitussive-Antihistamine**		
hydrocod poli-chlorphe poli er	%	QL (120 ML limit per 7 days); DS (Limited to 1 fill per month); AL (Min 18 Years)
promethazine-codeine	%	QL (150ml per 10 days. 1 fill per month.); DS (10 day supply max)
TUXARIN ER	NC	EDL Alt (alternative: codeine sulfate tab 60mg plus chlorpheniramine (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
Opioid Antitussive-Decongestant-Antihistamine**		
promethazine vc/codeine	%	QL (150ml per 10 days. 1 fill per month.); DS (10 day supply max)
Dermatologicals		
Acne Antibiotics**		
ACZONE	NC	EDL Alt (alternative: dapsone gel 5% or 7.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
AMZEEQ	%	QL (1gm per day); ST (Step Therapy required: BOTH of the following in the last 3 months - minocycline hcl cap 100mg AND tretinoin gel 0.04%); AL (Min 9 Years)
CLEOCIN-T EXTERNAL LOTION	NC	EDL Alt (alternative: clindamycin phosphate lotion 1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CLINDACIN	%	QL (1x50gm can per month)
CLINDACIN ETZ EXTERNAL SWAB	%	
CLINDACIN-P	%	
CLINDAGEL	NC	EDL Alt (alternative: clindamycin phosphate gel 1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
clindamycin phosphate external foam	%	QL (1x50gm can per month)
clindamycin phosphate external gel	%	
clindamycin phosphate external lotion	%	
clindamycin phosphate external solution	%	
clindamycin phosphate external swab	%	
dapsone external	%	
ery	%	
ERYGEL	%	
erythromycin external gel	%	
erythromycin external solution	%	
KLARON	NC	EDL Alt (alternative: sulfacetamide sodium lotion 10% (acne)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
sulfacetamide sodium (acne)	%	
Acne Combinations**		
ACANYA	NC	EDL Alt (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 2.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
adapalene-benzoyl peroxide external gel	NC	EDL Alt (alternative: adapalene gel 0.1% (OTC) plus benzoyl peroxide gel 2.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
bp 10-1	%	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-5 %	NC	EDL Alt (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 2.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	NC	EDL Alt (Alternative : clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
clindamycin phos-benzoyl perox external gel 1-5 %	%	
clindamycin-tretinoin	NC	EDL Alt (alternative: clindamycin phosphate gel 1% plus tretinoin gel 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
EPIDUO	NC	EDL Alt (alternative: adapalene gel 0.1% (OTC) plus benzoyl peroxide gel 2.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
EPIDUO FORTE	NC	EDL Alt (alternative: adapalene gel 0.1% (OTC) plus benzoyl peroxide gel 2.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
NEUAC EXTERNAL GEL	NC	EDL Alt (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ONEXTON	NC	EDL Alt (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TWYNEO	NC	EDL Alt (alternative: tretinoin plus benzoyl peroxide (OTC) taken separately); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
VELTIN	NC	EDL Alt (alternative: clindamycin phosphate gel 1% plus tretinoin gel 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ZIANA	NC	EDL Alt (alternative: clindamycin phosphate gel 1% plus tretinoin gel 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
Acne Products**		
ABSORICA	NC	EDL Alt (alternative: accutane, amnesteem, claravis, isotretinoin, myorisan, or zenatane caps (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ABSORICA LD	NC	EDL Alt (alternative: Amnesteem, Claravis, isotretinoin, Myorisan, or Zenatane); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ACCUTANE	%	
AKLIEF	%	QL (45gm per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 12 months - tretinoin 0.1% or 0.05% AND tazarotene 0.1%); AL (Min 9 Years)
ALTRENO	%	QL (45gm per month)
AMNESTEEM	%	
ARAZLO	NC	EDL Alt (alternative: tazarotene cream 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ATRALIN	NC	EDL Alt (alternative: tretinoin gel 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
AVITA EXTERNAL CREAM	NC	EDL Alt (alternative: tretinoin cream 0.025%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
AZELEX	NC	EDL Alt (alternative: azelaic acid gel 15%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CLARAVIS	%	
FABIOR	NC	EDL Alt (alternative: tazarotene cream 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
isotretinoin oral	%	
RETIN-A EXTERNAL CREAM 0.025 %	NC	EDL Alt (alternative: tretinoin cream 0.025%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RETIN-A EXTERNAL CREAM 0.05 %	NC	EDL Alt (alternative: tretinoin cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RETIN-A EXTERNAL CREAM 0.1 %	NC	EDL Alt (alternative: tretinoin cream 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RETIN-A EXTERNAL GEL 0.01 %	NC	EDL Alt (alternative: tretinoin gel 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

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

Drug	Status	Notes
Antibiotics - Topical**		
ALTABAX	%	QL (1gm per day)
gentamicin sulfate external	%	
mupirocin calcium	NC	EDL Alt (alternative: mupirocin ointment 2%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
mupirocin external	%	
XEPI	%	QL (1-30 gram tube/box per month); ST (Step Therapy required: 3 months in the last 12 months - mupirocin ointment 2%); AL (Min 2 Years)
Antifungals - Topical Combinations**		
clotrimazole-betamethasone	%	
nystatin-triamcinolone	%	
Antifungals - Topical**		
CICLODAN EXTERNAL SOLUTION	%	
ciclopirox external	%	
ciclopirox olamine external	%	
KLAYESTA	%	
LOPROX EXTERNAL SUSPENSION	%	
naftifine hcl external cream	%	
naftifine hcl external gel 2 %	%	
NAFTIN EXTERNAL GEL	%	
NYAMYC	%	
nystatin external	%	
NYSTOP	%	
Antineoplastic Alkylating Agents - Topical**		
VALCHLOR	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 18 Years)
Antineoplastic Antimetabolites - Topical**		
CARAC	%	PA; QL (1gm per day); DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
EFUDEX EXTERNAL CREAM	%	PA; SP; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
fluorouracil external cream 0.5 %	%	PA; QL (1gm per day); DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
fluorouracil external cream 5 %	%	SP; DS (30 day supply max); CP (Tier 1)

Drug	Status	Notes
fluorouracil external solution 2 %	%	DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
fluorouracil external solution 5 %	%	DS (30 day supply max); CP (Tier 1)
TOLAK	%	QL (40 MG per Month)
Antineoplastic Or Premalignant Lesions - Topical Nsaid's**		
diclofenac sodium external gel 3 %	%	PA; QL (1-100gm tube); DS (30 day supply max); CP (Tier 1)
Antineoplastic Retinoids - Topical**		
PANRETIN	%	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Antipruritics - Topical**		
doxepin hcl external	%	QL (30gm in 30 days); ST (Step Therapy required: 2 of the following in the last 6 months - fluocinolone, triamcinolone, betamethasone diporprionate)
PRUDOXIN	%	QL (30gm in 30 days); ST (Step Therapy required: 2 of the following in the last 6 months - fluocinolone, triamcinolone, betamethasone diporprionate)
ZONALON	%	QL (30gm in 30 days); ST (Step Therapy required: 2 of the following in the last 6 months - fluocinolone, triamcinolone, betamethasone diporprionate)
Antipsoriatics - Systemic**		
acitretin	%	
BIMZELX	D	PA; DS (30 day supply max)
COSENTYX (300 MG DOSE)	D	PA; SP; DS (30 day supply max)
COSENTYX SENSOREADY (300 MG)	D	PA; SP; DS (30 day supply max)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	D	PA; SP; DS (30 day supply max)
COSENTYX SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
COSENTYX UNOREADY	D	PA; SP; DS (30 day supply max)
methoxsalen rapid	C	SP; QL (1 capsule per day); DS (30 day supply max); AL (Min 18 Years)
SILIQ	D	PA; SP; DS (30 day supply max)
SKYRIZI PEN	B	PA; SP; DS (30 day supply max)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
SOTYKTU	D	PA; SP; DS (30 day supply max)
SPEVIGO SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	B	PA; SP; DS (30 day supply max)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)

Drug	Status	Notes
TALTZ	C	PA; SP; DS (30 day supply max)
TREMFYA	B	PA; SP; DS (30 day supply max)
Antipsoriatics**		
calcipotriene external cream	%	QL (120GM per month)
calcipotriene external foam	Not Covered	QL (80gm per month); EDL Alt (alternatives: calcipotriene 0.005% cream or solution); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
calcipotriene external ointment	%	
calcipotriene external solution	%	QL (120ML)
CALCITRENE	%	
calcitriol external	%	QL (1x 100gm tube per month)
SORILUX	Not Covered	QL (80gm per month); EDL Alt (alternatives: calcipotriene 0.005% cream or solution); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
tazarotene external cream	%	DS (30 day supply max)
tazarotene external gel 0.05 %	%	
tazarotene external gel 0.1 %	%	QL (1gm per day); DS (30 day supply max)
TAZORAC EXTERNAL CREAM 0.05 %	%	
TAZORAC EXTERNAL CREAM 0.1 %	%	DS (30 day supply max)
TAZORAC EXTERNAL GEL 0.05 %	%	
TAZORAC EXTERNAL GEL 0.1 %	%	QL (1gm per day); DS (30 day supply max)
VECTICAL	%	QL (1x 100gm tube per month)
VTAMA	%	PA
ZITHRANOL	%	QL (1x 85gm tube per month); AL (Min 12 Years)
ZORYVE EXTERNAL CREAM	%	PA
Antiseborrheic Combinations**		
sodium sulfacetamide-bakuchiol liquid 10 % external	%	
Antiseborrheic Products**		
selenium sulfide external lotion	%	
ZORYVE EXTERNAL FOAM	%	PA
Antiviral Topical Combinations**		
XERESE	%	
Antivirals - Topical**		
acyclovir external	%	
DENAVIR	%	
penciclovir	%	
ZOVIRAX EXTERNAL	%	

Drug	Status	Notes
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors**		
CIBINQO	D	PA; SP; DS (30 day supply max)
OPZELURA	D	PA; SP; QL (60 grams); DS (30 day supply max)
Atopic Dermatitis - Monoclonal Antibodies**		
ADBRY	D	PA; SP; DS (30 day supply max)
DUPIXENT	B	PA; SP; DS (30 day supply max)
Burn Products**		
mafenide acetate external	%	
SILVADENE	%	
silver sulfadiazine external	%	
SSD	%	
SULFAMYLON	%	
Cauterizing Agents**		
silver nitrate external solution 0.5 %	%	
Corticosteroids - Topical**		
ALA SCALP	%	
alclometasone dipropionate	%	
amcinonide external lotion	%	
amcinonide external ointment	%	
APEXICON E	%	
betamethasone dipropionate aug	%	
betamethasone dipropionate external	%	
betamethasone valerate external	%	
BRYHALI	%	QL (1x 60gm tube per month)
CAPEX	%	
clobetasol prop emollient base	%	
clobetasol propionate e	%	
clobetasol propionate emulsion	%	QL (1x 100gm can per month); AL (Min 12 Years)
clobetasol propionate external cream	%	
clobetasol propionate external foam	%	
clobetasol propionate external gel	%	
clobetasol propionate external liquid	%	AL (Min 18 Years)
clobetasol propionate external lotion	%	
clobetasol propionate external ointment	%	
clobetasol propionate external shampoo	%	
clobetasol propionate external solution	%	
CLOBEX	%	

Drug	Status	Notes
CLOBEX SPRAY	NC	EDL Alt (alternative: clobetasol spray 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
clocortolone pivalate	%	QL (1x 45gm tube per month)
CLODAN EXTERNAL SHAMPOO	%	
CLODERM	%	QL (1x 45gm tube per month)
CORDRAN EXTERNAL CREAM 0.05 %	%	QL (4gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
CORDRAN EXTERNAL LOTION	%	QL (4gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
CORDRAN EXTERNAL TAPE	%	QL (1 box per month); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
DERMA-SMOOTHE/FS BODY	%	
DERMA-SMOOTHE/FS SCALP	%	
desonide external cream	%	
desonide external gel	%	QL (max 60 grams per 30 days)
desonide external lotion	%	
desonide external ointment	%	
DESOWEN EXTERNAL CREAM	NC	EDL Alt (alternative: desonide cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
desoximetasone external cream	%	
desoximetasone external gel	%	
desoximetasone external liquid	NC	EDL Alt (alternative: desoximetasone ointment 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
desoximetasone external ointment 0.05 %	NC	EDL Alt (alternative: desoximetasone ointment 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
desoximetasone external ointment 0.25 %	%	
diflorasone diacetate external	%	QL (2gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)

Drug	Status	Notes
DIPROLENE EXTERNAL OINTMENT	%	
fluocinolone acetonide body	%	
fluocinolone acetonide external	%	
fluocinolone acetonide scalp	%	
fluocinonide emulsified base	%	
fluocinonide external cream 0.05 %, 0.1 %	%	
fluocinonide external gel	%	
fluocinonide external ointment	%	
fluocinonide external solution	%	
flurandrenolide external cream	%	QL (4gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
flurandrenolide external lotion	%	QL (4gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
fluticasone propionate external	%	
halcinonide	%	QL (2gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
halobetasol propionate external cream	%	QL (1gm per day)
halobetasol propionate external foam	NC	EDL Alt (alternative: halobetasol ointment 0.05% or halobetasol cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
halobetasol propionate external ointment	%	QL (1gm per day)
HALOG	NC	QL (2gm per day); DS (30 day supply max); EDL Alt (alternative: halcinonide cream 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
hydrocortisone butyr lipo base	NC	EDL Alt (alternative: hydrocortisone butyrate solution 0.1% or hydrocortisone butyrate lotion 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
hydrocortisone butyrate external cream	%	QL (15gm with fill limit of 1 fill per month); DS (10 day supply max)
hydrocortisone butyrate external lotion	%	QL (1x 59ml bottle per month)
hydrocortisone butyrate external ointment	%	
hydrocortisone butyrate external solution	%	

Drug	Status	Notes
hydrocortisone external cream 2.5 %	%	
hydrocortisone external lotion 2.5 %	%	
hydrocortisone external ointment 2.5 %	%	
hydrocortisone valerate	%	
IMPOYZ	NC	EDL Alt (alternative: clobetasol propionate cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
KENALOG EXTERNAL	%	
LEXETTE	NC	EDL Alt (alternative: halobetasol ointment 0.05% or halobetasol cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
LOCOID EXTERNAL LOTION	%	QL (1x 59ml bottle per month)
LOCOID LIPOCREAM	NC	EDL Alt (alternative: hydrocortisone butyrate solution 0.1% or hydrocortisone butyrate lotion 0.1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
mometasone furoate external	%	
NUCORT	%	QL (2ml per day)
OLUX-E	%	QL (1x 100gm can per month); AL (Min 12 Years)
PANDEL	%	
SERNIVO	%	QL (1x 120ml bottle per month); AL (Min 18 Years)
SYNALAR EXTERNAL CREAM	NC	EDL Alt (alternative: fluocinolone acetonide cream 0.025%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SYNALAR EXTERNAL OINTMENT	NC	EDL Alt (alternative: fluocinolone acetonide ointment 0.025%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SYNALAR EXTERNAL SOLUTION	NC	EDL Alt (alternative: fluocinolone acetonide solution 0.01% or fluocinonide cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TEXACORT	%	
TOPICORT EXTERNAL CREAM	%	
TOPICORT EXTERNAL GEL	%	
TOPICORT EXTERNAL OINTMENT 0.05 %	NC	EDL Alt (alternative: desoximetasone ointment 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TOPICORT EXTERNAL OINTMENT 0.25 %	%	

Drug	Status	Notes
TOPICORT SPRAY	NC	EDL Alt (alternative: desoximetasone ointment 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TOVET EXTERNAL FOAM	%	QL (1x 100gm can per month); AL (Min 12 Years)
triamcinolone acetonide external aerosol solution	%	
triamcinolone acetonide external cream	%	
triamcinolone acetonide external lotion	%	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	%	
triamcinolone acetonide external ointment 0.05 %	NC	EDL Alt (alternative: triamcinolone acetonide cream 0.025%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TRIDERM EXTERNAL CREAM 0.5 %	%	
ULTRAVATE EXTERNAL LOTION	NC	QL (2 ml per day); EDL Alt (alternative: halobetasol ointment 0.05% or halobetasol cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
VANOS	NC	EDL Alt (alternative: fluocinonide cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
VERDESO	NC	EDL Alt (alternative: desonide cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Emollient/Keratolytic Agents**		
CEM-UREA	%	
HYDRO 40	%	
UMECTA MOUSSE	%	
urea external cream 45 %	%	
Enzymes - Topical**		
SANTYL	%	
Imidazole-Related Antifungals - Topical**		
clotrimazole external solution	%	
econazole nitrate external	%	
ECOZA	%	
ERTACZO	%	QL (1x 60gm tube per month); DS (28 day supply max)
EXELDERM	%	
JUBLIA	%	PA; QL (24ml per month); AL (Min 18 Years)
ketoconazole external cream	%	

Drug	Status	Notes
ketoconazole external foam	NC	EDL Alt (alternative: ketoconazole cream 2% or ketoconazole shampoo 2%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ketoconazole external shampoo 2 %	%	
KETODAN EXTERNAL FOAM	NC	EDL Alt (alternative: ketoconazole cream 2% or ketoconazole shampoo 2%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
luliconazole	NC	QL (6gm per month); DS (30 day supply max); EDL Alt (alternative: clotrimazole cream 1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
LUZU	NC	QL (6gm per month); DS (30 day supply max); EDL Alt (alternative: clotrimazole cream 1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
oxiconazole nitrate	%	QL (1x 30gm tube per month); DS (30 day supply max)
OXISTAT EXTERNAL CREAM	%	QL (1x 30gm tube per month); DS (30 day supply max)
OXISTAT EXTERNAL LOTION	NC	EDL Alt (alternative: oxiconazole cream 1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
sulconazole nitrate	%	
Immunomodulators Imidazoquinolinamines - Topical**		
imiquimod external cream 3.75 %	NC	EDL Alt (alternative: imiquimod cream 5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
imiquimod external cream 5 %	%	
imiquimod pump	NC	EDL Alt (alternative: imiquimod cream 5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ZYCLARA	NC	EDL Alt (alternative: imiquimod cream 5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ZYCLARA PUMP	NC	EDL Alt (alternative: imiquimod cream 5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Keratolytic/Antimitotic/Vesicant Agents**		
CONDYLOX EXTERNAL GEL	%	PA
podofilox external	%	
Keratolytic/Antimitotic/Vesicant Combinations**		
GORDOFILM	%	

Drug	Status	Notes
pyrogallic acid	%	
Liniments**		
methyl salicylate external liquid	%	
Local Anesthetics - Topical**		
lidocaine hcl urethral/mucosal external prefilled syringe	%	
Macrolide Immunosuppressants - Topical**		
ELIDEL	%	PA; QL (1 30gm tube per month. Max 2 refills in 6 mo.); DS (30 day supply max); AL (Min 2 Years)
HYFTOR	D	PA; SP; DS (30 day supply max)
pimecrolimus	%	QL (1 30gm tube per month. Max 2 refills in 6 mo.); DS (30 day supply max); AL (Min 2 Years)
tacrolimus external ointment 0.03 %	%	QL (60 grams); DS (30 day supply max); AL (Min 2 Years)
tacrolimus external ointment 0.1 %	%	QL (60 grams); DS (30 day supply max); AL (Min 16 Years)
Microtubule Inhibitors - Topical**		
KLISYRI	%	DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 6 months - fluorouracil 5% AND imiquimod 5% (generic for Aldara)); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
Oxaborole-Related Antifungals - Topical**		
KERYDIN	%	PA
tavaborole	%	PA
Phosphodiesterase 4 (Pde4) Inhibitors - Topical**		
EUCRISA	%	PA; QL (2gm per day); AL (Min 2 Years)
Rosacea Agents**		
azelaic acid external	%	QL (50 GM per month)
brimonidine tartrate external	%	PA
doxycycline	NC	QL (1 capsule per day); EDL Alt (alternative: doxycycline hyclate tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 9 Years)
FINACEA EXTERNAL FOAM	NC	EDL Alt (alternative: azelaic acid gel 15%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
FINACEA EXTERNAL GEL	%	

Drug	Status	Notes
ivermectin external cream	%	QL (45 gm with fill limit of 1 fill per month); DS (10 day supply max); ST (Step Therapy required: any of the following for 2 months in the last 6 months - metronidazole cream 0.75%, metronidazole gel 0.75% or 1%, or metronidazole lotion 0.75%)
METROCREAM	NC	EDL Alt (alternative: metronidazole cream 0.75%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
METROGEL EXTERNAL GEL	NC	QL (1x 45gm tube or 1x 60gm tube per month); EDL Alt (alternative: metronidazole gel 1%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 16 Years)
METROLOTION	NC	EDL Alt (alternative: metronidazole lotion 0.75%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
metronidazole external cream	%	
metronidazole external gel 0.75 %	%	
metronidazole external gel 1 %	%	QL (1x 45gm tube or 1x 60gm tube per month); AL (Min 16 Years)
metronidazole external lotion	%	
MIRVASO	%	PA
NORITATE	NC	EDL Alt (alternative: metronidazole cream 0.75%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ORACEA	NC	QL (1 capsule per day); EDL Alt (alternative: doxycycline hyclate tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 9 Years)
RHOFADE	%	PA; QL (30 grams per 30 days)
SOOLANTRA	%	QL (45 gm with fill limit of 1 fill per month); DS (10 day supply max); ST (Step Therapy required: any of the following for 2 months in the last 6 months - metronidazole cream 0.75%, metronidazole gel 0.75% or 1%, or metronidazole lotion 0.75%)
ZILXI	%	QL (1x 30gm can per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - minocycline hcl cap 100mg AND tretinoin gel 0.04%); AL (Min 18 Years)
Scabicides & Pediculicides**		
CROTAN	%	PA
malathion external	%	QL (1x 59ml bottle per month)
NATROBA	%	PA

Drug	Status	Notes
OVIDE	%	PA; QL (1x 59ml bottle per month)
permethrin external cream	%	
spinosad	%	PA
Steroid-Local Anesthetic Combinations**		
CORTANE-B EXTERNAL	%	
EPIFOAM	%	
PRAMOSONE EXTERNAL CREAM 1-1 %	%	
PRAMOSONE EXTERNAL LOTION	%	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 %	%	
Topical Anesthetic Combinations**		
CETACAINE EXTERNAL AEROSOL	%	
Topical Selective Retinoid X Receptor Agonists**		
bexarotene external	%	PA; SP; QL (4gm per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
TARGRETIN EXTERNAL	%	PA; SP; QL (4gm per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Topical Steroid Combinations**		
calcipotriene-betameth diprop external ointment	%	QL (1x 60gm tube per month); AL (Min 16 Years)
calcipotriene-betameth diprop external suspension	%	QL (1x 60gm bottle per month); AL (Min 18 Years)
DUOBRII	NC	EDL Alt (alternative: Tazorac (tazarotene) plus halobetasol); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ENSTILAR	NC	EDL Alt (alternative: calcipotriene cream 0.005% plus betamethasone dipropionate cream 0.05%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TACLONEX EXTERNAL OINTMENT	%	QL (1x 60gm tube per month); AL (Min 16 Years)
TACLONEX EXTERNAL SUSPENSION	%	QL (1x 60gm bottle per month); AL (Min 18 Years)
WYNZORA	NC	EDL Alt (alternative: calcipotriene/betamethasone dispropionate external ointment 0.005-0.064); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

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

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

Drug	Status	Notes
blood glucose test	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
blood glucose test strips 333	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
BLULINK GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CAREONE BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CARESENS N GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CARETOUCH TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CHEMSTRIP K	%	
CHEMSTRIP MICRAL	%	
CLEVER CHEK AUTO-CODE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHEK AUTO-CODE VOICE IN VITRO	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHEK TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHOICE AUTO-CODE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHOICE MICRO TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
CLEVER CHOICE NO CODING	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHOICE TALK SYSTEM IN VITRO	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CONTOUR NEXT TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CONTOUR TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
COOL BLOOD GLUCOSE TEST STRIPS	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CVS ADVANCED GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
cvs glucose meter test strips	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
D-CARE BLOOD GLUCOSE	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
DIATHRIVE BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
DIATHRIVE GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
DIATHRIVE+ GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
diatrue plus test	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

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

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

Drug	Status	Notes
FORA 6 CONNECT/GTEL TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA D15G BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA D20 BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA D40/G31 BLOOD GLUCOSE	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA G20 BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA G30/PREM V10 GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA GD20 TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA GD50 BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA GTEL BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA GTEL BLOOD KETONE TEST	%	
FORA TEST N'GO ADV-VOICE-6 CON	%	
FORA TN'G ADVANCE PRO IN VITRO	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
FORA TN'G/TN'G VOICE	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA V10 BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA V12 BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA V20 BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA V30A BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORACARE GD40 TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORACARE PREMIUM V10 TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORACARE TEST N GO TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORTISCARE G1 TEST STRIP	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORTISCARE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FREESTYLE INSULINX TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FREESTYLE LITE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

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

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

Drug	Status	Notes
IN TOUCH BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
INFINITY BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
INFINITY VOICE IN VITRO STRIP	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ketone test	%	
KETOSTIX	%	
kroger blood glucose test	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
KROGER HEALTHPRO GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
kroger premium glucose test	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
LIBERTY NEXT GENERATION TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
liberty test	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
meijer blood glucose test	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
meijer essential glucose test	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MEIJER TRUETEST TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

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

Drug	Status	Notes
pharmacist choice no coding	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PIP BLOOD GLUCOSE TEST STRIP	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
POCKETCHEM EZ TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
POGO AUTOMATIC TEST CARTRIDGES	%	QL (Max #100 per 30 days); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PRECISION XTRA BLOOD GLUCOSE	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PRECISION XTRA KETONE	%	
premium blood glucose test	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
pro voice v8/v9 glucose	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PRODIGY NO CODING BLOOD GLUC IN VITRO	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PTS PANELS EGLU TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
QUICKTEK TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
QUINTET AC BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Drug	Status	Notes
QUINTET BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
REFUAH PLUS BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION CONFIRM/MICRO TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION KETONE TEST	%	
RELION PREMIER TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION PRIME TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION TRUE METRIX TEST STRIPS	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION ULTIMA TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
REXALL BLOOD GLUCOSE TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GS100 BLOOD GLUCOSE	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GS300 BLOOD GLUCOSE	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GS550 BLOOD GLUCOSE	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

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

Drug	Status	Notes
TRUETRACK TEST	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
UNISTRIP1 GENERIC	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
verasens blood glucose test	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
VIVAGUARD INO TEST STRIPS	%	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
Multiple Urine Tests**		
CHEMSTRIP UGK	%	
CVS KETONE CARE	%	
KETO-DIASTIX	%	
Digestive Aids		
Digestive Enzymes**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	%	PA; QL (12 capsules per day)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	%	PA; QL (12 capsules per day)
PERTZYE	%	PA; QL (12 capsules per day)
SUCRAID	D	PA; SP; DS (30 day supply max)
VIOKACE	%	PA; QL (12 capsules per day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	%	PA; QL (12 capsules per day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	%	PA
Diuretics		
Carbonic Anhydrase Inhibitors**		
acetazolamide er	%	
acetazolamide oral	%	
dichlorphenamide	C	PA; SP; QL (4 tablets per day); DS (30 day supply max); AL (Min 18 Years)

Drug	Status	Notes
KEVEYIS	D	PA; SP; QL (4 tablets per day); DS (30 day supply max); AL (Min 18 Years)
methazolamide oral	%	
ORMALVI	C	PA; SP; QL (4 tablets per day); DS (30 day supply max); AL (Min 18 Years)
Diuretic Combinations**		
amiloride-hydrochlorothiazide	%	
MAXZIDE	%	HDHP
MAXZIDE-25	%	HDHP
spironolactone-hctz	%	HDHP
triamterene-hctz oral capsule 37.5-25 mg	%	HDHP
triamterene-hctz oral tablet	%	HDHP
Loop Diuretics**		
bumetanide oral	%	HDHP
BUMEX ORAL TABLET 0.5 MG	%	HDHP
EDECRIN	%	HDHP
ethacrynic acid oral	%	HDHP
furosemide injection solution 10 mg/ml	%	HDHP
furosemide oral solution 10 mg/ml, 8 mg/ml	%	HDHP
furosemide oral tablet	%	HDHP
LASIX	%	HDHP
SOAANZ ORAL TABLET 40 MG, 60 MG	NC	EDL Alt (alternative: Torsemide 5mg, 10mg, 20mg or 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SOAANZ TABLET 20 MG ORAL	NC	EDL Alt (alternative: Torsemide 5mg, 10mg, 20mg or 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
torsemide oral	%	HDHP
Potassium Sparing Diuretics**		
ALDACTONE	%	HDHP
amiloride hcl oral	%	
CAROSPIR	NC	EDL Alt (alternative: spironolactone tab 25mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DYRENIUM	%	
spironolactone oral suspension	NC	EDL Alt (alternative: spironolactone tab 25mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
spironolactone oral tablet	%	HDHP
triamterene oral	%	

Drug	Status	Notes
Thiazides And Thiazide-Like Diuretics**		
chlorthalidone oral tablet 25 mg, 50 mg	%	HDHP
DIURIL	%	HDHP
hydrochlorothiazide oral	%	HDHP
indapamide oral	%	HDHP
metolazone	%	HDHP
THALITONE	%	HDHP
Endocrine And Metabolic Agents - Misc.		
Bisphosphonates**		
ACTONEL ORAL TABLET 150 MG	%	QL (1 tablet per month); HDHP
ACTONEL ORAL TABLET 35 MG	%	QL (4 tablets per month); HDHP
alendronate sodium oral solution	%	QL (10.72ml per day); HDHP
alendronate sodium oral tablet 10 mg, 70 mg	%	HDHP
alendronate sodium oral tablet 35 mg, 5 mg	%	QL (1 tablet per day); HDHP
ATELVIA	NC	QL (4 tablets per month); EDL Alt (alternative: alendronate sodium tab 70mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
BINOSTO	NC	QL (4 tablets per month); EDL Alt (alternative: alendronate sodium tab 70mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
FOSAMAX ORAL TABLET 70 MG	%	HDHP
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT	NC	QL (4 tablets per month); EDL Alt (alternative: alendronate sodium tab 70mg plus vitamin d3 (cholecalciferol) tab 2000unit); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
FOSAMAX PLUS D ORAL TABLET 70-5600 MG-UNIT	NC	QL (4 tablets per month); EDL Alt (alternative: alendronate sodium tab 70mg plus vitamin d3 (cholecalciferol) tab 5000unit); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ibandronate sodium oral	%	QL (1 tablet per month); HDHP
risedronate sodium oral tablet 150 mg	%	QL (1 tablet per month); HDHP
risedronate sodium oral tablet 30 mg, 5 mg	%	HDHP
risedronate sodium oral tablet 35 mg	%	QL (4 tablets per month); HDHP
risedronate sodium oral tablet delayed release	NC	QL (4 tablets per month); EDL Alt (alternative: alendronate sodium tab 70mg); EDL (Tier 1 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Calcimimetic Agents**		
cinacalcet hcl	C	SP; DS (30 day supply max)
SENSIPAR	C	SP; DS (30 day supply max)

Drug	Status	Notes
Calcitonins**		
calcitonin (salmon)	%	HDHP
MIACALCIN INJECTION	%	HDHP
Carnitine Replenisher - Agents**		
CARNITOR ORAL	%	
CARNITOR SF	%	
levocarnitine oral solution	%	
levocarnitine oral tablet	%	
levocarnitine sf	%	
Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor**		
XPHOZAH	D	PA; SP; DS (30 day supply max)
Corticotropin**		
ACTHAR	C	PA; SP; DS (30 day supply max)
CORTROPHIN	C	PA; SP; DS (30 day supply max)
Cortisol Synthesis Inhibitors**		
ISTURISA ORAL TABLET 1 MG, 5 MG	C	PA; SP; DS (30 day supply max)
RECORLEV	D	PA; SP; DS (30 day supply max)
Dopamine Receptor Agonists**		
cabergoline	%	
Fabry Disease - Agents**		
GALAFOLD	D	PA; SP; DS (30 day supply max)
Gaa Deficiency Treatment - Agents**		
OPFOLDA	%	PA
Gnrh/Lhrh Antagonists**		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	NC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	NC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
ORILISSA	%	PA; F
Growth Hormone Receptor Antagonists**		
SOMAVERT	C	PA; SP; DS (30 day supply max)
Growth Hormone Releasing Hormones (Ghrh)**		
EGRIFTA SV	D	PA; SP; DS (30 day supply max)
Growth Hormones**		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	D	PA; SP; DS (30 day supply max)
HUMATROPE INJECTION CARTRIDGE	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
NGENLA	D	PA; SP; DS (30 day supply max)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; SP; DS (30 day supply max)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; SP; DS (30 day supply max)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; SP; DS (30 day supply max)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; SP; DS (30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	D	PA; SP; DS (30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; SP; DS (30 day supply max)
SAIZEN	D	PA; SP; DS (30 day supply max)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	B	PA; SP; DS (30 day supply max)
SKYTROFA	D	PA; SP; DS (30 day supply max)
SOGROYA	D	PA; SP; DS (30 day supply max)
ZOMACTON	D	PA; SP; DS (30 day supply max)
ZORBTIVE	C	PA; SP; DS (30 day supply max)
Hereditary Orotic Aciduria Treatment - Agents*		
XURIDEN	D	PA; SP; DS (30 day supply max)
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents**		
nitisinone	D	PA; SP; DS (30 day supply max)
NITYR	D	PA; SP; DS (30 day supply max)
ORFADIN	D	PA; SP; DS (30 day supply max)
Homocystinuria Treatment - Agents**		
betaine	C	SP; DS (30 day supply max)
CYSTADANE	C	SP; DS (30 day supply max)
Hyperammonemia Treatment - Agents**		
CARBAGLU ORAL TABLET SOLUBLE	D	PA; SP; DS (30 day supply max)
carglumic acid oral tablet soluble	D	PA; SP; DS (30 day supply max)
Hyperparathyroid Treatment - Vitamin D Analogs**		
calcitriol oral	%	
doxercalciferol oral	C	SP; DS (30 day supply max)
paricalcitol oral capsule 1 mcg, 2 mcg	%	AL (Min 18 Years)
paricalcitol oral capsule 4 mcg	%	QL (12 capsules per month); AL (Min 18 Years)
RAYALDEE	%	PA
ROCALTROL	%	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	%	AL (Min 18 Years)
Hypophosphatasia (Hpp) Agents**		
STRENSIQ	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
Insulin-Like Growth Factors (Somatomedins)**		
INCRELEX	D	PA; SP; DS (30 day supply max)
Leptin Analogues**		
MYALEPT	D	PA; SP; DS (30 day supply max)
Lhrh/Gnrh Agonist Analog Pituitary Suppressants**		
LUPRON DEPOT-PED (1-MONTH)	D	PA; SP; QL (1 injection per month (FDA approved only for Central Precocious Puberty [CPP])); DS (30 day supply max)
LUPRON DEPOT-PED (3-MONTH)	D	PA; SP; QL (1 injection per 90 days (FDA approved only for Central Precocious Puberty [CPP])); DS (84 day supply min / 90 day supply max)
LUPRON DEPOT-PED (6-MONTH)	D	PA; SP; QL (1 injection per 180 days (FDA approved only for Central Precocious Puberty (CPP)); DS (172 day supply min / 180 day supply max)
SYNAREL	C	PA; SP; DS (30 day supply max)
Natriuretic Peptides**		
VOXZOGO	D	PA; SP; DS (30 day supply max)
Neurokinin 3 (Nk3) Receptor Antagonists**		
VEOZAH	%	PA
Non-Steroidal Mineralocorticoid Receptor Antagonists**		
KERENDIA	%	PA; QL (1 tablet per day)
Ovulation Stimulants-Gonadotropins**		
chorionic gonadotropin intramuscular	NC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOLLISTIM AQ SUBCUTANEOUS	NC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F	NC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F RFF	NC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	NC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
MENOPUR	NC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
NOVAREL	NC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))

Drug	Status	Notes
OVIDREL	NC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
PREGNYL	NC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
Ovulation Stimulants-Synthetic**		
CLOMID	NC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
Parathyroid Hormone And Derivatives**		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	D	PA; SP; DS (30 day supply max)
teriparatide	D	PA; SP; DS (30 day supply max)
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	D	PA; SP; DS (30 day supply max)
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml	B	PA; SP; DS (30 day supply max)
TYMLOS	B	PA; SP; DS (30 day supply max)
Phenylketonuria Treatment - Agents**		
JAVYGTOR	D	PA; SP; DS (30 day supply max)
KUVAN ORAL PACKET	D	PA; SP; DS (30 day supply max)
KUVAN ORAL TABLET	D	PA; SP; DS (30 day supply max)
PALYNZIQ	C	PA; SP; DS (30 day supply max)
sapropterin dihydrochloride oral packet	D	PA; SP; DS (30 day supply max)
sapropterin dihydrochloride oral tablet	D	PA; SP; DS (30 day supply max)
Rank Ligand (Rankl) Inhibitors**		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; QL (1 prefilled syringe per 180 days; x6 copay applies); DS (167 day supply min / 180 day supply max); AL (Min 18 Years)
Selective Estrogen Receptor Modulators (Serms)**		
EVISTA	%	QL (1 tablet per day); DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
OSPHENA	%	PA; HDHP
raloxifene hcl	$0	QL (1 tablet per day); DS (30 day supply max); ACA (Tier 1 OR coinsurance if ACA does not apply)
Selective Vasopressin V2-Receptor Antagonists**		
JYNARQUE	C	PA; SP; DS (30 day supply max)
SAMSCA	C	PA; SP; DS (30 day supply max)
tolvaptan	C	PA; SP; DS (30 day supply max)

Drug	Status	Notes
Somatostatic Agents**		
MYCAPSSA	D	PA; SP; DS (30 day supply max)
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	A	PA; SP; DS (30 day supply max)
octreotide acetate subcutaneous	A	PA; SP; DS (30 day supply max)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	D	PA; SP; DS (30 day supply max)
SANDOSTATIN LAR DEPOT	D	PA; SP; DS (30 day supply max)
Urea Cycle Disorder - Agents**		
BUPHENYL ORAL POWDER 3 GM/TSP	NC	DS (30 day supply max); EDL Alt (alternative: sodium phenylbutyrate oral tab 500mg or sodium phenylbutyrate oral powder 3gm/teaspoonful); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
BUPHENYL ORAL TABLET	NC	DS (30 day supply max); EDL Alt (alternative: sodium phenylbutyrate oral tab 500mg or sodium phenylbutyrate oral powder 3gm/teaspoonful); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
OLPRUVA (2 GM DOSE)	D	PA; SP; DS (30 day supply max)
OLPRUVA (3 GM DOSE)	D	PA; SP; DS (30 day supply max)
OLPRUVA (4 GM DOSE)	D	PA; SP; DS (30 day supply max)
OLPRUVA (5 GM DOSE)	D	PA; SP; DS (30 day supply max)
OLPRUVA (6 GM DOSE)	D	PA; SP; DS (30 day supply max)
OLPRUVA (6.67 GM DOSE)	D	PA; SP; DS (30 day supply max)
PHEBURANE	NC	DS (30 day supply max); EDL Alt (alternative: sodium phenylbutyrate oral tab 500mg or sodium phenylbutyrate oral powder 3gm/teaspoonful); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RAVICTI	D	PA; SP; DS (30 day supply max)
sodium phenylbutyrate oral powder 3 gm/tsp	A	SP; DS (30 day supply max)
sodium phenylbutyrate oral tablet	B	SP; DS (30 day supply max)
Vasopressin**		
DDAVP ORAL TABLET 0.1 MG	%	QL (8 tablets per day)
DDAVP ORAL TABLET 0.2 MG	%	QL (4 tablets per day)
desmopressin ace spray refrig	%	
desmopressin acetate oral tablet 0.1 mg	%	QL (8 tablets per day)
desmopressin acetate oral tablet 0.2 mg	%	QL (4 tablets per day)
desmopressin acetate spray	%	QL (15 ml per month)
NOCDURNA	%	PA

Drug	Status	Notes
Estrogens		
Estrogen & Progestin**		
ACTIVELLA ORAL TABLET 1-0.5 MG	%	QL (28 tablets per month); F
AMABELZ ORAL TABLET 0.5-0.1 MG	%	F
AMABELZ ORAL TABLET 1-0.5 MG	%	QL (28 tablets per month); F
ANGELIQ ORAL TABLET 0.25-0.5 MG	%	
ANGELIQ ORAL TABLET 0.5-1 MG	%	QL (28 tablets per month); F; AL (Min 18 Years)
BIJUVA ORAL CAPSULE 0.5-100 MG	NC	EDL Alt (alternative: progesterone cap 100mg and estradiol cap 0.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
BIJUVA ORAL CAPSULE 1-100 MG	NC	EDL Alt (alternative: progesterone micronized cap 100mg plus estradiol 1mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CLIMARA PRO	%	QL (4 patches per month); F
COMBIPATCH	%	F
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	%	F
estradiol-norethindrone acet oral tablet 1-0.5 mg	%	QL (28 tablets per month); F
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG	%	QL (1x 28 blisterpack per month); F; AL (Min 18 Years)
FYAVOLV ORAL TABLET 1-5 MG-MCG	%	F
JINTELI	%	F
MIMVEY	%	QL (28 tablets per month); F
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	%	QL (1x 28 blisterpack per month); F; AL (Min 18 Years)
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	%	F
PREMPHASE	%	QL (1 tablet per day); F
PREMPRO	%	F
Estrogen-Progestin-Gnrh Antagonist**		
MYFEMBREE	%	PA; QL (1 tablet per day)
ORIAHNN	%	PA
Estrogens**		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR	%	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.1 MG/24HR	%	QL (2 patches per week)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR	%	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR	%	QL (4 patches per month)
DELESTROGEN	%	

Drug	Status	Notes
DEPO-ESTRADIOL	%	
DIVIGEL	%	QL (1 packet per day); F; AL (Min 18 Years)
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR	%	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.1 MG/24HR	%	QL (2 patches per week)
ELESTRIN	%	
ESTRACE ORAL	%	
estradiol oral	%	
estradiol transdermal gel	%	QL (1 packet per day); F; AL (Min 18 Years)
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr	%	
estradiol transdermal patch twice weekly 0.1 mg/24hr	%	QL (2 patches per week)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr	%	
estradiol transdermal patch weekly 0.1 mg/24hr	%	QL (4 patches per month)
estradiol valerate intramuscular	%	
ESTROGEL	%	
EVAMIST	%	F
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR	%	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	%	
MENOSTAR	%	QL (4 patches per month); F
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR	%	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.1 MG/24HR	%	QL (2 patches per week)
PREMARIN INJECTION	%	
PREMARIN ORAL	%	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR	%	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.1 MG/24HR	%	QL (2 patches per week)
Estrogen-Selective Estrogen Receptor Modulator Comb**		
DUAVEE	%	PA; QL (1 tablet per day); F; AL (Min 18 Years)
Fluoroquinolones		
Fluoroquinolones**		
BAXDELA ORAL	%	PA
CIPRO ORAL SUSPENSION RECONSTITUTED	%	
CIPRO ORAL TABLET 250 MG, 500 MG	%	

Drug	Status	Notes
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg	%	
ciprofloxacin hcl oral tablet 750 mg	%	QL (2 tablets per day)
LEVAQUIN ORAL TABLET 750 MG	%	
levofloxacin oral solution	%	
levofloxacin oral tablet 250 mg	%	QL (3 tablets per day)
levofloxacin oral tablet 500 mg, 750 mg	%	
moxifloxacin hcl oral	%	
ofloxacin oral tablet 300 mg, 400 mg	%	
Gastrointestinal Agents - Misc.		
5-Ht4 Receptor Agonists**		
MOTEGRITY	%	PA
Bile Acid Synthesis Disorder Agents**		
CHOLBAM	C	PA; SP; DS (30 day supply max)
Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists**		
TRULANCE	%	QL (2 tablets per day); ST (Step Therapy required: 1 fill in the last 6 months - Linzess); AL (Min 18 Years)
Farnesoid X Receptor (Fxr) Agonists**		
OCALIVA	D	PA; SP; DS (30 day supply max)
Gallstone Solubilizing Agents**		
CHENODAL	%	
RELTONE ORAL CAPSULE 200 MG	NC	EDL Alt (alternative: Ursodiol oral cap 300mg or oral tab 250mg or 500mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
RELTONE ORAL CAPSULE 400 MG	NC	EDL Alt (alternative: Ursodiol oral cap 300mg or oral tab 250mg or 500mg); EDL (Tier 3 OR coinsurance if Excluded Drugs List [EDL] does not apply)
URSO 250	%	
URSO FORTE	%	
ursodiol oral capsule 200 mg	NC	EDL Alt (alternative: Ursodiol oral cap 300mg or oral tab 250mg or 500mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ursodiol oral capsule 300 mg	%	
ursodiol oral capsule 400 mg	NC	EDL Alt (alternative: Ursodiol oral cap 300mg or oral tab 250mg or 500mg); EDL (Tier 3 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ursodiol oral tablet	%	
Gastrointestinal Antiallergy Agents**		
cromolyn sodium oral	%	

Drug	Status	Notes
GASTROCROM	%	
Gastrointestinal Chloride Channel Activators**		
AMITIZA	%	QL (2 capsules per day); ST (Step Therapy required: trial of generic lubiprostone AND Linzess for at least 1 fill in the last 6 months); AL (Min 18 Years)
lubiprostone	%	QL (2 capsules per day); AL (Min 18 Years)
Gastrointestinal Stimulants**		
GIMOTI	NC	DS (30 day supply max); EDL Alt (alternative: metoclopramide ODT, solution or tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	%	
metoclopramide hcl oral tablet	%	
metoclopramide hcl oral tablet dispersible 5 mg	%	
REGLAN ORAL	%	
Glucagon-Like Peptide-2 (Glp-2) Analogs**		
GATTEX	D	PA; SP; DS (30 day supply max)
Hepatotropics - Thyroid Hormone Receptor-Beta Agonists**		
REZDIFFRA	D	PA; SP; DS (30 day supply max)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	%	QL (1 capsule per day); AL (Min 18 Years)
LINZESS ORAL CAPSULE 72 MCG	%	QL (1 capsule per day); AL (Min 6 Years)
Ibs Agent - Mu-Opioid Receptor Agonists**		
VIBERZI	%	PA; AL (Min 18 Years)
Ibs Agent - Selective 5-Ht3 Receptor Antagonists**		
alosetron hcl	%	QL (2 tablets per day); F; AL (Min 18 Years)
LOTRONEX	%	QL (2 tablets per day); F; AL (Min 18 Years)
Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor**		
IBSRELA	%	PA
Ileal Bile Acid Transporter (Ibat) Inhibitors**		
BYLVAY	D	PA; SP; DS (30 day supply max)
BYLVAY (PELLETS)	D	PA; SP; DS (30 day supply max)
LIVMARLI	D	PA; SP; DS (30 day supply max)
Inflammatory Bowel Agents**		
APRISO	%	QL (4 capsules per day)
AZULFIDINE	%	
AZULFIDINE EN-TABS	%	

Drug	Status	Notes
balsalazide disodium	%	
CANASA	%	QL (1 suppository per day)
COLAZAL	%	
DELZICOL	%	
DIPENTUM	%	QL (4 capsules per day)
LIALDA	%	QL (4 tablets per day); AL (Min 18 Years)
mesalamine er oral capsule extended release 24 hour	%	QL (4 capsules per day)
mesalamine oral capsule delayed release	%	
mesalamine oral tablet delayed release 1.2 gm	%	QL (4 tablets per day); AL (Min 18 Years)
mesalamine oral tablet delayed release 800 mg	%	QL (6 tablets per day)
mesalamine rectal enema	%	QL (60ml per day)
mesalamine rectal suppository	%	QL (1 suppository per day)
PENTASA	%	
SFROWASA	%	
sulfasalazine oral	%	
Integrin Receptor Antagonists**		
ENTYVIO SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
Interleukin Antagonists**		
OMVOH SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	B	PA; SP; DS (30 day supply max)
Intestinal Acidifiers**		
enulose	%	
generlac	%	
Live Fecal Microbiota (Human)*		
VOWST	D	PA; SP; DS (30 day supply max)
Peripheral Opioid Receptor Antagonists**		
MOVANTIK	%	QL (1 tablet per day); AL (Min 18 Years)
RELISTOR ORAL	%	PA; QL (3 tablets per day); AL (Min 18 Years)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	C	PA; SP; DS (30 day supply max)
SYMPROIC	%	PA
Phosphate Binder Agents**		
AURYXIA	%	
calcium acetate (phos binder)	%	
calcium acetate oral tablet 667 mg	%	
FOSRENOL ORAL PACKET	%	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	D	SP; DS (30 day supply max); AL (Min 16 Years)

Drug	Status	Notes
lanthanum carbonate	B	SP; DS (30 day supply max); AL (Min 16 Years)
RENAGEL ORAL TABLET 800 MG	%	QL (17.5 tablets per day)
RENVELA ORAL PACKET 0.8 GM	%	QL (15 packets per day)
RENVELA ORAL PACKET 2.4 GM	%	QL (5 packets per day)
sevelamer carbonate oral packet 0.8 gm	%	QL (15 packets per day)
sevelamer carbonate oral packet 2.4 gm	%	QL (5 packets per day)
sevelamer carbonate oral tablet	%	QL (15 tablets per day)
sevelamer hcl oral tablet 400 mg	%	QL (35 tablets per day)
sevelamer hcl oral tablet 800 mg	%	QL (17.5 tablets per day)
VELPHORO	%	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)**		
VELSIPITY	D	PA; DS (30 day supply max)
Tryptophan Hydroxylase Inhibitors**		
XERMELO	D	PA; SP; DS (30 day supply max)
Tumor Necrosis Factor Alpha Blockers**		
CIMZIA (2 SYRINGE)	B	PA; SP; DS (30 day supply max)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; SP; DS (30 day supply max)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	B	PA; SP; DS (30 day supply max)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; SP; DS (30 day supply max)
ZYMFENTRA (1 PEN)	D	PA; DS (30 day supply max)
ZYMFENTRA (2 PEN)	D	PA; DS (30 day supply max)
ZYMFENTRA (2 SYRINGE)	D	PA; DS (30 day supply max)
Genitourinary Agents - Miscellaneous		
5-Alpha Reductase Inhibitors**		
AVODART	%	QL (1 capsule per day); M
dutasteride oral	%	QL (1 capsule per day); M
finasteride oral tablet 5 mg	%	QL (1 tablet per day)
PROSCAR	%	QL (1 tablet per day)
Alpha 1-Adrenoceptor Antagonists**		
alfuzosin hcl er	%	QL (1 tablet per day)
CARDURA XL	%	
FLOMAX	%	
RAPAFLO	%	
silodosin	%	
tamsulosin hcl	%	
UROXATRAL	%	QL (1 tablet per day)
Citrates**		
potassium citrate er	%	

Drug	Status	Notes
UROCIT-K 10	%	
UROCIT-K 15	%	
UROCIT-K 5	%	
Cystinosis Agents**		
CYSTAGON	C	SP; DS (30 day supply max)
PROCYSBI	C	PA; SP; DS (30 day supply max)
Genitourinary Irrigants**		
ARGYLE STERILE SALINE	%	
CURITY STERILE SALINE	%	
glycine urologic	%	
RENACIDIN	%	
sodium chloride irrigation solution 0.9 %	%	
sorbitol irrigation solution 3 %	%	
Igan Agents - Endothelin & Angiotensin Ii Receptor Antag**		
FILSPARI	D	PA; SP; DS (30 day supply max)
Interstitial Cystitis Agents**		
ELMIRON	%	QL (3 capsules per day)
Phosphates**		
K-PHOS NO 2	%	
Prostatic Hypertrophy Agent Combinations**		
dutasteride-tamsulosin hcl	%	M
ENTADFI	NC	EDL Alt (alternative: finasteride tab and tadalafil tab taken separately); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
JALYN	%	M
Small Interfering Ribonucleic Acid Agents (Sirna)**		
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
Urinary Stone Agents**		
LITHOSTAT	%	
THIOLA	%	PA
THIOLA EC	%	PA
tiopronin oral tablet	%	PA
tiopronin oral tablet delayed release	D	PA; DS (30 day supply max)
Gout Agents		
Gout Agent Combinations**		
colchicine-probenecid	%	
Gout Agents**		
allopurinol oral tablet 100 mg, 300 mg	%	

Drug	Status	Notes
allopurinol oral tablet 200 mg	NC	EDL Alt (alternative: allopurinol tab 100mg or 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
colchicine oral capsule	NC	EDL Alt (alternative: colchicine 0.6mg tablet); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
colchicine oral tablet	%	
COLCRYS	%	
febuxostat	%	QL (1 tablet per day); ST (Step Therapy required: any of the following for 3 months in the last 6 months - allopurinol 100mg or 300mg tab); AL (Min 18 Years)
MITIGARE	NC	EDL Alt (alternative: colchicine 0.6mg tablet); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ULORIC	%	QL (1 tablet per day); ST (Step Therapy required: both of the following for 3 months each in the last 12 months - allopurinol 100mg or 300mg tab AND febuxostat 40mg or 80mg tab); AL (Min 18 Years)
Uricosurics**		
probenecid oral	%	
Hematological Agents - Misc.		
Anti-Von Willebrand Factor Agents**		
CABLIVI	A	PA; SP; DS (30 day supply max)
Bradykinin B2 Receptor Antagonists**		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
icatibant acetate subcutaneous solution prefilled syringe	D	PA; SP; DS (30 day supply max)
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
C1 Esterase Inhibitors**		
BERINERT	D	PA; SP; DS (30 day supply max)
CINRYZE	D	PA; SP; DS (30 day supply max)
HAEGARDA	D	PA; SP; DS (30 day supply max)
RUCONEST	D	PA; SP; DS (30 day supply max)
Complement C3 Inhibitors**		
EMPAVELI	D	PA; SP; DS (30 day supply max)
Complement C5 Inhibitors**		
ZILBRYSQ	D	PA; SP; DS (30 day supply max)
Complement C5a Receptor Inhibitors**		
TAVNEOS	D	PA; SP; DS (30 day supply max)
Complement Factor B Inhibitors**		
FABHALTA	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
Complement Factor D Inhibitors**		
VOYDEYA	D	PA; SP; DS (30 day supply max)
Direct-Acting P2y12 Inhibitors**		
BRILINTA	%	HDHP
Hematorheologic Agents**		
pentoxifylline er	%	HDHP
Phosphodiesterase Iii Inhibitors**		
cilostazol	%	QL (2 tablets per day); HDHP
Plasma Kallikrein Inhibitors - Monoclonal Antibodies**		
TAKHZYRO	D	PA; SP; DS (30 day supply max)
Plasma Kallikrein Inhibitors**		
KALBITOR	D	PA; SP; DS (30 day supply max)
ORLADEYO	D	PA; SP; DS (30 day supply max)
Platelet Aggregation Inhibitor Combinations**		
aspirin-dipyridamole er	%	HDHP
Platelet Aggregation Inhibitors**		
dipyridamole oral	%	HDHP
Protease-Activated Receptor-1 (Par-1) Antagonists**		
ZONTIVITY	%	QL (1 tablet per day); HDHP; AL (Min 16 Years)
Pyruvate Kinase Activators**		
PYRUKYND	D	PA; SP; DS (30 day supply max)
PYRUKYND TAPER PACK	D	PA; SP; DS (30 day supply max)
Quinazoline Agents**		
AGRYLIN	%	HDHP
anagrelide hcl	%	HDHP
Spleen Tyrosine Kinase (Syk) Inhibitors**		
TAVALISSE	C	PA; SP; DS (30 day supply max)
Thienopyridine Derivatives**		
clopidogrel bisulfate oral tablet 300 mg	%	QL (1 tablet per month); DS (30 day supply max); HDHP
clopidogrel bisulfate oral tablet 75 mg	%	QL (1 tablet per day); HDHP
EFFIENT	%	HDHP; AL (Min 16 Years)
PLAVIX ORAL TABLET 75 MG	%	QL (1 tablet per day); HDHP
prasugrel hcl	%	HDHP; AL (Min 16 Years)
Hematopoietic Agents		
Agents For Gaucher Disease**		
CERDELGA	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
miglustat	D	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
YARGESA	D	PA; SP; DS (30 day supply max)
ZAVESCA	D	PA; SP; DS (30 day supply max)
Amino Acids**		
ENDARI	NC	EDL Alt (alternative: glutamine powder packet (OTC), glutamine cap 500mg (OTC) or Lglutamine tab 500mg (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Cobalamins**		
cyanocobalamin injection solution 1000 mcg/ml	%	
cyanocobalamin nasal	%	
DODEX	%	
NASCOBAL	%	PA
Cytotoxic Agents**		
DROXIA	B	SP; QL (1 capsule per day); DS (30 day supply max); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - Siklos 100mg or 1000mg tab AND hydroxyurea 500mg cap); AL (Min 18 Years)
SIKLOS	B	SP; DS (30 day supply max); AL (Min 2 Years and Max 17 Years)
Folic Acid/Folates**		
folic acid oral tablet 1 mg	$0	QL (2 tablets per day); ACA (Tier 1 OR coinsurance if ACA does not apply)
Granulocyte Colony-Stimulating Factors (G-Csf)**		
FULPHILA	B	PA; SP; QL (0.086 ml per day); DS (14 day supply max)
NEULASTA ONPRO	C	PA; SP; QL (2 syringes per 14 days); DS (14 day supply max)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	C	PA; SP; QL (2 syringes per 14 days); DS (14 day supply max)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	C	PA; SP; QL (10ml); DS (8 day supply min / 10 day supply max)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML	C	PA; SP; QL (16ml); DS (8 day supply min / 10 day supply max)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	C	PA; SP; QL (5ml); DS (8 day supply min / 10 day supply max)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	C	PA; SP; QL (8ml); DS (8 day supply min / 10 day supply max)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	B	PA; SP; QL (1ml per day); DS (8 day supply min / 10 day supply max)

Drug	Status	Notes
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	B	PA; SP; QL (1.6ml per day); DS (8 day supply min / 10 day supply max)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	B	PA; SP; QL (0.5ml per day); DS (8 day supply min / 10 day supply max)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	B	PA; SP; QL (0.8ml per day); DS (8 day supply min / 10 day supply max)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	SP; DS (30 day supply max)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	D	SP; QL (0.5ml per day); DS (10 day supply max)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	D	SP; QL (0.8ml per day); DS (10 day supply max)
Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)**		
LEUKINE INJECTION SOLUTION RECONSTITUTED	D	SP; DS (30 day supply max)
Hemoglobin S (Hbs) Polymerization Inhibitors**		
OXBRYTA ORAL TABLET 300 MG	NC	DS (30 day supply max); EDL Alt (alternative: Oxbryta tab 500mg or soluble tab 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
OXBRYTA ORAL TABLET 500 MG	D	PA; SP; DS (30 day supply max)
OXBRYTA ORAL TABLET SOLUBLE	D	PA; SP; DS (30 day supply max)
Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors**		
JESDUVROQ	%	PA
Iron**		
SPATONE PUR-ABSORB IRON ORAL SOLUTION	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Max 1 Years)
Thrombopoietin (Tpo) Receptor Agonists**		
ALVAIZ	D	PA; SP; DS (30 day supply max)
DOPTELET ORAL TABLET 20 MG	C	PA; SP; DS (30 day supply max)
MULPLETA	C	PA; SP; DS (30 day supply max)
NPLATE	D	PA; SP; DS (30 day supply max)
PROMACTA	C	PA; SP; DS (30 day supply max)
Hemostatics		
Hemostatics - Systemic**		
aminocaproic acid oral solution	%	
aminocaproic acid oral tablet	%	
tranexamic acid oral	%	F
Hypnotics/Sedatives/Sleep Disorder Agents		
Barbiturate Hypnotics**		
phenobarbital oral elixir	%	

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

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

Drug	Status	Notes
DAYVIGO	%	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 6 months - eszopiclone tab, zaleplon cap, or rozerem tab); AL (Min 18 Years)
QUVIVIQ	%	QL (1 tablet per day); ST (Step Therapy required: 3 of the following for 1 month each in the last 12 months - eszopiclone, ramelteon, zaleplon, or zolpidem)
Selective Melatonin Receptor Agonists**		
HETLIOZ	D	PA; SP; DS (30 day supply max); AL (Min 18 Years)
HETLIOZ LQ	D	PA; SP; DS (30 day supply max)
ramelteon	%	QL (1 tablet per day); AL (Min 18 Years)
ROZEREM	%	QL (1 tablet per day); AL (Min 18 Years)
tasimelteon	D	PA; SP; DS (30 day supply max); AL (Min 18 Years)
Laxatives		
Bowel Evacuant Combinations**		
CLENPIQ	%	
GAVILYTE-G	$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	%	
MOVIPREP	%	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	%	
peg 3350-kcl-na bicarb-nacl	$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
peg-3350/electrolytes	$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
peg-3350/electrolytes/ascorbat	%	
peg-kcl-nacl-nasulf-na asc-c	%	
PLENVU	%	
SUFLAVE	%	
SUPREP BOWEL PREP KIT	%	
Laxatives - Miscellaneous**		
constulose	%	
KRISTALOSE	NC	EDL Alt (alternative: lactulose oral solution); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
lactulose oral packet	NC	EDL Alt (alternative: lactulose oral solution); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
lactulose oral solution 10 gm/15ml	%	

Drug	Status	Notes
Macrolides		
Azithromycin**		
azithromycin oral packet	%	
azithromycin oral suspension reconstituted	%	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	%	
ZITHROMAX ORAL PACKET	%	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	%	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	%	
ZITHROMAX TRI-PAK	%	
ZITHROMAX Z-PAK	%	
Clarithromycin**		
clarithromycin er	%	QL (2 tablets per day)
clarithromycin oral suspension reconstituted	%	QL (10ml per day)
clarithromycin oral tablet 250 mg	%	
clarithromycin oral tablet 500 mg	%	QL (3 tablets per day)
Erythromycins**		
E.E.S. 400 ORAL TABLET	%	
E.E.S. GRANULES	%	
ERYPED 200	%	
ERYPED 400	%	
ERY-TAB	%	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	%	
erythromycin base oral	%	
erythromycin ethylsuccinate oral	%	
erythromycin oral	%	
Fidaxomicin**		
DIFICID ORAL SUSPENSION RECONSTITUTED	%	PA
DIFICID ORAL TABLET	%	PA; QL (4 tablets per day); DS (28 day supply max)
Medical Devices And Supplies		
Cervical Caps**		
FEMCAP	$0	DS (30 day supply max); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
Condoms - Female**		
FC2 FEMALE CONDOM	$0	QL (12 units per month); DS (30 day supply max); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
Condoms - Male**		
aimsco lubricated	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
condoms	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
DUREX EXTRA SENSITIVE THIN	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
DUREX REALFEEL	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
FANTASY LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
FANTASY LUBRICATED/SPERMICIDE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
KAMELEON LUBRICATED	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
KIMONO COLORS	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
KIMONO MAXX-LARGE FLARE	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono micro thin	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono micro thin plus	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono plus	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono ps	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
kimono ps plus	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F

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

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

Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 85	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 90	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
WIDE-SEAL DIAPHRAGM 95	$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
Glucose Monitoring Test Supplies**		
ACCU-CHEK FASTCLIX LANCETS	%	QL (200 per month); DS (30 day supply max)
ACCU-CHEK SAFE-T PRO LANCETS	%	QL (200 per month); DS (30 day supply max)
ACCU-CHEK SOFTCLIX LANCETS	%	QL (200 per month); DS (30 day supply max)
acti-lance 28g	%	QL (200 per month); DS (30 day supply max)
acti-lance lite lancets 28g	%	QL (200 per month); DS (30 day supply max)
acti-lance special lancets 17g	%	QL (200 per month); DS (30 day supply max)
acti-lance universal 23g	%	QL (200 per month); DS (30 day supply max)
advanced mobile lancet	%	QL (200 per month); DS (30 day supply max)
ADVOCATE LANCETS	%	QL (200 per month); DS (30 day supply max)
ADVOCATE LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
ADVOCATE SAFETY LANCETS	%	QL (200 per month); DS (30 day supply max)
ADVOCATE SAFETY LANCETS 26G	%	QL (200 per month); DS (30 day supply max)
AGAMATRIX ULTRA-THIN LANCETS	%	QL (200 per month); DS (30 day supply max)
aimsco twist lancets 32g	%	QL (200 per month); DS (30 day supply max)
AIMSCO TWIST LANCETS 33G	%	QL (200 per month); DS (30 day supply max)
AQUALANCE LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
assure comfort lancets 28g	%	QL (200 per month); DS (30 day supply max)
ASSURE HAEMOLANCE PLUS HIGH	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
ASSURE HAEMOLANCE PLUS LOW	%	QL (200 per month); DS (30 day supply max)
ASSURE HAEMOLANCE PLUS MICRO	%	QL (200 per month); DS (30 day supply max)
ASSURE HAEMOLANCE PLUS NORMAL	%	QL (200 per month); DS (30 day supply max)
ASSURE HAEMOLANCE PLUS PED	%	QL (200 per month); DS (30 day supply max)
ASSURE LANCE LANCETS	%	QL (200 per month); DS (30 day supply max)
ASSURE LANCE LANCETS 21G	%	QL (200 per month); DS (30 day supply max)
ASSURE LANCE PLUS SAFETY 25G	%	QL (200 per month); DS (30 day supply max)
ASSURE LANCE PLUS SAFETY 30G	%	QL (200 per month); DS (30 day supply max)
ASSURE LANCE SAFETY LANCET 28G	%	QL (200 per month); DS (30 day supply max)
aurora lancet super thin 30g	%	QL (200 per month); DS (30 day supply max)
aurora lancet thin 23g	%	QL (200 per month); DS (30 day supply max)
AUTOLET PLATFORMS	%	QL (200 per month); DS (30 day supply max)
BD MICROTAINER LANCETS	%	QL (200 per month); DS (30 day supply max)
CAREONE LANCET SUPER THIN 30G	%	QL (200 per month); DS (30 day supply max)
careone lancet thin 23g	%	QL (200 per month); DS (30 day supply max)
CARESENS LANCETS	%	QL (200 per month); DS (30 day supply max)
CARESENS LANCETS 30G	%	QL (200 per month)
CARETOUCH SAFETY LANCETS	%	QL (200 per month); DS (30 day supply max)
CARETOUCH SAFETY LANCETS 26G	%	QL (200 per month); DS (30 day supply max)
CARETOUCH TWIST LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
CARETOUCH TWIST LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
CARETOUCH TWIST LANCETS 33G	%	QL (200 per month); DS (30 day supply max)
CARETOUCH TWIST MC LANCETS 30G	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
CLEANLET LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
CLEVER CHEK LANCETS	%	QL (200 per month); DS (30 day supply max)
CLEVER CHOICE COMFORT EZ	%	QL (200 per month); DS (30 day supply max)
CLEVER CHOICE LANCETS 21G	%	QL (200 per month); DS (30 day supply max)
CLEVER CHOICE LANCETS 23G	%	QL (200 per month); DS (30 day supply max)
CLEVER CHOICE LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
COAGUCHEK LANCETS	%	QL (200 per month); DS (30 day supply max)
comfort assured lancets 28g	%	QL (200 per month); DS (30 day supply max)
comfort assured lancets 33g	%	QL (200 per month); DS (30 day supply max)
COMFORT TOUCH LANCETS 31G	%	QL (200 per month); DS (30 day supply max)
COMFORT TOUCH PLUS LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
COMFORT TOUCH PLUS LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
cvs lancets 21g	%	QL (200 per month); DS (30 day supply max)
cvs lancets micro thin 33g	%	QL (200 per month); DS (30 day supply max)
cvs lancets original	%	QL (200 per month); DS (30 day supply max)
cvs lancets thin 26g	%	QL (200 per month); DS (30 day supply max)
cvs lancets ultra thin 30g	%	QL (200 per month); DS (30 day supply max)
cvs lancets ultra-thin 30g	%	QL (200 per month); DS (30 day supply max)
cvs ultra thin lancets	%	QL (200 per month); DS (30 day supply max)
DEXCOM G6 RECEIVER	%	PA; QL (1 receiver per lifetime. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.)

Drug	Status	Notes
DEXCOM G6 SENSOR	%	PA; QL (3 sensors per month. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); DS (30 day supply max)
DEXCOM G6 TRANSMITTER	%	PA; QL (1 transmitter (1 box) per 90 days. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.)
DEXCOM G7 RECEIVER	%	PA; QL (1 receiver per lifetime. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.)
DEXCOM G7 SENSOR	%	PA; QL (3 sensors per month. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); DS (30 day supply max)
DIATHRIVE LANCET ULTRA THIN 30	%	QL (200 per month); DS (30 day supply max)
DIATHRIVE LANCETS	%	QL (200 per month); DS (30 day supply max)
DROPLET LANCETS ULTRA THIN 30G	%	QL (200 per month); DS (30 day supply max)
DROPLET PERSONAL LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
drug mart lancets thin 26g	%	QL (200 per month); DS (30 day supply max)
DRUG MART ON-THE-GO LANCET 30G	%	QL (200 per month); DS (30 day supply max)
DRUG MART UNILET LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
DRUG MART UNILET LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
DRUG MART UNILET LANCETS 33G	%	QL (200 per month); DS (30 day supply max)
easy comfort lancets	%	QL (200 per month); DS (30 day supply max)
easy comfort lancets twist top	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH LANCETS 21G	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH LANCETS 23G	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
EASY TOUCH LANCETS 26G	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH LANCETS 28G/TWIST	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH LANCETS 30G/TWIST	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH LANCETS 32G	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH LANCETS 32G/TWIST	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH LANCETS 33G/TWIST	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH SAFETY LANCETS 21G	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH SAFETY LANCETS 23G	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH SAFETY LANCETS 26G	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH SAFETY LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
EMBRACE LANCETS ULTRA THIN 30G	%	QL (200 per month); DS (30 day supply max)
EMBRACE PRESSURE ACTIVATED 21G	%	QL (200 per month); DS (30 day supply max)
EMBRACE PRESSURE ACTIVATED 28G	%	QL (200 per month); DS (30 day supply max)
eql color lancets 21g	%	QL (200 per month); DS (30 day supply max)
eql color lancets micro 33g	%	QL (200 per month); DS (30 day supply max)
eql super thin lancets 30g	%	QL (200 per month); DS (30 day supply max)
eql thin lancets 26g	%	QL (200 per month); DS (30 day supply max)
E-Z JECT LANCET MICRO-THIN 33G	%	QL (200 per month); DS (30 day supply max)
E-Z JECT LANCET SUPER THIN 30G	%	QL (200 per month); DS (30 day supply max)
E-Z JECT LANCETS	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
E-Z JECT LANCETS 21G	%	QL (200 per month); DS (30 day supply max)
E-Z JECT LANCETS THIN 26G	%	QL (200 per month); DS (30 day supply max)
EZ-LETS LANCETS 21G	%	QL (200 per month); DS (30 day supply max)
EZ-LETS LANCETS 26G	%	QL (200 per month); DS (30 day supply max)
EZ-LETS LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
EZ-LETS LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
FIFTY50 SAFETY SEAL LANCETS	%	QL (200 per month); DS (30 day supply max)
FIFTY50 UNILET LANCETS 33G	%	QL (200 per month); DS (30 day supply max)
FINE 30	%	QL (200 per month); DS (30 day supply max)
FINGERSTIX LANCETS	%	QL (200 per month); DS (30 day supply max)
FORA LANCETS	%	QL (200 per month); DS (30 day supply max)
FREESTYLE LANCETS	%	QL (200 per month); DS (30 day supply max)
FREESTYLE LIBRE 14 DAY READER	%	PA; QL (1 reader per lifetime. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.)
FREESTYLE LIBRE 14 DAY SENSOR	%	PA; QL (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); DS (30 day supply max)
FREESTYLE LIBRE 2 READER	%	PA; QL (1 reader per lifetime. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.)
FREESTYLE LIBRE 2 SENSOR	%	PA; QL (2 sensors per 28 days. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); DS (28 day supply max)
FREESTYLE LIBRE 3 READER	%	PA; QL (1 reader per lifetime. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.)

Drug	Status	Notes
FREESTYLE LIBRE 3 SENSOR	%	PA; QL (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); DS (28 day supply max)
FREESTYLE LIBRE READER	%	PA; QL (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.)
FREESTYLE UNISTICK II LANCETS	%	QL (200 per month); DS (30 day supply max)
GENTEEL BUTTERFLY TOUCH LANCET	%	QL (200 per month); DS (30 day supply max)
GENTEEL CONTACT TIPS (BLUE)	%	QL (200 per month); DS (30 day supply max)
GENTEEL CONTACT TIPS (CLEAR)	%	QL (200 per month); DS (30 day supply max)
GENTEEL CONTACT TIPS (GREEN)	%	QL (200 per month); DS (30 day supply max)
GENTEEL CONTACT TIPS (ORANGE)	%	QL (200 per month); DS (30 day supply max)
GENTEEL CONTACT TIPS (RAINBOW)	%	QL (200 per month); DS (30 day supply max)
GENTEEL CONTACT TIPS (VIOLET)	%	QL (200 per month); DS (30 day supply max)
GENTEEL CONTACT TIPS (YELLOW)	%	QL (200 per month); DS (30 day supply max)
GENTEEL NOZZLES	%	QL (200 per month); DS (30 day supply max)
GENTLE-LET GP LANCETS	%	QL (200 per month); DS (30 day supply max)
GENTLE-LET LANCETS	%	QL (200 per month); DS (30 day supply max)
GENTLE-LET PLATFORMS	%	QL (200 per month); DS (30 day supply max)
global inject ease lancets 28g	%	QL (200 per month); DS (30 day supply max)
global inject ease lancets 30g	%	QL (200 per month); DS (30 day supply max)
GLUCOCOM LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
GLUCOCOM LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
GLUCOCOM LANCETS 33G	%	QL (200 per month); DS (30 day supply max)
gnp lancets 21g	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
gnp lancets thin 26g	%	QL (200 per month); DS (30 day supply max)
gnp sterile lancets 28g	%	QL (200 per month); DS (30 day supply max)
gnp sterile lancets 30g	%	QL (200 per month); DS (30 day supply max)
gnp sterile lancets 33g	%	QL (200 per month); DS (30 day supply max)
GOJJI STERILE LANCETS	%	QL (200 per month); DS (30 day supply max)
goodsense color lancets 33g	%	QL (200 per month); DS (30 day supply max)
goodsense lancets 26g univ	%	QL (200 per month); DS (30 day supply max)
goodsense lancets 30g	%	QL (200 per month); DS (30 day supply max)
goodsense lancets 30g univ	%	QL (200 per month); DS (30 day supply max)
goodsense lancets 33g	%	QL (200 per month); DS (30 day supply max)
goodsense lancets 33g univ	%	QL (200 per month); DS (30 day supply max)
HAEMOLANCE	%	QL (200 per month); DS (30 day supply max)
HAEMOLANCE LOW FLOW LANCETS	%	QL (200 per month); DS (30 day supply max)
HAEMOLANCE PLUS	%	QL (200 per month); DS (30 day supply max)
HAEMOLANCE PLUS HIGH FLOW	%	QL (200 per month); DS (30 day supply max)
HAEMOLANCE PLUS LOW FLOW	%	QL (200 per month); DS (30 day supply max)
HAEMOLANCE PLUS MAX FLOW	%	QL (200 per month); DS (30 day supply max)
HAEMOLANCE PLUS PEDIATRIC FLOW	%	QL (200 per month); DS (30 day supply max)
h-e-b incontrol lancets 28g	%	QL (200 per month); DS (30 day supply max)
h-e-b incontrol lancets 30g	%	QL (200 per month); DS (30 day supply max)
h-e-b incontrol lancets 33g	%	QL (200 per month); DS (30 day supply max)
HY-VEE LANCETS	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
hy-vee thin lancets	%	QL (200 per month); DS (30 day supply max)
IN TOUCH STERILE LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
kinney lancets	%	QL (200 per month); DS (30 day supply max)
kinney thin lancets	%	QL (200 per month); DS (30 day supply max)
KROGER HEALTHPRO LANCET 26G	%	QL (200 per month); DS (30 day supply max)
kroger lancets	%	QL (200 per month); DS (30 day supply max)
kroger lancets 21g	%	QL (200 per month); DS (30 day supply max)
kroger lancets micro thin 33g	%	QL (200 per month); DS (30 day supply max)
kroger lancets super thin	%	QL (200 per month); DS (30 day supply max)
kroger lancets thin	%	QL (200 per month); DS (30 day supply max)
kroger lancets thin 26g	%	QL (200 per month); DS (30 day supply max)
kroger lancets ultrathin 30g	%	QL (200 per month); DS (30 day supply max)
lancet transporter case	%	QL (200 per month); DS (30 day supply max)
lancets	%	QL (200 per month); DS (30 day supply max)
lancets 30g	%	QL (200 per month); DS (30 day supply max)
lancets 33g	%	QL (200 per month); DS (30 day supply max)
lancets micro thin 33g	%	QL (200 per month); DS (30 day supply max)
lancets super thin 28g	%	QL (200 per month); DS (30 day supply max)
lancets thin	%	QL (200 per month); DS (30 day supply max)
LANCETS ULTRA THIN	%	QL (200 per month); DS (30 day supply max)
lancets ultra thin 30g	%	QL (200 per month); DS (30 day supply max)
LIBERTY MEDICAL LANCETS	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
lite touch lancets	%	QL (200 per month); DS (30 day supply max)
LITETOUCH LANCETS	%	QL (200 per month); DS (30 day supply max)
live better lancet super thin	%	QL (200 per month); DS (30 day supply max)
longs lancets standard	%	QL (200 per month); DS (30 day supply max)
longs lancets thin	%	QL (200 per month); DS (30 day supply max)
longs lancets ultra thin	%	QL (200 per month); DS (30 day supply max)
medichoice safety lancet	%	QL (200 per month); DS (30 day supply max)
medichoice safety lancet extra	%	QL (200 per month); DS (30 day supply max)
medichoice safety lancet norm	%	QL (200 per month); DS (30 day supply max)
MEDLANCE EXTRA 21G	%	QL (200 per month); DS (30 day supply max)
MEDLANCE LITE 25G	%	QL (200 per month); DS (30 day supply max)
MEDLANCE PLUS EXTRA 21G	%	QL (200 per month); DS (30 day supply max)
MEDLANCE PLUS LANCETS	%	QL (200 per month); DS (30 day supply max)
MEDLANCE PLUS LITE 25G	%	QL (200 per month); DS (30 day supply max)
MEDLANCE PLUS SPECIAL 0.8MM	%	QL (200 per month); DS (30 day supply max)
MEDLANCE PLUS SUPERLITE 30G	%	QL (200 per month); DS (30 day supply max)
MEDLANCE PLUS UNIVERSAL 21G	%	QL (200 per month); DS (30 day supply max)
MEDLANCE UNIVERSAL 21G	%	QL (200 per month); DS (30 day supply max)
MEIJER LANCETS	%	QL (200 per month); DS (30 day supply max)
MEIJER LANCETS THIN	%	QL (200 per month); DS (30 day supply max)
MEIJER LANCETS UNIVERSAL 21G	%	QL (200 per month); DS (30 day supply max)
MEIJER LANCETS UNIVERSAL 30G	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
MEIJER LANCETS UNIVERSAL 33G	%	QL (200 per month); DS (30 day supply max)
MEIJER SUPER THIN LANCETS	%	QL (200 per month); DS (30 day supply max)
MICROLET LANCETS	%	QL (200 per month); DS (30 day supply max)
MM TWIST LANCETS	%	QL (200 per month); DS (30 day supply max)
MONOLET LANCETS	%	QL (200 per month); DS (30 day supply max)
MONOLET OPD LANCETS	%	QL (200 per month); DS (30 day supply max)
MONOLETTOR SAFETY LANCETS	%	QL (200 per month); DS (30 day supply max)
mpd safety lancet 21g	%	QL (200 per month); DS (30 day supply max)
mpd safety lancet 23g	%	QL (200 per month); DS (30 day supply max)
mpd safety lancet 28g	%	QL (200 per month); DS (30 day supply max)
mpd safety lancet 30g	%	QL (200 per month); DS (30 day supply max)
MYGLUCOHEALTH LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
NOVA SAFETY LANCETS 23G	%	QL (200 per month); DS (30 day supply max)
NOVA SAFETY LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
NOVA SUREFLEX LANCETS	%	QL (200 per month); DS (30 day supply max)
ONETOUCH DELICA PLUS LANCET30G	%	QL (200 per month); DS (30 day supply max)
ONETOUCH DELICA PLUS LANCET33G	%	QL (200 per month); DS (30 day supply max)
ONETOUCH ULTRASOFT 2 LANCETS	%	QL (200 per month); DS (30 day supply max)
ONETOUCH VERIO FLEX SYSTEM KIT	$0	QL (Not a benefit through the retail pharmacy. Please contact Lifescans toll-free number 1-888-887-6299 or 1-888-233-3282 code 257BCA001. 1 per lifetime.)
ONETOUCH VERIO REFLECT	$0	QL (Not a benefit through the retail pharmacy. Please contact Lifescans toll-free number 1-888-887-6299 or 1-888-233-3282 code 257BCA001. 1 per lifetime.)
PERFECT LANCETS 28G	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
PERFECT LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
PHARMACIST CHOICE LANCETS	%	QL (200 per month); DS (30 day supply max)
PHARMACY COUNTER LANCETS	%	QL (200 per month); DS (30 day supply max)
pip lancets 28g	%	QL (200 per month); DS (30 day supply max)
pip lancets 30g	%	QL (200 per month); DS (30 day supply max)
PRECISION THINS GP LANCETS	%	QL (200 per month); DS (30 day supply max)
preferred plus lancets colored	%	QL (200 per month); DS (30 day supply max)
preferred plus lancets thin	%	QL (200 per month); DS (30 day supply max)
pro comfort lancets 30g	%	QL (200 per month); DS (30 day supply max)
pro comfort lancets 31g	%	QL (200 per month); DS (30 day supply max)
pro comfort safety lancets 30g	%	QL (200 per month); DS (30 day supply max)
PRODIGY LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
PRODIGY SAFETY LANCETS 26G	%	QL (200 per month); DS (30 day supply max)
PRODIGY TWIST TOP LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
PSS SELECT GP LANCETS	%	QL (200 per month); DS (30 day supply max)
PSS SELECT PLATFORMS	%	QL (200 per month); DS (30 day supply max)
PSS SELECT SAFETY LANCETS	%	QL (200 per month); DS (30 day supply max)
pure comfort lancets 30g	%	QL (200 per month); DS (30 day supply max)
px lancets microthin 33g	%	QL (200 per month); DS (30 day supply max)
px lancets ultra thin 28g	%	QL (200 per month); DS (30 day supply max)
qc lancets super thin 30g	%	QL (200 per month); DS (30 day supply max)
qc lancets ultra thin	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
qc unilet lancets 28g	%	QL (200 per month); DS (30 day supply max)
qc unilet lancets micro thin	%	QL (200 per month); DS (30 day supply max)
RA E-ZJECT LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
RA E-ZJECT LANCETS THIN 26G	%	QL (200 per month); DS (30 day supply max)
RA E-ZJECT LANCETS THIN 28G	%	QL (200 per month); DS (30 day supply max)
RA E-ZJECT LANCETS ULTRA THIN	%	QL (200 per month); DS (30 day supply max)
READYLANCE SAFETY LANCETS	%	QL (200 per month); DS (30 day supply max)
reality lancets	%	QL (200 per month); DS (30 day supply max)
reality trigger lancets	%	QL (200 per month); DS (30 day supply max)
RELION LANCETS MICRO-THIN 33G	%	QL (200 per month); DS (30 day supply max)
RELION LANCETS THIN 26G	%	QL (200 per month); DS (30 day supply max)
RELION LANCETS ULTRA-THIN 30G	%	QL (200 per month); DS (30 day supply max)
RELION ULTRA THIN LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
RELION ULTRA THIN PLUS LANCETS	%	QL (200 per month); DS (30 day supply max)
REXALL LANCETS ULTRA THIN 30G	%	QL (200 per month); DS (30 day supply max)
RIGHTEST ALTERNATE SITE ADAPT	%	QL (200 per month); DS (30 day supply max)
RIGHTEST GL300 LANCETS	%	QL (200 per month); DS (30 day supply max)
SAFE-T-LANCE	%	QL (200 per month); DS (30 day supply max)
SAFE-T-LANCE PLUS	%	QL (200 per month); DS (30 day supply max)
safety lancet 30g/pressure act	%	QL (200 per month); DS (30 day supply max)
SAFETY LANCETS	%	QL (200 per month); DS (30 day supply max)
SAFETY LANCETS 21G	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
SAFETY LANCETS 23G	%	QL (200 per month); DS (30 day supply max)
safety lancets 28g	%	QL (200 per month); DS (30 day supply max)
saps health plus lancets	%	QL (200 per month); DS (30 day supply max)
saps health twist top lancets	%	QL (200 per month); DS (30 day supply max)
saps twist top lancets	%	QL (200 per month); DS (30 day supply max)
sapscare twist top lancets	%	QL (200 per month); DS (30 day supply max)
sb lancets thin	%	QL (200 per month); DS (30 day supply max)
sb lancets ultra thin	%	QL (200 per month); DS (30 day supply max)
SINGLE-LET	%	QL (200 per month); DS (30 day supply max)
sm lancets 33g	%	QL (200 per month); DS (30 day supply max)
SMART SENSE COLOR LANCETS 33G	%	QL (200 per month); DS (30 day supply max)
SMART SENSE STANDARD LANCETS	%	QL (200 per month); DS (30 day supply max)
SMART SENSE SUPER THIN LANCETS	%	QL (200 per month); DS (30 day supply max)
SMART SENSE THIN LANCETS 26G	%	QL (200 per month); DS (30 day supply max)
SMARTEST LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
SOLUS V2 LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
SOLUS V2 TWIST LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
STERILANCE PA	%	QL (200 per month); DS (30 day supply max)
STERILANCE TL	%	QL (200 per month); DS (30 day supply max)
super thin lancets	%	QL (200 per month); DS (30 day supply max)
sure comfort lancets 18g	%	QL (200 per month); DS (30 day supply max)
sure comfort lancets 21g	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
sure comfort lancets 23g	%	QL (200 per month); DS (30 day supply max)
sure comfort lancets 28g	%	QL (200 per month); DS (30 day supply max)
sure comfort lancets 30g	%	QL (200 per month); DS (30 day supply max)
SURELITE LANCETS	%	QL (200 per month); DS (30 day supply max)
TECHLITE AST LANCETS	%	QL (200 per month); DS (30 day supply max)
TECHLITE LANCETS	%	QL (200 per month); DS (30 day supply max)
TECHLITE LANCETS 26G	%	QL (200 per month); DS (30 day supply max)
TECHLITE LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
tgt lancet micro thin 33g	%	QL (200 per month); DS (30 day supply max)
tgt lancet thin 26g	%	QL (200 per month); DS (30 day supply max)
tgt lancet ultra thin 30g	%	QL (200 per month); DS (30 day supply max)
THINLETS GP LANCETS	%	QL (200 per month); DS (30 day supply max)
todays health thin lancets 28g	%	QL (200 per month); DS (30 day supply max)
todays health thin lancets 30g	%	QL (200 per month); DS (30 day supply max)
topcare lancets micro-thin 33g	%	QL (200 per month); DS (30 day supply max)
TRAVEL LANCETS ADVANCED 28G	%	QL (200 per month); DS (30 day supply max)
true comfort safety lancets	%	QL (200 per month); DS (30 day supply max)
true comfort twist top lancets	%	QL (200 per month); DS (30 day supply max)
TRUEPLUS LANCETS 26G	%	QL (200 per month); DS (30 day supply max)
TRUEPLUS LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
TRUEPLUS LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
TRUEPLUS LANCETS 33G	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
TRUEPLUS SAFETY LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
twist top lancets 30g	%	QL (200 per month); DS (30 day supply max)
ULTILET CLASSIC LANCETS	%	QL (200 per month); DS (30 day supply max)
ULTILET LANCETS	%	QL (200 per month); DS (30 day supply max)
ULTILET SAFETY LANCETS	%	QL (200 per month); DS (30 day supply max)
ULTILET SAFETY LANCETS 23G	%	QL (200 per month); DS (30 day supply max)
ultra thin lancets 31g	%	QL (200 per month); DS (30 day supply max)
ultra-care lancets 30g	%	QL (200 per month); DS (30 day supply max)
ULTRA-THIN II AUTO LANCET	%	QL (200 per month); DS (30 day supply max)
ULTRA-THIN II LANCETS	%	QL (200 per month); DS (30 day supply max)
UNILET COMFORTOUCH LANCET	%	QL (200 per month); DS (30 day supply max)
UNILET EXCELITE	%	QL (200 per month); DS (30 day supply max)
UNILET EXCELITE II	%	QL (200 per month); DS (30 day supply max)
UNILET G.P. LANCET	%	QL (200 per month); DS (30 day supply max)
UNILET G.P. SUPERLITE LANCET	%	QL (200 per month); DS (30 day supply max)
UNILET GP 28 ULTRA THIN	%	QL (200 per month); DS (30 day supply max)
UNILET LANCET	%	QL (200 per month); DS (30 day supply max)
UNILET MICRO-THIN 33G	%	QL (200 per month); DS (30 day supply max)
UNILET SUPERLITE LANCET	%	QL (200 per month); DS (30 day supply max)
UNILET SUPER-THIN 30G	%	QL (200 per month); DS (30 day supply max)
UNILET ULTRA-THIN 28G	%	QL (200 per month); DS (30 day supply max)
UNISTIK 1	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
UNISTIK 2	%	QL (200 per month); DS (30 day supply max)
UNISTIK 2 COMFORT	%	QL (200 per month); DS (30 day supply max)
UNISTIK 2 EXTRA	%	QL (200 per month); DS (30 day supply max)
UNISTIK 2 NEONATAL	%	QL (200 per month); DS (30 day supply max)
UNISTIK 2 NORMAL	%	QL (200 per month); DS (30 day supply max)
UNISTIK 2 SUPER	%	QL (200 per month); DS (30 day supply max)
UNISTIK 3	%	QL (200 per month); DS (30 day supply max)
UNISTIK 3 COMFORT	%	QL (200 per month); DS (30 day supply max)
UNISTIK 3 EXTRA	%	QL (200 per month); DS (30 day supply max)
UNISTIK 3 GENTLE	%	QL (200 per month); DS (30 day supply max)
UNISTIK 3 NEONATAL	%	QL (200 per month); DS (30 day supply max)
UNISTIK 3 NORMAL	%	QL (200 per month); DS (30 day supply max)
UNISTIK CZT COMFORT	%	QL (200 per month); DS (30 day supply max)
UNISTIK CZT NORMAL	%	QL (200 per month); DS (30 day supply max)
UNISTIK NORMAL	%	QL (200 per month); DS (30 day supply max)
UNISTIK PRO SAFETY LANCET	%	QL (200 per month); DS (30 day supply max)
UNISTIK SAFETY LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
UNISTIK SAFETY LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
UNISTIK TOUCH SAFETY LANC 21G	%	QL (200 per month); DS (30 day supply max)
UNISTIK TOUCH SAFETY LANC 23G	%	QL (200 per month); DS (30 day supply max)
UNISTIK TOUCH SAFETY LANC 28G	%	QL (200 per month); DS (30 day supply max)
UNISTIK TOUCH SAFETY LANC 30G	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
UNIVERSAL 1 LANCETS THIN 26G	%	QL (200 per month); DS (30 day supply max)
UNIVERSAL 1 LANCETS THIN 33G	%	QL (200 per month); DS (30 day supply max)
UNIVERSAL 1 LANCETS ULTRA THIN	%	QL (200 per month); DS (30 day supply max)
value plus lancet standard 21g	%	QL (200 per month); DS (30 day supply max)
value plus lancets super thin	%	QL (200 per month); DS (30 day supply max)
value plus lancets thin 26g	%	QL (200 per month); DS (30 day supply max)
VERIFINE SAFE LANCET MINI 21G	%	QL (200 per month); DS (30 day supply max)
VERIFINE SAFE LANCET MINI 23G	%	QL (200 per month); DS (30 day supply max)
VERIFINE SAFE LANCET MINI 28G	%	QL (200 per month); DS (30 day supply max)
VERIFINE SAFE LANCET MINI 30G	%	QL (200 per month); DS (30 day supply max)
VERIFINE UNIVERSAL LANCETS 28G	%	QL (200 per month); DS (30 day supply max)
VERIFINE UNIVERSAL LANCETS 30G	%	QL (200 per month); DS (30 day supply max)
VERIFINE UNIVERSAL LANCETS 33G	%	QL (200 per month); DS (30 day supply max)
VIVAGUARD LANCETS	%	QL (200 per month); DS (30 day supply max)
VIVAGUARD LANCETS 30G	%	DS (30 day supply max)
WALGREENS LANCETS	%	QL (200 per month); DS (30 day supply max)
walgreens lancets micro thin	%	QL (200 per month); DS (30 day supply max)
walgreens lancets super thin	%	QL (200 per month); DS (30 day supply max)
WALGREENS THIN LANCETS	%	QL (200 per month); DS (30 day supply max)
WALGREENS ULTRA THIN LANCETS	%	QL (200 per month); DS (30 day supply max)
zevrx twist top lancets 30g	%	QL (200 per month); DS (30 day supply max)
Insulin Administration Supplies		
OMNIPOD 5 G6 INTRO (GEN 5)	%	PA

Drug	Status	Notes
OMNIPOD 5 G6 PODS (GEN 5)	%	PA; QL (10 pods/cartridges per month. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); DS (30 day supply max)
OMNIPOD 5 G7 INTRO (GEN 5)	%	PA
OMNIPOD 5 G7 PODS (GEN 5)	%	PA; QL (10 pods/cartridges per month. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); DS (30 day supply max)
OMNIPOD CLASSIC PODS (GEN 3)	%	PA; QL (10 pods/cartridges per month. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); DS (30 day supply max)
OMNIPOD DASH PODS (GEN 4)	%	PA; QL (10 pods/cartridges per month. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); DS (30 day supply max)
Needles & Syringes**		
1st tier unifine pentips	%	QL (200 per month); DS (30 day supply max)
1st tier unifine pentips plus	%	QL (200 per month); DS (30 day supply max)
ABOUTTIME PEN NEEDLE	%	QL (200 per month); DS (30 day supply max)
ADVOCATE INSULIN PEN NEEDLE	%	QL (200 per month); DS (30 day supply max)
ADVOCATE INSULIN PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
ADVOCATE INSULIN SYRINGE	%	QL (200 per month); DS (30 day supply max)
aq insulin syringe	%	QL (200 per month); DS (30 day supply max)
aqinject pen needle 32g x 4 mm	%	QL (200 per month); DS (30 day supply max)
ASSURE ID DUO PRO PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	%	QL (200 per month); DS (30 day supply max)
ASSURE ID PRO PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	%	QL (200 per month); DS (30 day supply max)
aum insulin safety pen needle	%	QL (200 per month); DS (30 day supply max)
aum mini insulin pen needle	%	QL (200 per month); DS (30 day supply max)
aum pen needle	%	QL (200 per month); DS (30 day supply max)
AUM READYGARD DUO PEN NEEDLE	%	QL (200 per month); DS (30 day supply max)
AUM SAFETY PEN NEEDLE	%	QL (200 per month); DS (30 day supply max)
aurora pen needles	%	QL (200 per month); DS (30 day supply max)
BD AUTOSHIELD DUO	%	QL (200 per month); DS (30 day supply max)
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	%	QL (200 per month); DS (30 day supply max)
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	%	QL (200 per month); DS (30 day supply max)
BD INSULIN SYRINGE HALF-UNIT	%	QL (200 per month); DS (30 day supply max)
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	%	QL (200 per month); DS (30 day supply max)
BD INSULIN SYRINGE U/F	%	QL (200 per month); DS (30 day supply max)
BD INSULIN SYRINGE U/F 1/2UNIT	%	QL (200 per month); DS (30 day supply max)
BD INSULIN SYRINGE U-500	%	QL (200 per month); DS (30 day supply max)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	%	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE MICRO U/F	%	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE MINI U/F	%	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE NANO 2ND GEN	%	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE NANO U/F	%	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE ORIGINAL U/F	%	QL (200 per month); DS (30 day supply max)
BD PEN NEEDLE SHORT U/F	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
BD SAFETYGLIDE INSULIN SYRINGE	%	QL (200 per month); DS (30 day supply max)
BD VEO INSULIN SYR U/F 1/2UNIT	%	QL (200 per month); DS (30 day supply max)
BD VEO INSULIN SYRINGE U/F	%	QL (200 per month); DS (30 day supply max)
CAREFINE PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
careone insulin syringe	%	QL (200 per month); DS (30 day supply max)
careone unifine pentips plus	%	QL (200 per month); DS (30 day supply max)
CARETOUCH INSULIN SYRINGE	%	QL (200 per month); DS (30 day supply max)
CARETOUCH PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	%	QL (200 per month); DS (30 day supply max)
CLICKFINE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	%	QL (200 per month); DS (30 day supply max)
clickfine pen needles 31g x 8 mm	%	QL (200 per month); DS (30 day supply max)
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	%	QL (200 per month); DS (30 day supply max)
COMFORT EZ INSULIN SYRINGE	%	QL (200 per month); DS (30 day supply max)
COMFORT EZ MICRO PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
COMFORT EZ PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
COMFORT EZ PRO PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
COMFORT EZ SHORT PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
COMFORT TOUCH INSULIN PEN NEED	%	QL (200 per month); DS (30 day supply max)
DIATHRIVE PEN NEEDLE	%	QL (200 per month); DS (30 day supply max)
DROPLET INSULIN SYRINGE	%	QL (200 per month); DS (30 day supply max)
DROPLET MICRON	%	QL (200 per month); DS (30 day supply max)
DROPLET PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
dropsafe safety pen needles	%	QL (200 per month); DS (30 day supply max)
DROPSAFE SAFETY SYRINGE/NEEDLE	%	QL (200 per month); DS (30 day supply max)
drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	%	QL (200 per month); DS (30 day supply max)
drug mart unifine pentips plus	%	QL (200 per month); DS (30 day supply max)
easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml	%	QL (200 per month); DS (30 day supply max)
easy comfort pen needles	%	QL (200 per month); DS (30 day supply max)
easy glide pen needles	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH FLIPLOCK INSULIN SY	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH INSULIN SAFETY SYR	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH INSULIN SYRINGE	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH SAFETY PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	%	QL (200 per month); DS (30 day supply max)
EMBRACE PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	%	QL (200 per month); DS (30 day supply max)
FIFTY50 PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
FIFTY50 SUPERIOR COMFORT SYR	%	QL (200 per month); DS (30 day supply max)
global ease inject pen needles	%	QL (200 per month); DS (30 day supply max)
global easy glide insulin syr	%	QL (200 per month); DS (30 day supply max)
global easy glide pen needles	%	QL (200 per month); DS (30 day supply max)
global inject ease insulin syr	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
global insulin syringes	%	QL (200 per month); DS (30 day supply max)
GLUCOPRO INSULIN SYRINGE	%	QL (200 per month); DS (30 day supply max)
gnp clickfine pen needles	%	QL (200 per month); DS (30 day supply max)
gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	%	QL (200 per month); DS (30 day supply max)
gnp insulin syringes	%	QL (200 per month); DS (30 day supply max)
gnp insulin syringes 28gx1/2"	%	QL (200 per month); DS (30 day supply max)
gnp insulin syringes 29gx1/2"	%	QL (200 per month); DS (30 day supply max)
gnp insulin syringes 30gx5/16"	%	QL (200 per month); DS (30 day supply max)
gnp insulin syringes 31gx5/16"	%	QL (200 per month); DS (30 day supply max)
gnp ulticare pen needles	%	QL (200 per month); DS (30 day supply max)
GNP ULTIGUARD SAFEPACK NEEDLE	%	QL (200 per month); DS (30 day supply max)
gnp ultra com insulin syringe 28g x 1/2" 1 ml	%	QL (200 per month); DS (30 day supply max)
goodsense clickfine pen needle	%	QL (200 per month); DS (30 day supply max)
GOODSENSE PEN NEEDLE PENFINE	%	QL (200 per month); DS (30 day supply max)
healthwise insulin syr/needle	%	QL (200 per month); DS (30 day supply max)
healthwise micron pen needles	%	QL (200 per month); DS (30 day supply max)
healthwise short pen needles	%	QL (200 per month); DS (30 day supply max)
h-e-b incontrol pen needles	%	QL (200 per month); DS (30 day supply max)
H-E-B INCONTROL UNIFINE PENTIP	%	QL (200 per month); DS (30 day supply max)
HM ULTICARE INSULIN SYRINGE	%	QL (200 per month); DS (30 day supply max)
HM ULTICARE MINI PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
HM ULTICARE SHORT PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
INCONTROL ULTICARE PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	%	QL (200 per month); DS (30 day supply max)
insulin syringe-needle u-100	%	QL (200 per month); DS (30 day supply max)
insupen pen needles	%	QL (200 per month); DS (30 day supply max)
INSUPEN SENSITIVE	%	QL (200 per month); DS (30 day supply max)
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM	%	QL (200 per month); DS (30 day supply max)
kinray insulin syringe	%	QL (200 per month); DS (30 day supply max)
kmart valu insulin syringe 29g	%	QL (200 per month); DS (30 day supply max)
kmart valu insulin syringe 30g	%	QL (200 per month); DS (30 day supply max)
kroger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	%	QL (200 per month); DS (30 day supply max)
kroger pen needles	%	QL (200 per month); DS (30 day supply max)
leader insulin syringe	%	QL (200 per month); DS (30 day supply max)
LEADER UNIFINE PENTIPS	%	QL (200 per month); DS (30 day supply max)
LEADER UNIFINE PENTIPS PLUS	%	QL (200 per month); DS (30 day supply max)
LITETOUCH INSULIN SYRINGE	%	QL (200 per month); DS (30 day supply max)
LITETOUCH PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
longs insulin syringe 31g x 5/16" 0.5 ml	%	QL (200 per month); DS (30 day supply max)
MAGELLAN INSULIN SAFETY SYR	%	QL (200 per month); DS (30 day supply max)
MARATHON MEDICAL PENTIPS	%	QL (200 per month); DS (30 day supply max)
MAXICOMFORT II PEN NEEDLE	%	QL (200 per month); DS (30 day supply max)
MAXI-COMFORT INSULIN SYRINGE	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
MAXI-COMFORT SAFETY PEN NEEDLE	%	QL (200 per month); DS (30 day supply max)
MAXICOMFORT SYR 27G X 1/2"	%	QL (200 per month); DS (30 day supply max)
medic insulin syringe	%	QL (200 per month); DS (30 day supply max)
medicine shoppe pen needles 29g x 12mm , 31g x 8 mm	%	QL (200 per month); DS (30 day supply max)
meijer pen needles	%	QL (200 per month); DS (30 day supply max)
MICRODOT PEN NEEDLE	%	QL (200 per month); DS (30 day supply max)
mm insulin syringe/needle	%	QL (200 per month); DS (30 day supply max)
MM PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
MONOJECT INSULIN SYRINGE	%	QL (200 per month); DS (30 day supply max)
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	%	QL (200 per month); DS (30 day supply max)
ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	%	QL (200 per month); DS (30 day supply max)
NOVOFINE AUTOCOVER PEN NEEDLE	%	QL (200 per month); DS (30 day supply max)
NOVOFINE PEN NEEDLE	%	QL (200 per month); DS (30 day supply max)
NOVOFINE PLUS PEN NEEDLE	%	QL (200 per month); DS (30 day supply max)
pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	%	QL (200 per month); DS (30 day supply max)
pen needles	%	QL (200 per month); DS (30 day supply max)
pen needles 5/16" 31g x 8 mm	%	QL (200 per month); DS (30 day supply max)
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	%	QL (200 per month); DS (30 day supply max)
pip pen needles 31g x 5mm	%	QL (200 per month); DS (30 day supply max)
pip pen needles 32g x 4mm	%	QL (200 per month); DS (30 day supply max)
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	%	QL (200 per month); DS (30 day supply max)
preferred plus insulin syringe	%	QL (200 per month); DS (30 day supply max)

Drug	Status	Notes
preferred plus unifine pentips 29g x 12mm	%	QL (200 per month); DS (30 day supply max)
PREVENT DROPSAFE PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
PREVENT SAFETY PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
PRO COMFORT INSULIN SYRINGE	%	QL (200 per month); DS (30 day supply max)
pro comfort pen needles	%	QL (200 per month); DS (30 day supply max)
PRODIGY INSULIN SYRINGE	%	QL (200 per month); DS (30 day supply max)
pure comfort pen needle	%	QL (200 per month); DS (30 day supply max)
px extra short pen needles	%	QL (200 per month); DS (30 day supply max)
px insulin syringe 30g x 1/2" 0.5 ml	%	QL (200 per month); DS (30 day supply max)
px mini pen needles	%	QL (200 per month); DS (30 day supply max)
px pen needle	%	QL (200 per month); DS (30 day supply max)
px shortlength pen needles	%	QL (200 per month); DS (30 day supply max)
qc pen needles	%	QL (200 per month); DS (30 day supply max)
qc unifine pentips	%	QL (200 per month); DS (30 day supply max)
ra insulin syringe	%	QL (200 per month); DS (30 day supply max)
ra pen needles	%	QL (200 per month); DS (30 day supply max)
raya sure pen needle	%	QL (200 per month); DS (30 day supply max)
reality insulin syringe	%	QL (200 per month); DS (30 day supply max)
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	%	QL (200 per month); DS (30 day supply max)
RELION MINI PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
RELION PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)
RELION SHORT PEN NEEDLES	%	QL (200 per month); DS (30 day supply max)

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

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

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

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

Drug	Status	Notes
sootheneb nbl 100 adult mask	%	
sootheneb nbl 100 child mask	%	
sootheneb nbl 100 med cup	%	
sootheneb nbl 100 mesh cap	%	
THRESHOLD IMT	%	
tubing/wing tip	%	
ultra neb accessories kit	%	QL (2 per year)
WINDMILL TRAINER	%	
Spacer/Aerosol-Holding Chambers & Supplies**		
AEROCHAMBER MINI CHAMBER	%	
AEROCHAMBER MV	%	
AEROCHAMBER PLS FLOVU MTHPIECE	%	
AEROCHAMBER PLUS FLO-VU	%	
AEROCHAMBER PLUS FLO-VU INTERM	%	
AEROCHAMBER PLUS FLO-VU LARGE	%	
AEROCHAMBER PLUS FLO-VU MEDIUM	%	
AEROCHAMBER PLUS FLO-VU SMALL	%	
AEROCHAMBER PLUS FLO-VU W/MASK	%	
AEROCHAMBER PLUS FLOW VU	%	
AEROCHAMBER W/FLOWSIGNAL	%	
AEROCHAMBER Z-STAT PLUS	%	
AEROCHAMBER Z-STAT PLUS CHAMBR	%	
AEROCHAMBER Z-STAT PLUS/LARGE	%	
AEROCHAMBER Z-STAT PLUS/MEDIUM	%	
AEROCHAMBER Z-STAT PLUS/SMALL	%	
AEROVENT PLUS	%	
breathe ease large	%	
breathe ease medium	%	
breathe ease small	%	
CLEVER CHOICE HOLDING CHAMBER	%	
COMPACT SPACE CHAMBER	%	
COMPACT SPACE CHAMBER/LG MASK	%	
COMPACT SPACE CHAMBER/MED MASK	%	
COMPACT SPACE CHAMBER/SM MASK	%	
EASIVENT	%	
EASIVENT MASK LARGE	%	
EASIVENT MASK MEDIUM	%	
EASIVENT MASK SMALL	%	
eq space chamber anti-static	%	

Drug	Status	Notes
eq space chamber anti-static l	%	
eq space chamber anti-static m	%	
eq space chamber anti-static s	%	
FLEXICHAMBER	%	
FLEXICHAMBER ADULT MASK/SMALL	%	
FLEXICHAMBER CHILD MASK/LARGE	%	
FLEXICHAMBER CHILD MASK/SMALL	%	
INSPIREASE	%	
INSPIREASE RESERVOIR BAGS	%	QL (3 per year)
MICROCHAMBER DEVICE	%	
OPTICHAMBER DIAMOND	%	
OPTICHAMBER DIAMOND-LG MASK	%	
OPTICHAMBER DIAMOND-MD MASK	%	
OPTICHAMBER DIAMOND-SM MASK	%	
PARI VORTEX ADULT MASK	%	
POCKET CHAMBER	%	
POCKET SPACER	%	
RITEFLO	%	
VORTEX VALVED HOLDING CHAMBER	%	
Migraine Products		
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)*		
NURTEC	C	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
QULIPTA	D	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
UBRELVY	D	PA; QL (16 tablets per 30 days); DS (30 day supply max)
ZAVZPRET	D	PA; DS (30 day supply max)
Cgrp Receptor Antagonists - Monocolonal Antibodies*		
AIMOVIG	D	PA; DS (30 day supply max)
AJOVY	D	PA; QL (0.05ml per day); DS (30 day supply max)
EMGALITY	D	PA; DS (30 day supply max)
EMGALITY (300 MG DOSE)	D	PA; DS (30 day supply max)
Ergot Combinations*		
ergotamine-caffeine	%	
MIGERGOT	%	

Drug	Status	Notes
Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors**		
ELYXYB	NC	DS (30 day supply max); EDL Alt (alternative: Celecoxib 50mg, 100mg, 200mg, or 400mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Migraine Products - Nsaids**		
CAMBIA	NC	EDL Alt (alternative: diclofenac potassium tab 50mg or 75mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
diclofenac potassium(migraine)	NC	EDL Alt (alternative: diclofenac potassium tab 50mg or 75mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Migraine Products**		
dihydroergotamine mesylate injection	C	PA; SP; DS (30 day supply max)
dihydroergotamine mesylate nasal	D	PA; SP; QL (16 vials per month); DS (30 day supply max)
ERGOMAR	%	QL (20 tablets per month)
MIGRANAL	C	PA; SP; QL (16 vials per month); DS (30 day supply max)
TRUDHESA	D	PA; DS (30 day supply max)
Selective Serotonin Agonist-Nsaid Combinations**		
sumatriptan-naproxen sodium	NC	EDL Alt (alternative: sumatriptan succinate tab 50mg or 100mg plus naproxen tab 500mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TREXIMET ORAL TABLET 85-500 MG	NC	EDL Alt (alternative: sumatriptan succinate tab 50mg or 100mg plus naproxen tab 500mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Selective Serotonin Agonists 5-Ht(1)**		
almotriptan malate	%	QL (25 tabs per 30 days)
eletriptan hydrobromide oral tablet 20 mg	%	QL (4 tablets per day)
eletriptan hydrobromide oral tablet 40 mg	%	QL (2 tablets per day)
FROVA	NC	QL (20 tablets per month); EDL Alt (alternative: frovatriptan succinate tab 2.5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
frovatriptan succinate	%	QL (20 tabs per month); ST (Step Therapy required: 2 of the following in the last 12 months - almotriptan, eletriptan, naratriptan, rizatriptan, sumatriptan, or zolmitriptan)

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

Drug	Status	Notes
TOSYMRA	%	QL (1 inhaler per day); DS (30 day supply max)
ZEMBRACE SYMTOUCH	NC	QL (20 pens per month); EDL Alt (alternative: sumatriptan succinate injection 4mg/0.5ml); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
zolmitriptan nasal solution 5 mg	%	QL (One box of 6 per 30 days)
zolmitriptan oral tablet 2.5 mg	%	QL (4 tablets per day, max 10 day supply and 1 fill per month); DS (10 day supply max)
zolmitriptan oral tablet 5 mg	%	QL (2 tablets per day, max 10 day supply and 1 fill per month); DS (10 day supply max)
zolmitriptan oral tablet dispersible 2.5 mg	%	QL (4 tablets per day, max 10 day supply and 1 fill per month); DS (10 day supply max)
zolmitriptan oral tablet dispersible 5 mg	%	QL (2 tablets per day, max 10 day supply and 1 fill per month); DS (10 day supply max)
ZOMIG NASAL	%	QL (One box of 6 per 30 days)
ZOMIG ORAL TABLET 2.5 MG	%	QL (4 tablets per day, max 10 day supply and 1 fill per month); DS (10 day supply max)
ZOMIG ORAL TABLET 5 MG	%	QL (2 tablets per day, max 10 day supply and 1 fill per month); DS (10 day supply max)
Selective Serotonin Agonists 5-Ht(1F)**		
REYVOW	D	PA; QL (4 tablets per month); DS (30 day supply max)
Minerals & Electrolytes		
Fluoride**		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Max 6 Years)
sodium fluoride oral tablet	$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Max 6 Years)
sodium fluoride oral tablet chewable	$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Max 6 Years)
Potassium Combinations**		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	%	
Potassium**		
KLOR-CON 10	%	
KLOR-CON M10	%	
KLOR-CON M15	%	
KLOR-CON M20	%	

Drug	Status	Notes
KLOR-CON ORAL PACKET 20 MEQ	%	
KLOR-CON ORAL TABLET EXTENDED RELEASE	%	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	%	
POKONZA	NC	EDL Alt (Alternatives: potassium chloride oral packet 20 meq (generic) and potassium chloride oral solution 20 meq/15ml (10%)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
potassium chloride crys er	%	
potassium chloride er	%	
potassium chloride oral packet	%	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	%	
Zinc**		
GALZIN	%	
Miscellaneous Therapeutic Classes		
Activated Phosphoinositide 3-Kinase Delta Syndrome Agent**		
JOENJA	D	PA; SP; DS (30 day supply max)
Antileprotics**		
THALOMID	%	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors**		
BENLYSTA SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
Chelating Agents**		
CUPRIMINE ORAL CAPSULE 250 MG	NC	EDL Alt (alternative: Depen Titra (penicillamine) tab 250mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
CUVRIOR	D	PA; SP; DS (30 day supply max)
DEPEN TITRATABS	%	
penicillamine oral capsule	NC	EDL Alt (alternative: Depen Titra (penicillamine) tab 250mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
penicillamine oral tablet	%	
SYPRINE	C	PA; SP; DS (30 day supply max)
trientine hcl	C	PA; SP; DS (30 day supply max)
Cyclosporine Analogs**		
cyclosporine modified	A	SP; DS (30 day supply max)

Drug	Status	Notes
cyclosporine oral capsule	A	SP; DS (30 day supply max)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	A	SP; DS (30 day supply max)
GENGRAF ORAL SOLUTION	A	SP; DS (30 day supply max)
LUPKYNIS	D	PA; SP; DS (30 day supply max)
NEORAL	D	SP; DS (30 day supply max)
SANDIMMUNE ORAL CAPSULE	D	SP; DS (30 day supply max)
SANDIMMUNE ORAL SOLUTION	B	SP; DS (30 day supply max)
Farnesyltransferase Inhibitors**		
ZOKINVY	D	PA; SP; DS (30 day supply max)
Immunomodulators For Myelodysplastic Syndromes**		
lenalidomide	%	PA; SP; QL (1 capsule per day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply); AL (Min 18 Years)
REVLIMID	%	PA; SP; QL (1 capsule per day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 18 Years)
Inosine Monophosphate Dehydrogenase Inhibitors**		
CELLCEPT	%	
mycophenolate mofetil oral	%	
mycophenolate sodium oral tablet delayed release 180 mg	%	QL (6 tablets per day)
mycophenolate sodium oral tablet delayed release 360 mg	%	QL (4 tablets per day)
mycophenolic acid oral tablet delayed release 180 mg	%	QL (6 tablets per day)
mycophenolic acid oral tablet delayed release 360 mg	%	QL (4 tablets per day)
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	%	QL (6 tablets per day)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	%	QL (4 tablets per day)
Macrolide Immunosuppressants**		
ASTAGRAF XL	%	
ENVARSUS XR	%	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	C	SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
everolimus oral tablet 1 mg	C	SP; QL (2 tablets per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
PROGRAF ORAL	%	
RAPAMUNE	%	
sirolimus oral	%	
tacrolimus oral	%	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	C	SP; DS (30 day supply max)

Drug	Status	Notes
ZORTRESS ORAL TABLET 1 MG	C	SP; QL (2 tablets per day); DS (30 day supply max)
Monoclonal Antibodies**		
ENSPRYNG	D	PA; SP; DS (30 day supply max)
Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib**		
VIJOICE	D	PA; SP; DS (30 day supply max)
Potassium Removing Agents**		
LOKELMA	%	PA
sodium polystyrene sulfonate oral powder	%	
SPS	%	
VELTASSA	%	PA
Purine Analogs**		
AZASAN	%	
azathioprine oral	%	
IMURAN	%	
Rock Inhibitors**		
REZUROCK	D	PA; SP; DS (30 day supply max)
Mouth/Throat/Dental Agents		
Anesthetics Topical Oral**		
lidocaine viscous hcl	%	QL (100ml per 10 days); DS (Limited to 1 fill per month)
Anti-Infectives - Throat**		
clotrimazole mouth/throat troche	%	
nystatin mouth/throat	%	
ORAVIG	%	QL (28 tablets per month); AL (Min 16 Years)
Antiseptics - Mouth/Throat**		
chlorhexidine gluconate mouth/throat	%	
PERIDEX	%	
PERIOGARD	%	
Periodontal Anti-Infectives**		
ARESTIN	%	PA
Saliva Stimulants**		
cevimeline hcl	%	QL (3 capsules per day)
EVOXAC	%	QL (3 capsules per day)
pilocarpine hcl oral	%	
SALAGEN	%	
Steroids - Mouth/Throat/Dental**		
KOURZEQ	%	
ORALONE	%	

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

Drug	Status	Notes
FLEQSUVY	NC	EDL Alt (alternative: Baclofen tab 10mg or 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
LORZONE	%	QL (4 tablets per day); ST (Step Therapy required: 1 fill in the last 3 months - chlorzoxazone 500mg tab); AL (Min 18 Years)
LYVISPAH	NC	DS (30 day supply max); EDL Alt (alternative: Baclofen tab 10mg or 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
metaxalone oral tablet 800 mg	%	QL (4 tablets per day)
metaxalone tablet 400 mg oral	%	
methocarbamol oral tablet 1000 mg	NC	EDL Alt (alternative: methocarbamol 500mg or 750mg tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
methocarbamol oral tablet 500 mg, 750 mg	%	
orphenadrine citrate er	%	
OZOBAX	NC	QL (80ml per day); EDL Alt (alternative: baclofen tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
OZOBAX DS	NC	QL (40ml per day); EDL Alt (alternative: baclofen tab); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply.)
SOMA ORAL TABLET 250 MG	NC	QL (4 tablets per day); DS (21 day supply max); EDL Alt (alternative: carisoprodol tab 350mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
SOMA ORAL TABLET 350 MG	%	QL (Max #84 per 21 days); DS (21 day supply max)
tizanidine hcl oral capsule 2 mg	%	QL (18 tablets per day); EDL Alt (alternative: tizanidine tab 2mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tizanidine hcl oral capsule 4 mg	%	QL (9 tablets per day); EDL Alt (alternative: tizanidine tab 4mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tizanidine hcl oral capsule 6 mg	%	QL (9 tablets per day); EDL Alt (alternative: tizanidine tab 2mg plus 4mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tizanidine hcl oral tablet 2 mg	%	QL (18 tablets per day)
tizanidine hcl oral tablet 4 mg	%	QL (9 tablets per day)

Drug	Status	Notes
VANADOM	%	QL (Max #84 per 21 days); DS (21 day supply max)
ZANAFLEX ORAL CAPSULE 2 MG	%	QL (18 tablets per day)
ZANAFLEX ORAL CAPSULE 4 MG, 6 MG	%	QL (9 tablets per day)
ZANAFLEX ORAL TABLET	%	QL (9 tablets per day)
Direct Muscle Relaxants**		
DANTRIUM ORAL CAPSULE 25 MG	%	
dantrolene sodium oral	%	
Muscle Relaxant Combinations**		
NORGESIC	NC	EDL Alt (alternative: Orphenadrin tab plus aspirin (OTC) and caffeine (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
norgesic forte	%	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	NC	PA; EDL Alt (alternative: Orphenadrin tab plus aspirin (OTC) and caffeine (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	%	
Retinoic Acid Receptor Gamma Selective Agonists**		
SOHONOS	D	PA; SP; DS (30 day supply max)
Nasal Agents - Systemic And Topical		
Antihistamine-Steroid**		
azelastine-fluticasone	%	QL (1 bottle per month); AL (Min 6 Years)
DYMISTA	%	QL (1 bottle per month); AL (Min 6 Years)
RYALTRIS	%	
Nasal Anticholinergics**		
ipratropium bromide nasal solution 0.03 %	%	QL (3 bottles per month)
ipratropium bromide nasal solution 0.06 %	%	
Nasal Antihistamines**		
olopatadine hcl nasal	%	QL (1x 30.5gm bottle per month); AL (Min 6 Years)
PATANASE	%	QL (1x 30.5gm bottle per month); AL (Min 6 Years)
Nasal Steroids**		
BECONASE AQ	%	
flunisolide nasal solution 25 mcg/act (0.025%)	%	
OMNARIS	%	QL (1 bottle per month); AL (Max 6 Years)
QNASL	%	QL (1 inhaler per month); AL (Max 12 Years)
QNASL CHILDRENS	%	

Drug	Status	Notes
ZETONNA	%	QL (1 inhaler per month); AL (Max 12 Years)
Topical Decongestants**		
ADRENALIN NASAL	%	
Neuromuscular Agents		
Als Agent Combinations**		
RELYVRIO	D	PA; SP; DS (30 day supply max)
Als Agents - Miscellaneous**		
RADICAVA ORS	D	PA; SP; DS (30 day supply max)
RADICAVA ORS STARTER KIT	D	PA; SP; DS (30 day supply max)
Benzathiazoles**		
EXSERVAN	C	PA; SP; DS (30 day supply max)
RILUTEK	NC	EDL Alt (alternative: riluzole tab 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
riluzole	%	
TEGLUTIK	NC	EDL Alt (alternative: riluzole tab 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TIGLUTIK	NC	EDL Alt (alternative: riluzole tab 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Friedrich's Ataxia Agents - Nrf2 Pathway Activators**		
SKYCLARYS	D	PA; SP; DS (30 day supply max)
Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs**		
DAYBUE	D	PA; SP; DS (30 day supply max)
Spinal Muscular Atrophy-Smn2 Splicing Modifiers**		
EVRYSDI	D	PA; SP; DS (30 day supply max)
Ophthalmic Agents		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**		
SIMBRINZA	%	
Artificial Tear Inserts**		
LACRISERT	%	
Beta-Blockers - Ophthalmic Combinations**		
brimonidine tartrate-timolol	%	
COMBIGAN	%	
COSOPT	%	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	%	
dorzolamide hcl-timolol mal	%	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	%	

Drug	Status	Notes
Beta-Blockers - Ophthalmic**		
betaxolol hcl ophthalmic	%	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	NC	EDL Alt (alternative: timolol maleate ophthalmic solution 0.25%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
BETIMOL OPHTHALMIC SOLUTION 0.5 %	NC	EDL Alt (alternative: timolol maleate ophthalmic solution 0.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
BETOPTIC-S	%	
carteolol hcl	%	
ISTALOL	%	
levobunolol hcl ophthalmic solution 0.5 %	%	
timolol maleate (once-daily)	%	
timolol maleate ophthalmic	%	
timolol maleate pf	%	
TIMOPTIC OCUDOSE	%	
Cholinergic Agonists**		
TYRVAYA	%	PA; QL (0.28ml per day)
Cycloplegic Mydriatic Combinations**		
CYCLOMYDRIL	%	
tropicamide-cyclopentolate-pe	%	
Cycloplegic Mydriatics**		
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	%	
atropine sulfate ophthalmic ointment	%	
atropine sulfate ophthalmic solution 1 %	%	
CYCLOGYL	%	
cyclopentolate hcl ophthalmic solution 1 %	%	
HOMATROPAIRE	%	
ISOPTO ATROPINE	%	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	%	
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag**		
XIIDRA	%	PA
Miotics - Direct Acting**		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	%	
VUITY	%	QL (One 2.5ml bottle); ST (Step Therapy required: 1 fill in the last 6 months - pilocarpine 1%); AL (Min 18 Years)
Ophthalmic Antiallergic**		
ALOCRIL	%	

Drug	Status	Notes
ALOMIDE	%	
azelastine hcl ophthalmic	%	QL (1 bottle per month)
bepotastine besilate	%	QL (One 5m bottle per 30 days); DS (30 day supply max)
BEPREVE	%	QL (One 5m bottle per 30 days); DS (30 day supply max)
cromolyn sodium ophthalmic	%	
epinastine hcl	%	
ZERVIATE	%	QL (1 carton of 30ml containers)
Ophthalmic Antibiotics**		
AZASITE	%	
bacitracin ophthalmic	%	
BESIVANCE	%	
CILOXAN OPHTHALMIC OINTMENT	%	
ciprofloxacin hcl ophthalmic	%	
erythromycin ophthalmic	%	
gatifloxacin ophthalmic	%	
gentamicin sulfate ophthalmic solution	%	
levofloxacin ophthalmic solution 1.5 %	%	QL (one 5ml bottle per month)
moxifloxacin hcl (2x day)	%	
moxifloxacin hcl ophthalmic solution	%	
OCUFLOX	%	
ofloxacin ophthalmic	%	
tobramycin ophthalmic	%	
TOBREX OPHTHALMIC OINTMENT	%	
VIGAMOX	%	
ZYMAXID	%	
Ophthalmic Antifungal**		
NATACYN	%	
Ophthalmic Anti-Infective Combinations**		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	%	
neomycin-bacitracin zn-polymyx	%	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	%	
NEO-POLYCIN	%	
POLYCIN	%	
polymyxin b-trimethoprim	%	
Ophthalmic Antiseptics**		
BETADINE OPHTHALMIC PREP	%	

Drug	Status	Notes
Ophthalmic Antivirals**		
trifluridine ophthalmic	%	
ZIRGAN	%	
Ophthalmic Carbonic Anhydrase Inhibitors**		
AZOPT	%	QL (10ml per month)
brinzolamide	%	
dorzolamide hcl ophthalmic	%	
Ophthalmic Ectoparasiticide*		
XDEMVY	D	PA; SP; QL (0.239 ml per day); DS (41 day supply min / 42 day supply max)
Ophthalmic Immunomodulators**		
CEQUA	%	PA; QL (1 container per month)
cyclosporine ophthalmic	%	QL (2 ml per day)
RESTASIS	%	PA; QL (2 ml per day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	%	PA; QL (0.185ml per day); DS (30 day supply min / 90 day supply max)
VERKAZIA	%	PA
VEVYE	%	PA
Ophthalmic Kinase Inhibitors - Combinations**		
ROCKLATAN	%	QL (1x 2.5ml bottle per month)
Ophthalmic Local Anesthetics**		
AKTEN	%	
ALCAINE	%	
ALTACAINE	%	
proparacaine hcl ophthalmic	%	
tetracaine hcl ophthalmic	%	
Ophthalmic Nerve Growth Factors**		
OXERVATE	D	PA; SP; DS (30 day supply max)
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**		
ACULAR	%	
ACULAR LS	%	
ACUVAIL	%	PA
bromfenac sodium (once-daily)	%	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	%	
BROMSITE	%	
diclofenac sodium ophthalmic	%	QL (1 bottle per month)
flurbiprofen sodium	%	
ILEVRO	%	
ketorolac tromethamine ophthalmic	%	

Drug	Status	Notes
NEVANAC	%	QL (2x 3ml bottles per month); AL (Min 10 Years)
PROLENSA	%	
Ophthalmic Rho Kinase Inhibitors**		
RHOPRESSA	%	PA
Ophthalmic Selective Alpha Adrenergic Agonists**		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	%	QL (2 - 5ml bottles per month)
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	%	
apraclonidine hcl	%	
brimonidine tartrate ophthalmic solution 0.1 %	%	QL (2 - 5ml bottles per month)
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	%	
Ophthalmic Steroid Combinations**		
bacitra-neomycin-polymyxin-hc	%	
MAXITROL	%	
neomycin-polymyxin-dexameth ophthalmic ointment	%	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	%	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	%	
NEO-POLYCIN HC	%	
sulfacetamide-prednisolone ophthalmic solution	%	
TOBRADEX OPHTHALMIC OINTMENT	%	
TOBRADEX ST	%	
tobramycin-dexamethasone	%	
ZYLET	%	QL (20ml per month)
Ophthalmic Steroids**		
ALREX	%	
dexamethasone sodium phosphate ophthalmic	%	
difluprednate	%	
DUREZOL	%	
EYSUVIS	%	QL (8.3ml for 14 days); DS (14 day supply max)
FLAREX	%	
fluorometholone ophthalmic	%	
FML FORTE	%	
FML LIQUIFILM	%	
INVELTYS	%	
LOTEMAX	%	
LOTEMAX SM	%	
loteprednol etabonate ophthalmic gel	%	

Drug	Status	Notes
loteprednol etabonate ophthalmic suspension 0.2 %	NC	EDL Alt (Alternative: loteprednol gel 0.5%, loteprednol suspension 0.5%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
loteprednol etabonate ophthalmic suspension 0.5 %	%	
MAXIDEX	%	
PRED FORTE	%	
PRED MILD	%	
prednisolone acetate ophthalmic	%	
prednisolone sodium phosphate ophthalmic	%	
Ophthalmic Sulfonamides**		
sulfacetamide sodium ophthalmic	%	
Ophthalmic Surgical Aids**		
GELFILM OPHTHALMIC	%	
Ophthalmics - Blepharoptosis Agents*		
UPNEEQ	%	QL (1 box per month)
Ophthalmics - Cystinosis Agents*		
CYSTADROPS	C	PA; SP; DS (30 day supply max)
CYSTARAN	C	PA; SP; DS (30 day supply max)
Ophthalmics Misc. - Other**		
MIEBO	D	PA; SP; DS (30 day supply max)
Prostaglandins - Ophthalmic**		
bimatoprost ophthalmic	%	QL (1 x 5ml bottle per month)
IYUZEH	NC	EDL Alt (Alternative: latanoprost ophthalmic solution 0.005 %); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
latanoprost ophthalmic	%	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	%	ST (Step Therapy through 60 days trial of bimatoprost 0.03% in the last 6 months)
tafluprost (pf)	%	
TRAVATAN Z	%	
travoprost (bak free)	%	
VYZULTA	%	QL (One 2.5ml bottle); ST (Step Therapy required: through 60 days trial of either latanoprost (generic Xalatan) OR bimatoprost 0.03% in the last 6 months); AL (Min 17 Years)
XALATAN	NC	EDL Alt (alternative: latanoprost ophthalmic solution 0.005%); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
XELPROS	%	

Drug	Status	Notes
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	%	
Otic Agents		
Otic Agents - Miscellaneous**		
acetic acid otic	%	
Otic Anti-Infectives**		
CETRAXAL	%	
ciprofloxacin hcl otic	%	
ofloxacin otic	%	
Otic Steroid-Anti-Infective Combinations**		
CIPRO HC	%	
ciprofloxacin-dexamethasone	%	QL (One 7.5ml bottle per month)
ciprofloxacin-fluocinolone pf	%	
CORTISPORIN-TC	%	
neomycin-polymyxin-hc otic	%	
OTOVEL	%	
Otic Steroids**		
DERMOTIC	%	QL (2x 20ml bottles per month)
FLAC	%	QL (2x 20ml bottles per month)
fluocinolone acetonide otic	%	QL (2x 20ml bottles per month)
hydrocortisone-acetic acid	%	
Oxytocics		
Oxytocics**		
METHERGINE ORAL	%	
methylergonovine maleate oral	%	
Passive Immunizing And Treatment Agents		
Immune Serums**		
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	D	SP; DS (30 day supply max)
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	D	SP; DS (30 day supply max)
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	D	SP; DS (30 day supply max)
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	D	SP; DS (30 day supply max)
Penicillins		
Aminopenicillins**		
amoxicillin oral capsule	%	
amoxicillin oral suspension reconstituted	%	
amoxicillin oral tablet	%	

Drug	Status	Notes
amoxicillin oral tablet chewable 125 mg, 250 mg	%	
ampicillin oral capsule 500 mg	%	
Natural Penicillins**		
penicillin v potassium	%	
Penicillin Combinations**		
amoxicillin-pot clavulanate er	%	
amoxicillin-pot clavulanate oral	%	
AUGMENTIN ES-600	%	
AUGMENTIN ORAL TABLET 500-125 MG	%	
Penicillinase-Resistant Penicillins**		
dicloxacillin sodium	%	
Progestins		
Progestins**		
medroxyprogesterone acetate oral	%	
megestrol acetate oral suspension 625 mg/5ml	%	QL (5ml per day)
norethindrone acetate oral	%	F
progesterone intramuscular	%	F
progesterone micronized transdermal	NC	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
progesterone oral	%	F
PROMETRIUM	%	F
PROVERA	%	
Psychotherapeutic And Neurological Agents - Misc.		
Agents For Opioid Withdrawal**		
LUCEMYRA	%	PA; QL (224 tablets per 14 days); DS (14 day supply max)
Alcohol Deterrents**		
acamprosate calcium	%	QL (6 tablets per day)
disulfiram oral	%	
Anti-Cataplectic Agents**		
LUMRYZ	D	PA; SP; DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
sodium oxybate	D	PA; SP; DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
XYREM	D	PA; SP; DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
Anti-Cataplectic Combinations**		
XYWAV	D	PA; DS (30 day supply max)
Antidementia Agent Combinations**		
NAMZARIC	%	

Drug	Status	Notes
Antisense Oligonucleotide (Aso) Inhibitor Agents**		
TEGSEDI	D	PA; SP; DS (30 day supply max)
WAINUA	D	PA; SP; DS (30 day supply max)
Benzodiazepines & Tricyclic Agents**		
chlordiazepoxide-amitriptyline	%	
Cholinomimetics - Ache Inhibitors**		
ADLARITY	%	ST (Step Therapy required: 2 months in the last 3 months - donepezil)
ARICEPT	%	
donepezil hcl	%	
EXELON TRANSDERMAL	%	QL (1 patch per day); AL (Min 18 Years)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 8 mg	%	AL (Min 18 Years)
galantamine hydrobromide er oral capsule extended release 24 hour 24 mg	%	QL (1 capsule per day); AL (Min 18 Years)
galantamine hydrobromide oral solution	%	
galantamine hydrobromide oral tablet 12 mg, 8 mg	%	
galantamine hydrobromide oral tablet 4 mg	%	QL (3 tablets per day)
rivastigmine	%	QL (1 patch per day); AL (Min 18 Years)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg	%	
rivastigmine tartrate oral capsule 6 mg	%	QL (2 capsules per day)
Fibromyalgia Agent - Snris**		
SAVELLA	%	
SAVELLA TITRATION PACK	%	
Melanocortin Receptor Agonists**		
VYLEESI	NC	QL (4 injections per month); DS (30 day supply max); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); F
Movement Disorder Drug Therapy**		
AUSTEDO	C	PA; SP; DS (30 day supply max)
AUSTEDO XR	C	PA; SP; DS (30 day supply max)
AUSTEDO XR PATIENT TITRATION	C	PA; SP; DS (30 day supply max)
INGREZZA ORAL CAPSULE	D	PA; SP; QL (1 capsule per day); DS (30 day supply max)
INGREZZA ORAL CAPSULE THERAPY PACK	D	PA; SP; QL (56 capsules per year); DS (30 day supply max)
tetrabenazine	A	PA; SP; DS (30 day supply max)
XENAZINE	D	PA; SP; DS (30 day supply max)
Ms Agents - Pyrimidine Synthesis Inhibitors**		
AUBAGIO	B	PA; SP; DS (30 day supply max)

Drug	Status	Notes
teriflunomide	B	PA; SP; DS (30 day supply max)
Multiple Sclerosis Agents - Antimetabolites**		
MAVENCLAD (10 TABS)	D	PA; SP; DS (30 day supply max)
MAVENCLAD (4 TABS)	D	PA; SP; DS (30 day supply max)
MAVENCLAD (5 TABS)	D	PA; SP; DS (30 day supply max)
MAVENCLAD (6 TABS)	D	PA; SP; DS (30 day supply max)
MAVENCLAD (7 TABS)	D	PA; SP; DS (30 day supply max)
MAVENCLAD (8 TABS)	D	PA; SP; DS (30 day supply max)
MAVENCLAD (9 TABS)	D	PA; SP; DS (30 day supply max)
Multiple Sclerosis Agents - Interferons**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	B	PA; SP; DS (30 day supply max)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	B	PA; SP; DS (30 day supply max)
BETASERON SUBCUTANEOUS KIT	B	PA; SP; DS (30 day supply max)
EXTAVIA SUBCUTANEOUS KIT	B	PA; SP; DS (30 day supply max)
PLEGRIDY	B	PA; SP; DS (30 day supply max)
PLEGRIDY STARTER PACK	B	PA; SP; DS (30 day supply max)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; DS (30 day supply max)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; DS (30 day supply max)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
Multiple Sclerosis Agents - Monoclonal Antibodies**		
KESIMPTA	B	PA; SP; DS (30 day supply max)
Multiple Sclerosis Agents - Nrf2 Pathway Activators**		
BAFIERTAM	C	PA; SP; DS (30 day supply max)
dimethyl fumarate oral	C	SP; QL (2 capsules per day); DS (30 day supply max); AL (Min 18 Years)
dimethyl fumarate starter pack oral capsule delayed release therapy pack	C	DS (30 day supply max); AL (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	D	PA; SP; QL (2 capsules per day); DS (30 day supply max); AL (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	D	PA; DS (30 day supply max); AL (Min 18 Years)
VUMERITY	B	PA; SP; DS (30 day supply max)
Multiple Sclerosis Agents - Potassium Channel Blockers**		
AMPYRA	C	PA; SP; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
dalfampridine er	A	PA; SP; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)

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

Drug	Status	Notes
Psychotherapeutic And Neurological Agents - Misc.**		
ergoloid mesylates oral	%	
pimozide	%	
Restless Leg Syndrome (RIs) Agents**		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	NC	EDL Alt (alternative: gabapentin cap 300mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	NC	EDL Alt (alternative: gabapentin tab 600mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 18 Years)
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag**		
ADDYI	NC	QL (1 tablet per day); SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); F; AL (Min 18 Years)
Smoking Deterrents**		
apo-varenicline oral tablet 0.5 mg, 1 mg	$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
bupropion hcl er (smoking det)	$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
cvs nicotine mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
cvs nicotine mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
cvs nicotine polacrilex mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
cvs nicotine polacrilex mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
cvs nicotine transdermal	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
eq nicotine mouth/throat gum 4 mg	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
eq nicotine mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

Drug	Status	Notes
eq nicotine polacrilex mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
eq nicotine polacrilex mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
eq nicotine step 3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ft nicotine	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ft nicotine mini	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
gnp nicotine mini	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
gnp nicotine mouth/throat gum 4 mg	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
gnp nicotine polacrilex mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
gnp nicotine polacrilex mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
gnp nicotine transdermal	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
goodsense nicotine mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
goodsense nicotine mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
HABITROL	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
hm nicotine polacrilex mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
hm nicotine polacrilex mouth/throat lozenge 2 mg	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

Drug	Status	Notes
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
KLS QUIT2 MOUTH/THROAT GUM	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
KLS QUIT2 MOUTH/THROAT LOZENGE	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
KLS QUIT4 MOUTH/THROAT GUM	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
KLS QUIT4 MOUTH/THROAT LOZENGE	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM 2 MG	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICORETTE MOUTH/THROAT GUM 4 MG	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICORETTE STARTER KIT MOUTH/THROAT GUM 4 MG	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine mini	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine polacrilex mini	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.)
nicotine polacrilex mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine polacrilex mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine step 1	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine step 2	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine step 3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
nicotine transdermal kit	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

Drug	Status	Notes
nicotine transdermal patch 24 hour	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICOTROL	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
NICOTROL NS	$0	QL (12x 10ml bottles per month); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
px stop smoking aid mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
px stop smoking aid mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
qc nicotine transdermal system transdermal patch 24 hour 21 mg/24hr	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ra mini nicotine	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ra nicotine gum mouth/throat gum 2 mg, 4 mg	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ra nicotine mouth/throat	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ra nicotine polacrilex mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
sm nicotine mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
sm nicotine mouth/throat lozenge	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
sm nicotine polacrilex mouth/throat gum	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
sm nicotine polacrilex mouth/throat lozenge 2 mg	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.)

Drug	Status	Notes
sm nicotine polacrilex mouth/throat lozenge 4 mg	$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
sm nicotine transdermal	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
THRIVE MOUTH/THROAT GUM 2 MG	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
varenicline tartrate (starter)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
varenicline tartrate oral tablet 0.5 mg, 1 mg	$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
varenicline tartrate(continue)	$0	QL (2 tablets per day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
Sphingosine 1-Phosphate (S1p) Receptor Modulators**		
fingolimod hcl	B	PA; SP; QL (1 capsule per day); DS (30 day supply max); AL (Min 10 Years)
GILENYA ORAL CAPSULE 0.25 MG	B	PA; SP; DS (30 day supply max)
GILENYA ORAL CAPSULE 0.5 MG	B	PA; SP; QL (1 capsule per day); DS (30 day supply max); AL (Min 10 Years)
MAYZENT	D	PA; SP; DS (30 day supply max)
MAYZENT STARTER PACK	D	PA; SP; DS (30 day supply max)
PONVORY	D	PA; SP; DS (30 day supply max)
PONVORY STARTER PACK	D	PA; SP; DS (30 day supply max)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG	D	PA; SP; DS (30 day supply max)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG	B	PA; SP; DS (30 day supply max)
ZEPOSIA	D	PA; SP; DS (30 day supply max)
ZEPOSIA 7-DAY STARTER PACK	D	PA; SP; DS (30 day supply max)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	D	PA; SP; DS (30 day supply max)
Thienbenzodiazepines & Opioid Antagonists**		
LYBALVI	%	PA
Thienbenzodiazepines & Ssris**		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg	%	
olanzapine-fluoxetine hcl oral capsule 6-25 mg	%	QL (3 capsules per day)
SYMBYAX ORAL CAPSULE 3-25 MG	%	
SYMBYAX ORAL CAPSULE 6-25 MG	%	QL (3 capsules per day)

Drug	Status	Notes
Vasomotor Symptom Agents - Ssris**		
BRISDELLE	NC	EDL Alt (alternative: paroxetine tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply.)
paroxetine mesylate	NC	EDL Alt (alternative: paroxetine tab 10mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Respiratory Agents - Misc.		
Cftr Potentiators**		
KALYDECO ORAL PACKET	D	PA; SP; DS (30 day supply max)
KALYDECO ORAL TABLET	D	PA; SP; DS (30 day supply max); AL (Max 6 Years)
Cystic Fibrosis Agent - Combinations**		
ORKAMBI ORAL PACKET	C	PA; SP; DS (30 day supply max)
ORKAMBI ORAL TABLET 100-125 MG	C	PA; SP; DS (30 day supply max); AL (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	C	PA; SP; DS (30 day supply max)
SYMDEKO	D	PA; SP; DS (30 day supply max)
TRIKAFTA ORAL TABLET THERAPY PACK	D	PA; SP; QL (3); DS (28 day supply max)
TRIKAFTA ORAL THERAPY PACK	D	PA; SP; DS (30 day supply max)
Cystic Fibrosis Agents - Miscellaneous**		
BRONCHITOL	D	PA; SP; DS (30 day supply max)
Hydrolytic Enzymes**		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	B	PA; SP; DS (30 day supply max)
Pulmonary Fibrosis Agents - Kinase Inhibitors**		
OFEV	D	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
Pulmonary Fibrosis Agents**		
ESBRIET ORAL CAPSULE	D	PA; SP; QL (9 capsules per day); DS (30 day supply max)
ESBRIET ORAL TABLET 267 MG	D	PA; SP; QL (9 tablets per day); DS (30 day supply max)
ESBRIET ORAL TABLET 801 MG	D	PA; SP; QL (3 tablets per day); DS (30 day supply max)
pirfenidone oral capsule	D	PA; SP; QL (9 capsules per day); DS (30 day supply max)
pirfenidone oral tablet 267 mg	D	PA; SP; QL (9 tablets per day); DS (30 day supply max)
pirfenidone oral tablet 534 mg	D	PA; SP; QL (4 tablets per day); DS (30 day supply max)
pirfenidone oral tablet 801 mg	D	PA; SP; QL (3 tablets per day); DS (30 day supply max)

Drug	Status	Notes
Sulfonamides		
Sulfonamides**		
sulfadiazine oral	%	
Tetracyclines		
Aminomethylcyclines**		
NUZYRA ORAL TABLET 150 MG	%	PA
Tetracyclines**		
avidoxy	%	QL (3 tablets per day)
demeclocycline hcl oral	%	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG	NC	QL (2 tablets per day); EDL Alt (alternative: doxycycline hyclate DR tab 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	NC	EDL Alt (alternative: doxycycline hyclate delayed release tab 100mg or doxycycline hyclate cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL	NC	EDL Alt (alternative: doxycycline hyclate delayed release tab 100mg or doxycycline hyclate cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DORYX ORAL TABLET DELAYED RELEASE 50 MG	NC	EDL Alt (alternative: doxycycline hyclate cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline hyclate oral capsule	%	
doxycycline hyclate oral tablet 100 mg, 20 mg	%	
doxycycline hyclate oral tablet 150 mg	NC	EDL Alt (alternative: doxycycline hyclate cap 50mg plus doxycycline hyclate cap 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline hyclate oral tablet 50 mg	NC	EDL Alt (alternative: doxycycline hyclate tab 20mg or cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline hyclate oral tablet 75 mg	NC	EDL Alt (alternative: doxycycline hyclate cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline hyclate oral tablet delayed release 100 mg	%	
doxycycline hyclate oral tablet delayed release 150 mg	NC	QL (2 tablets per day); EDL Alt (alternative: doxycycline hyclate cap 50mg plus doxycycline hyclate cap 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
doxycycline hyclate oral tablet delayed release 200 mg	NC	EDL Alt (alternative: doxycycline hyclate DR tab 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline hyclate oral tablet delayed release 50 mg	NC	EDL Alt (alternative: doxycycline hyclate tab 20mg or cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline hyclate oral tablet delayed release 75 mg	%	EDL Alt (alternative: doxycycline hyclate cap 50mg)
doxycycline hyclate oral tablet delayed release 80 mg	NC	QL (2 tablets per day); EDL Alt (alternative: doxycycline hyclate cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline monohydrate oral capsule 100 mg, 50 mg	%	
doxycycline monohydrate oral capsule 150 mg	NC	QL (2 capsules per day); EDL Alt (alternative: doxycycline monohydrate cap or tab (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline monohydrate oral capsule 75 mg	NC	EDL Alt (alternative: doxycycline monohydrate cap or tab (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
doxycycline monohydrate oral suspension reconstituted	%	
doxycycline monohydrate oral tablet 100 mg	%	QL (3 tablets per day)
doxycycline monohydrate oral tablet 150 mg, 75 mg	%	
doxycycline monohydrate oral tablet 50 mg	%	QL (4 tablets per day)
minocycline hcl er oral capsule extended release 24 hour	NC	EDL Alt (alternative: minocycline hcl cap/tab 50mg, 75mg, or 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	NC	QL (1 tablet per day); EDL Alt (alternative: minocycline hcl cap/tab 50mg, 75mg, or 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 12 Years)
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	NC	QL (1 tablet per day); EDL Alt (alternative: minocycline hcl cap 50mg, 75mg, 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 12 Years)
minocycline hcl oral	%	
MINOLIRA	NC	QL (1 tablet per day); EDL Alt (alternative: minocycline hcl cap 50mg, 75mg, 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); AL (Min 12 Years)

Drug	Status	Notes
MONDOXYNE NL ORAL CAPSULE 100 MG	%	
SEYSARA	%	PA
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	%	QL (1 tablet per day); AL (Min 12 Years)
TARGADOX	NC	EDL Alt (alternative: doxycycline hyclate tab 20mg or cap 50mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
tetracycline hcl oral capsule	%	
tetracycline hcl oral tablet	NC	DS (30 day supply max); EDL Alt (Alternative: Tetracycline capsules); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
VIBRAMYCIN ORAL CAPSULE	%	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	%	
XIMINO	NC	EDL Alt (alternative: minocycline hcl cap/tab 50mg, 75mg, or 100mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Thyroid Agents		
Antithyroid Agents*		
methimazole oral	%	
propylthiouracil oral	%	
Thyroid Hormones*		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 16.25 MG, 30 MG, 60 MG, 90 MG	%	
ARMOUR THYROID	%	
CYTOMEL	%	
ERMEZA	%	
EUTHYROX	%	
LEVO-T	%	
levothyroxine sodium intravenous solution 100 mcg/5ml, 200 mcg/5ml, 500 mcg/5ml	%	
levothyroxine sodium oral	%	
LEVOXYL	%	
liothyronine sodium oral	%	
niva thyroid	%	
NP THYROID	%	
SYNTHROID	%	
THYQUIDITY	NC	EDL Alt (alternative: levothyroxine tab (various strengths)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)

Drug	Status	Notes
thyroid oral tablet 120 mg	%	
TIROSINT	%	
TIROSINT-SOL	NC	EDL Alt (alternative: Ermeza oral solution 150mcg/5ml); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
UNITHROID	%	
WESTHROID ORAL TABLET 97.5 MG	%	
Toxoids		
Toxoid Combinations**		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	$0	QL (3 doses (1.5ml) per year); Vaccine
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	$0	QL (3 doses (1.5ml) per year); Vaccine
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	$0	QL (3 doses (1.5ml) per year); Vaccine
INFANRIX	$0	QL (3 doses (1.5ml) per year); Vaccine
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (0.5ml (1 dose) per lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (3 doses (1.5ml) per year); Vaccine; AL (Max 6 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0	Vaccine
QUADRACEL INTRAMUSCULAR SUSPENSION	$0	QL (0.5ml (1 dose) per lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (0.5ml (1 dose) per lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
TDVAX	$0	QL (3 doses (1.5ml) per year); Vaccine
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	$0	QL (3 doses (1.5ml) per year); Vaccine
tetanus-diphtheria toxoids td	$0	QL (3 doses (1.5ml) per year); Vaccine
VAXELIS	$0	Vaccine; AL (Max 5 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics		
Anticholinergic Combinations**		
chlordiazepoxide-clidinium	%	
LIBRAX	%	
Antispasmodics**		
dicyclomine hcl oral	%	
Belladonna Alkaloids**		
hyosyne oral solution	%	
H-2 Antagonists**		
cimetidine oral tablet 300 mg, 400 mg, 800 mg	%	
famotidine oral suspension reconstituted	%	
nizatidine oral capsule 150 mg	%	QL (2 capsules per day)

Drug	Status	Notes
nizatidine oral capsule 300 mg	%	QL (1 capsule per day)
Misc. Anti-Ulcer**		
CARAFATE	%	
sucralfate oral	%	
Ppi - Potassium-Competitive Acid Blockers (P-Cab)**		
VOQUEZNA	%	ST (Step Therapy required: 2 of the following in the last for 3 months each in last 12 months- omeprazole cap DR 10mg/20mg/40mg, lansoprazole cap DR, or esomeprazole cap DR 20mg/40mg)
Proton Pump Inhibitors**		
ACIPHEX	NC	EDL Alt (alternative: rabeprazole sodium EC tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DEXILANT	%	QL (1 capsule per day)
dexlansoprazole	%	QL (1 capsule per day)
esomeprazole magnesium oral capsule delayed release 20 mg	%	QL (4 capsules per day)
esomeprazole magnesium oral capsule delayed release 40 mg	%	QL (2 capsules per day)
FIRST PANTOPRAZOLE	%	QL (Limited to 300ml per 30 days)
FIRST-LANSOPRAZOLE	%	
lansoprazole oral capsule delayed release 15 mg	%	QL (2 capsules per day)
lansoprazole oral capsule delayed release 30 mg	%	
lansoprazole oral tablet delayed release dispersible 15 mg	%	QL (1 tablet daily)
lansoprazole oral tablet delayed release dispersible 30 mg	%	
NEXIUM 24HR CLEAR MINIS	NC	QL (4 capsules per day); EDL Alt (alternative: Nexium 24HR cap 20mg (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG	NC	QL (4 capsules per day); EDL Alt (alternative: Nexium 24HR cap 20mg (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG	NC	QL (2 capsules per day); EDL Alt (alternative: Nexium 24HR cap 20mg (OTC)); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
omeprazole oral capsule delayed release	%	
OMEPRAZOLE+SYRSPEND SF ALKA	%	
pantoprazole sodium oral packet	NC	QL (6 packets per day); EDL Alt (alternative: pantoprazole sodium EC tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
pantoprazole sodium oral tablet delayed release 20 mg	%	QL (3 tablets per day)

Drug	Status	Notes
pantoprazole sodium oral tablet delayed release 40 mg	%	QL (6 tablets per day)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	NC	EDL Alt (alternative: lansoprazole DR cap 30mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	NC	EDL Alt (alternative: lansoprazole DR cap 15mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG	NC	EDL Alt (alternative: lansoprazole DR cap 30mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PROTONIX ORAL PACKET	NC	QL (6 packets per day); EDL Alt (alternative: pantoprazole sodium EC tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG	NC	QL (3 tablets per day); EDL Alt (alternative: pantoprazole sodium EC tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PROTONIX ORAL TABLET DELAYED RELEASE 40 MG	NC	QL (6 tablets per day); EDL Alt (alternative: pantoprazole sodium EC tab 40mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
rabeprazole sodium oral capsule sprinkle	NC	EDL Alt (alternative: rabeprazole sodium EC tab 20mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
rabeprazole sodium oral tablet delayed release	%	
Quaternary Anticholinergics**		
CUVPOSA	%	
DARTISLA ODT	%	QL (4 tablets per day); ST (Step Therapy required: 2 of the following in the last 3 months - rabeprazole sodium EC tab 20mg, omeprazole cap DR 10mg/20mg/40mg, lansoprazole cap DR 30mg, or esomeprazole cap DR 20mg/40mg); AL (Min 18 Years)
GLYCATE	NC	EDL Alt (Alternative: Glycopyrrolate 1mg or 2mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
glycopyrrolate oral solution	%	
glycopyrrolate oral tablet 1 mg, 2 mg	%	
glycopyrrolate oral tablet 1.5 mg	NC	EDL Alt (Alternative: Glycopyrrolate 1mg or 2mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
methscopolamine bromide oral tablet 2.5 mg	%	QL (8 tablets per day)
methscopolamine bromide oral tablet 5 mg	%	QL (4 tablets per day)

Drug	Status	Notes
Ulcer Anti-Infective W/ Bismuth Combinations**		
bis subcit-metronid-tetracyc	NC	EDL Alt (alternative: bismuth chew 262mg (OTC), metronidazole tab 250mg, plus tetracycline cap 250mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
bismuth/metronidaz/tetracyclin	NC	EDL Alt (alternative: bismuth chew 262mg (OTC), metronidazole tab 250mg, plus tetracycline cap 250mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
PYLERA	NC	EDL Alt (alternative: bismuth chew 262mg (OTC), metronidazole tab 250mg, plus tetracycline cap 250mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
Ulcer Anti-Infective W/ Proton Pump Inhibitors**		
amoxicill-clarithro-lansopraz oral therapy pack	NC	QL (8 capsules per day); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
TALICIA	%	QL (12 capsules per day); ST (Step Therapy required: ALL of the following in the last 3 months - clarithromycin, amoxicillin, AND pantoprazole); AL (Min 18 Years)
Ulcer Drugs - Prostaglandins**		
CYTOTEC	%	QL (4 tablets per day)
misoprostol oral	%	QL (4 tablets per day)
Urinary Antispasmodics		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**		
darifenacin hydrobromide er	%	QL (1 tablet per day); AL (Min 18 Years)
DETROL LA	NC	EDL Alt (alternative: tolterodine tartrate tab 2mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DETROL ORAL TABLET 1 MG	NC	EDL Alt (alternative: tolterodine tartrate tab 1mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
DETROL ORAL TABLET 2 MG	NC	EDL Alt (alternative: tolterodine tartrate tab 2mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
fesoterodine fumarate er	%	PA; QL (1 tablet per day); AL (Min 18 Years)
GELNIQUE TRANSDERMAL GEL 10 %	NC	EDL Alt (alternative: oxybutynin chloride tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
oxybutynin chloride er	%	

Drug	Status	Notes
oxybutynin chloride oral solution	%	
oxybutynin chloride oral tablet 2.5 mg	NC	EDL Alt (alternative: oxybutynin tab 5mg); EDL (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply)
oxybutynin chloride oral tablet 5 mg	%	
solifenacin succinate	%	AL (Min 18 Years)
tolterodine tartrate	%	
tolterodine tartrate er	%	QL (1 tablet per day)
TOVIAZ	%	PA; QL (1 tablet per day); AL (Min 18 Years)
trospium chloride	%	
trospium chloride er	%	QL (1 capsule per day); AL (Min 18 Years)
VESICARE	%	AL (Min 18 Years)
VESICARE LS	%	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists**		
GEMTESA	%	PA
MYRBETRIQ	%	
Urinary Antispasmodics - Cholinergic Agonists**		
bethanechol chloride oral	%	
Urinary Antispasmodics - Direct Muscle Relaxants**		
flavoxate hcl	%	
Vaccines		
Bacterial Vaccines**		
ACTHIB	$0	Vaccine
BEXSERO	$0	QL (2 doses (1ml) per year); Vaccine; AL (Min 10 Years)
HIBERIX INJECTION	$0	Vaccine
MENVEO	$0	Vaccine
PEDVAX HIB INTRAMUSCULAR SUSPENSION	$0	Vaccine
PENBRAYA	$0	Vaccine; AL (Min 10 Years and Max 25 Years)
PNEUMOVAX 23	$0	QL (2 doses (1ml) per year); Vaccine
PREVNAR 13	$0	QL (0.5ml (1 dose) per lifetime); Vaccine
PREVNAR 20	$0	QL (0.5ml (1 dose) per lifetime); Vaccine
TRUMENBA	$0	QL (3 doses (1.5ml) per year); Vaccine; AL (Min 10 Years and Max 26 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	$0	Vaccine
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	$0	Vaccine
VAXCHORA	$0	Vaccine
VAXNEUVANCE	$0	QL (0.5ml (1 dose) per lifetime); Vaccine

Drug	Status	Notes
VIVOTIF	$0	QL (4 capsules per month); Vaccine
*Viral Vaccine Combinations***		
M-M-R II INJECTION	$0	Vaccine
PRIORIX	$0	Vaccine
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (3 doses (3ml) per year); Vaccine; AL (Min 18 Years)
*Viral Vaccines***		
ABRYSVO	$0	QL (1 doe per lifetime); Vaccine; AL (Min 60 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
AREXVY	$0	QL (1 dose per lifetime); Vaccine; AL (Min 60 Years)
COMIRNATY	$0	Vaccine; AL (Min 12 Years)
DENGVAXIA	$0	Vaccine
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	$0	Vaccine
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	$0	Vaccine
FLUAD QUADRIVALENT	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 65 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	$0	QL (1 dose (0.5ml) per 9 months); Vaccine; AL (Min 6 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	QL (2 doses (1ml) per year); Vaccine; AL (Min 6 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	$0	QL (1 dose (0.7ml) in 9 months); Vaccine; AL (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	QL (1 dose (0.5ml) in 9 months); Vaccine; AL (Min 6 Years)
GARDASIL 9	$0	QL (3 doses (1.5ml) per lifetime); Vaccine; AL (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	$0	QL (4 doses (4ml) per lifetime); Vaccine
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	$0	QL (4 doses (2ml) per lifetime); Vaccine
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	$0	QL (3 doses (1.5ml) per year); Vaccine; AL (Min 18 Years)
IXCHIQ	$0	Vaccine
IXIARO	$0	Vaccine
MODERNA COVID-19 VAC 6M-11Y	$0	QL (2 doses per year); Vaccine; AL (Min 6 Months and Max 11 Years)

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

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

Drug	Status	Notes
epinephrine (anaphylaxis) injection solution 1 mg/ml	%	HDHP
epinephrine injection solution auto-injector	%	QL (2 pens per month. Mylan Epinephrine is preferred product.); HDHP
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	%	QL (2 pens per month. Mylan Epinephrine is preferred product.); HDHP
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	%	QL (2 pens per month. Mylan Epinephrine is preferred product.); HDHP
SYMJEPI	%	HDHP
Neurogenic Orthostatic Hypotension (Noh) - Agents**		
droxidopa oral capsule 100 mg	D	PA; SP; QL (3 capsules per day); DS (30 day supply max); AL (Min 18 Years)
droxidopa oral capsule 200 mg, 300 mg	D	PA; SP; QL (6 capsules per day); DS (30 day supply max); AL (Min 18 Years)
NORTHERA ORAL CAPSULE 100 MG	D	PA; SP; QL (3 capsules per day); DS (30 day supply max); AL (Min 18 Years)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	D	PA; SP; QL (6 capsules per day); DS (30 day supply max); AL (Min 18 Years)
Vasopressors**		
epinephrine (anaphylaxis) solution 30 mg/30ml injection	%	
epinephrine pf injection solution	%	HDHP
midodrine hcl	%	
Vitamins		
Vitamin D**		
aqueous vitamin d oral liquid 10 mcg/ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
BABY DDROPS ORAL LIQUID 10 MCG /0.028ML, 10 MCG/0.03ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
baby super daily d3 oral liquid 10 mcg /0.028ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
baby vitamin d3 oral liquid 10 mcg /0.028ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
BIO-D-MULSION ORAL LIQUID 10 MCG/0.04ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

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

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

Drug	Status	Notes
D-VI-SOL ORAL LIQUID 10 MCG/ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
d-vite pediatric	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
eq d3 drops infants/childrens	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
eql vitamin d3 gummies	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
eql vitamin d3 oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
ergocalciferol oral capsule	%	
ft vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp d 1000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp d 2000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d maximum strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d oral tablet 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d super strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
gnp vitamin d3 extra strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
HEALTHY KIDS VITAMIN D3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

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

Drug	Status	Notes
qc vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
ra vitamin d-3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
RADIANCE PLATINUM VITAMIN D3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
REPLESTA	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
REPLESTA NX	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
sm vitamin d	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
sm vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
THERA-D 2000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
THERA-D 4000	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
THERA-D RAPID REPLETION	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
true vitamin d3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
UPSPRING BABY VIT D ORAL LIQUID 10 MCG /0.025ML	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
VITAJOY DAILY D GUMMIES	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
VITAMELTS VITAMIN D	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d (cholecalciferol) oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
vitamin d (cholecalciferol) oral tablet	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	%	
vitamin d high potency	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d infant oral liquid 10 mcg/ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d oral capsule 50 mcg (2000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d oral liquid 10 mcg/ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
VITAMIN D-1000 MAX ST	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 adult gummies	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 fast dissolve	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 gummies adult	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
VITAMIN D3 IMMUNE HEALTH	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 maximum strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d-3 oral capsule	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg, 50 mcg (2000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 oral liquid 10 mcg/ml, 125 mcg/0.5ml, 125 mcg/ml, 25 mcg/spray, 30 mcg/15ml	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 20 mcg (800 unit), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 oral tablet chewable	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 oral tablet dispersible	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 super strength oral tablet	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 ultra potency oral tablet 1250 mcg	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
vitamin d3 ultra strength	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
WEEKLY-D	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
YUMVS VITAMIN D3	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (1000 UT), 62.5 MCG (2500 UT)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
YUMVSKIDS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (1000 UT)	$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
Vitamin K**		
phytonadione oral	%	

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Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídílkidgo beehaz'áanii hólǫ díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh ílínígóó. Ata' halne'ígíí kojį' bich'į' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:
إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة .للتحدث مع مترجم اتصل ب .877-475-4799

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 .[تماس حاصل نمایید

Assyrian:
ܐܢ ܐܢܬ، ܐܘ ܚܕ ܡܢ ܕܩܝܡܬ ܠܗ، ܐܝܬ ܠܗ ܫܘܐܠܐ ܒܘܕ Blue Cross Blue Shield of Arizona، ܐܝܬ ܠܟ ܙܕܩܐ ܕܫܩܠܬ ܥܘܕܪܢܐ ܘܡܘܕܥܢܘܬܐ ܒܠܫܢܟ ܡܢ ܕܠܐ ܦܪܥܬ ܕܡܝܐ. ܠܡܡܠܠܘܬܐ ܥܡ ܡܬܪܓܡܢܐ، ܩܪܝ ܠ 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคณ หรอคนทคณกาลงชวยเหลอมคาถามเกยวกบ Blue Cross Blue Shield of Arizona คณมสทธทจะไดรบความชวยเหลอและขอมลในภาษา ของคณไดโดยไมมคาใชจาย พดคยกบลาม โทร 877-475-4799

BlueCross BlueShield of Arizona

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