

# Plan for your best health

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New Jersey Educators Health Plan Formulary

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## 2021 New Jersey Educators Health Plan

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# How to use this guide

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

## Your plan includes

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

## What you can expect to pay

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

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

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

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

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

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

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

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

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

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

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

## Have more questions about your pharmacy benefits?

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

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

## Specialty Pharmacy Network

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

## How to get started with a specialty pharmacy

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

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

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

## CVS Caremark Mail Service Pharmacy™

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

## Get started right away

You can submit your order using one of these options:

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

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

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



# Frequently asked questions

## How can I save on prescriptions?

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

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

## What are generic drugs?

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

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

## What is precertification?

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

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

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

## What is step therapy?

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

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

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

## What are quantity limits?

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

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

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

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

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



## How can your provider request a medical exception?

- Submit their request through our secure provider website on NaviNet\*.
- Call the Aetna Pharmacy Precertification Unit:  
Non-Specialty **1-800-294-5979** or  
Specialty **1-866-814-5506**.
- Fax the completed request form to:  
Non-Specialty **1-888-836-0730** or  
Specialty **1-866-249-6155**.
- Mail the completed request form to:  
Aetna Pharmacy Management  
1300 East Campbell Road  
Richardson, TX 75081

## Pharmacy and Therapeutics (P&T) committee

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

## Can the formulary change during the year?

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

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

## **Commercial 1557 Nondiscrimination Notice**

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

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

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

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

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

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

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

[CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

TTY: 711

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

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

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

ເພື່ອຂໍ້ໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,  
ໃຫ້ໂທຫາເບີໂທທິບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

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

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

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់  
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

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

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

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

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

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

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

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

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

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

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

Lati wonú awon ise ede l'ofe fun o, pe nomba ori kaadi idanimomo re. (Yoruba)

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

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

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

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

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

Aetna or its affiliate(s) may receive rebates from drug manufacturers. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change.

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

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

In accordance with state law, fully insured Commercial California health maintenance organization (HMO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the Precertification or Step-Therapy Lists or removed from the Pharmacy Drug Guide (formulary) will continue to have those medications covered, for as long as the prescriber continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the Precertification or Step-Therapy Lists will continue to have those medications covered for as long as the prescriber prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

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



	<b>Drug Tier</b> <b>CE</b> = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply. <b>G</b> = Generics <b>NPB</b> = Non-Preferred Brand <b>NPSP</b> = Non Preferred Specialty <b>PB</b> = Preferred Brand <b>PSP</b> = Preferred Specialty	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit <b>IBC</b> = Indication Based Coverage <b>LGC</b> = Lowest Generic Copay Applies <b>N7</b> = Drug tier when CE does not apply <b>N8</b> = Drug Specific Coverage <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>QLR</b> = QL Restriction based on Age: <b>ST</b> = Step Therapy
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 5 mg</i>	G	QL (90 CAPSULES per 25 DAYS)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	G	QL (30 CAPSULES per 25 DAYS)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	G	QL (90 TABLETS per 25 DAYS)
<i>amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg</i>	G	QL (60 TABLETS per 25 DAYS)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	G	QL (30 TABLETS per 25 DAYS)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	G	PA
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	G	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	G	QL (60 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	G	QL (30 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	G	QL (60 TABLETS per 25 DAYS)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	G	QL (120 TABLETS per 25 DAYS)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	G	QL (120 CAPSULES per 25 DAYS)

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The formulary is updated the first week of each month.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	G	QL (60 CAPSULES per 25 DAYs)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	G	QL (1200 ML per 25 DAYs)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	QL (120 TABLETS per 25 DAYs)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	G	ST
<i>methamphetamine hcl oral tablet 5 mg</i>	G	QL (150 TABLETS per 25 DAYs)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	G	QL (60 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	G	QL (30 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg</i>	G	QL (60 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	G	QL (30 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	G	QL (90 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg</i>	G	QL (60 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i>	G	QL (60 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	G	QL (30 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 54 mg</i>	G	QL (30 TABLETS per 25 DAYs)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	G	QL (900 ML per 25 DAYs)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	G	QL (1800 ML per 25 DAYs)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	G	QL (180 TABLETS per 25 DAYs)
<i>methylphenidate hcl oral tablet 20 mg</i>	G	QL (90 TABLETS per 25 DAYs)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	G	QL (180 TABLETS per 25 DAYs)
<i>modafinil oral tablet 100 mg, 200 mg</i>	G	PA
<b>VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG</b> ( <i>lisdexamfetamine dimesylate</i> )	NPB	ST; QL (60 CAPSULES per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	NPB	ST; QL (30 CAPSULES per 25 DAYS)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG ( <i>lisdexamfetamine dimesylate</i> )	NPB	ST; QL (60 TABLETS per 25 DAYS)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG ( <i>lisdexamfetamine dimesylate</i> )	NPB	ST; QL (30 TABLETS per 25 DAYS)
ZENZEDI ORAL TABLET 15 MG, 20 MG ( <i>dextroamphetamine sulfate</i> )	G	QL (60 TABLETS per 25 DAYS)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG ( <i>dextroamphetamine sulfate</i> )	G	QL (120 TABLETS per 25 DAYS)
ZENZEDI ORAL TABLET 30 MG ( <i>dextroamphetamine sulfate</i> )	G	QL (30 TABLETS per 25 DAYS)
<b>*AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS</b>		
<i>neomycin sulfate oral tablet 500 mg</i>	G	
<i>paromomycin sulfate oral capsule 250 mg</i>	G	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	PA; QL (280 ML per 28 DAYS)
<b>*ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER</b>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG ( <i>rilonacept</i> )	PSP	PA; QL (4 VIALS per 28 DAYS)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	G	
<i>diclofenac potassium oral tablet 50 mg</i>	G	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	G	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	G	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	G	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis); QL (8 CARTRIDGES per 28 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis); QL (8 SYRINGES per 28 DAYS)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG ( <i>etanercept</i> )	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis); QL (8 SYRINGES per 28 DAYS)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis); QL (8 SYRINGES per 28 DAYS)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	G	
<i>etodolac oral capsule 200 mg, 300 mg</i>	G	
<i>etodolac oral tablet 400 mg, 500 mg</i>	G	
<i>fenoprofen calcium oral tablet 600 mg</i>	G	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	G	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; QL (3 INJECTIONS per 28 DAYS)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	PSP	PA; QL (2 INJECTIONS per 28 DAYS)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab</i> )	PSP	PA; QL (4 INJECTIONS per 28 DAYS)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; QL (6 PENS per 28 DAYS)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; QL (1 KIT per 28 DAYS)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; QL (4 PENS per 28 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	PSP	PA; QL (1 KIT per 28 DAYS)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML ( <i>adalimumab</i> )	PSP	PA; QL (2 INJECTIONS per 28 DAYS)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; QL (4 INJECTIONS per 28 DAYS)
<i>ibuprofen oral suspension 100 mg/5ml</i>	G	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	G	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	G	
<i>ketorolac tromethamine oral tablet 10 mg</i>	G	QL (20 TABLETS per 25 DAYS)
KEVZARA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)); QL (2 PENS per 28 DAYS)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)); QL (2 SYRINGES per 28 DAYS)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	G	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	G	
<i>mefenamic acid oral capsule 250 mg</i>	G	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	G	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	G	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	G	
<i>oxaprozin oral tablet 600 mg</i>	G	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	G	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG ( <i>upadacitinib</i> )	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (30 TABLETS per 30 DAYS)
<i>sulindac oral tablet 150 mg, 200 mg</i>	G	
<i>tolmetin sodium oral capsule 400 mg</i>	G	
<i>tolmetin sodium oral tablet 600 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ ORAL TABLET 10 MG ( <i>tofacitinib citrate</i> )	PSP	PA; IBC (Preferred agent for Ulcerative Colitis (after failure of Humira)); QL (60 TABLETS per 30 DAYS)
XELJANZ ORAL TABLET 5 MG ( <i>tofacitinib citrate</i> )	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (60 TABLETS per 30 DAYS)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG ( <i>tofacitinib citrate</i> )	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (30 TABLETS per 30 DAYS)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG ( <i>tofacitinib citrate</i> )	PSP	PA; IBC (Preferred agent for Ulcerative Colitis (after failure of Humira)); QL (30 TABLETS per 30 DAYS)
<b>*ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER</b>		
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	CE	N7 (NC); QL (100 TABLETS per 30 DAYS); AL (Min 12 Years and Max 59 Years)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	G	QL (48 CAPSULES per 25 DAYS)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	G	QL (48 TABLETS per 25 DAYS)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	G	QL (48 CAPSULES per 25 DAYS)
<i>diflunisal oral tablet 500 mg</i>	G	
<i>goodsense aspirin oral tablet chewable 81 mg</i>	CE	N7 (NC); QL (100 TABLETS per 30 DAYS); AL (Min 12 Years and Max 59 Years)
TENCON ORAL TABLET 50-325 MG ( <i>butalbital-acetaminophen</i> )	G	QL (48 TABLETS per 25 DAYS)
<b>*ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER</b>		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	G	ST; QL (400 TABLETS per 25 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	G	ST; QL (360 TABLETS per 25 DAYs)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	G	ST; QL (180 TABLETS per 25 DAYs)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	G	ST; QL (2700 ML per 25 DAYs)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	CE	N7 (NC); N8 (Must obtain approval after the first 30 day supply); QL (90 TABLETS per 25 DAYs)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	G	QL (60 FILM per 25 DAYs)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	G	QL (90 FILM per 25 DAYs)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	N7 (NC); QL (90 TABLETS per 25 DAYs)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	G	ST; QL (4 PATCHES per 25 DAYs)
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr</i>	G	ST
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	G	QL (48 CAPSULES per 25 DAYs)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	G	QL (2 BOTTLES per 25 DAYs)
<i>codeine sulfate oral tablet 30 mg</i>	G	ST; QL (42 TABLETS per 25 DAYs)
<i>codeine sulfate oral tablet 60 mg</i>	NPB	ST; QL (42 TABLETS per 25 DAYs)
<i>oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg)</i>	G	ST; QL (180 TABLETS per 25 DAYs)
<i>oxycodone-acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)</i>	G	ST; QL (360 TABLETS per 25 DAYs)
<i>oxycodone-acetaminophen (Endocet Oral Tablet 7.5-325 Mg)</i>	G	ST; QL (240 TABLETS per 25 DAYs)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	PA; QL (120 LOZENGES per 25 DAYs)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	G	PA; ST
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr</i>	G	ST; QL (10 PATCHES per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	G	ST; QL (2700 ML per 25 DAYs)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	G	ST; QL (180 TABLETS per 25 DAYs)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	G	ST; QL (240 TABLETS per 25 DAYs)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	G	ST; QL (50 TABLETS per 25 DAYs)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 8 mg</i>	G	ST; QL (30 TABLETS per 25 DAYs)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 32 mg</i>	G	PA; ST
<i>hydromorphone hcl oral tablet 2 mg</i>	G	ST; QL (180 TABLETS per 25 DAYs)
<i>hydromorphone hcl oral tablet 4 mg</i>	G	ST; QL (150 TABLETS per 25 DAYs)
<i>hydromorphone hcl oral tablet 8 mg</i>	G	ST; QL (60 TABLETS per 25 DAYs)
<i>hydromorphone hcl rectal suppository 3 mg</i>	NPB	ST; QL (120 SUPPOSITORIES per 25 DAYs)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG ( <i>hydrocodone bitartrate</i> )	NPB	PA; ST
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG, 60 MG, 80 MG ( <i>hydrocodone bitartrate</i> )	NPB	ST; QL (30 TABLETS per 25 DAYs)
<i>levorphanol tartrate oral tablet 2 mg</i>	G	ST; QL (120 TABLETS per 25 DAYs)
<i>levorphanol tartrate oral tablet 3 mg</i>	G	ST; QL (60 TABLETS per 25 DAYs)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	G	ST; QL (60 ML per 25 DAYs)
<i>methadone hcl oral concentrate 10 mg/ml</i>	G	QL (30 ML per 25 DAYs)
<i>methadone hcl oral solution 10 mg/5ml</i>	G	ST; QL (300 ML per 25 DAYs)
<i>methadone hcl oral solution 5 mg/5ml</i>	G	ST; QL (450 ML per 25 DAYs)
<i>methadone hcl oral tablet 10 mg</i>	G	ST; QL (60 TABLETS per 25 DAYs)

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<i>methadone hcl oral tablet 5 mg</i>	G	ST; QL (90 TABLETS per 25 DAYs)
<i>methadone hcl oral tablet soluble 40 mg</i>	G	QL (9 TABLETS per 25 DAYs)
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	G	QL (9 TABLETS per 25 DAYs)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	G	ST; QL (135 ML per 25 DAYs)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	G	PA; ST
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	G	ST; QL (30 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	G	ST; QL (60 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	G	PA; ST
<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i>	G	ST; QL (30 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	G	PA; ST
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	G	ST; QL (90 TABLETS per 25 DAYs)
<i>morphine sulfate oral solution 10 mg/5ml</i>	G	ST; QL (900 ML per 25 DAYs)
<i>morphine sulfate oral solution 20 mg/5ml</i>	G	ST; QL (675 ML per 25 DAYs)
<i>morphine sulfate oral tablet 15 mg</i>	G	ST; QL (180 TABLETS per 25 DAYs)
<i>morphine sulfate oral tablet 30 mg</i>	G	ST; QL (90 TABLETS per 25 DAYs)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	G	ST; QL (180 SUPPOSITORIES per 25 DAYs)
<i>morphine sulfate rectal suppository 20 mg</i>	G	ST; QL (120 SUPPOSITORIES per 25 DAYs)
<i>morphine sulfate rectal suppository 30 mg</i>	G	ST; QL (90 SUPPOSITORIES per 25 DAYs)

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NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG ( <i>tapentadol hcl</i> )	NPB	ST; QL (60 TABLETS per 25 DAYs)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG ( <i>tapentadol hcl</i> )	NPB	PA; ST
NUCYNTA ORAL TABLET 100 MG ( <i>tapentadol hcl</i> )	NPB	ST; QL (60 TABLETS per 25 DAYs)
NUCYNTA ORAL TABLET 50 MG ( <i>tapentadol hcl</i> )	NPB	ST; QL (120 TABLETS per 25 DAYs)
NUCYNTA ORAL TABLET 75 MG ( <i>tapentadol hcl</i> )	NPB	ST; QL (90 TABLETS per 25 DAYs)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg</i>	G	ST; QL (60 TABLETS per 25 DAYs)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 60 mg, 80 mg</i>	G	PA; ST
<i>oxycodone hcl oral capsule 5 mg</i>	G	ST; QL (180 CAPSULES per 25 DAYs)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	G	ST; QL (90 ML per 25 DAYs)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	G	ST; QL (900 ML per 25 DAYs)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	G	ST; QL (180 TABLETS per 25 DAYs)
<i>oxycodone hcl oral tablet 15 mg</i>	G	ST; QL (120 TABLETS per 25 DAYs)
<i>oxycodone hcl oral tablet 20 mg</i>	G	ST; QL (90 TABLETS per 25 DAYs)
<i>oxycodone hcl oral tablet 30 mg</i>	G	ST; QL (60 TABLETS per 25 DAYs)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	G	ST; QL (180 TABLETS per 25 DAYs)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	G	ST; QL (360 TABLETS per 25 DAYs)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	G	ST; QL (240 TABLETS per 25 DAYs)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	G	ST; QL (360 TABLETS per 25 DAYs)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	G	ST; QL (28 TABLETS per 25 DAYs)

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OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG ( <i>oxycodone hcl</i> )	NPB	ST; QL (60 TABLETS per 25 DAYS)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG ( <i>oxycodone hcl</i> )	NPB	PA; ST
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	G	ST; QL (60 TABLETS per 25 DAYS)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	G	PA; ST
<i>oxymorphone hcl oral tablet 10 mg</i>	G	ST; QL (90 TABLETS per 25 DAYS)
<i>oxymorphone hcl oral tablet 5 mg</i>	G	ST; QL (180 TABLETS per 25 DAYS)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML ( <i>buprenorphine</i> )	PSP	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	G	ST; QL (30 TABLETS per 25 DAYS)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	G	PA; ST
<i>tramadol hcl oral tablet 50 mg</i>	G	ST; QL (180 TABLETS per 25 DAYS)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	G	ST; QL (40 TABLETS per 25 DAYS)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG ( <i>oxycodone</i> )	PB	ST; QL (60 CAPSULES per 25 DAYS)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG ( <i>oxycodone</i> )	PB	PA; ST
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	PB	QL (90 TABLETS per 25 DAYS)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	PB	QL (30 TABLETS per 25 DAYS)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	PB	QL (60 TABLETS per 25 DAYS)
<b>*ANDROGENS-ANABOLIC* - HORMONES</b>		
ANADROL-50 ORAL TABLET 50 MG ( <i>oxymetholone</i> )	NPB	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	G	

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<i>methylestosterone oral capsule 10 mg</i>	G	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	G	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	G	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	G	PA
<i>testosterone transdermal gel 10 mg/lact (2%), 25 mg/2.5gm (1%)</i>	G	PA
<b>*ANORECTAL AGENTS* - RECTAL PREPARATIONS</b>		
<i>hydrocortisone (Colocort Rectal Enema 100 Mg/60Ml)</i>	G	
<i>hydrocortisone (Procto-Pak External Cream 1 %)</i>	G	
<i>hydrocortisone (Proctosol Hc External Cream 2.5 %)</i>	G	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	G	
RECTIV RECTAL OINTMENT 0.4 % ( <i>nitroglycerin</i> )	NPB	
<b>*ANTHELMINTICS* - DRUGS FOR INFECTIONS</b>		
<i>albendazole oral tablet 200 mg</i>	G	QL (336 TABLETS per 365 DAYS)
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	NPB	
EMVERM ORAL TABLET CHEWABLE 100 MG ( <i>mebendazole</i> )	NPB	QL (12 TABLETS per 365 DAYS)
<i>ivermectin oral tablet 3 mg</i>	G	
<i>praziquantel oral tablet 600 mg</i>	G	QL (24 TABLETS per 365 DAYS)
<b>*ANTIANGINAL AGENTS* - DRUGS FOR THE HEART</b>		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG ( <i>isosorbide dinitrate</i> )	NPB	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	G	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	G	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	G	
<i>nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)</i>	G	
NITRO-BID TRANSDERMAL OINTMENT 2 % ( <i>nitroglycerin</i> )	NPB	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> )	PB	

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<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	G	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	G	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	G	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	G	ST
<b>*ANTIANKXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>alprazolam</i> )	PB	QL (300 ML per 25 DAYs)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	QL (150 TABLETS per 25 DAYs)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	QL (150 TABLETS per 25 DAYs)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	G	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	G	QL (360 CAPSULES per 25 DAYs)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	G	QL (180 TABLETS per 25 DAYs)
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i>	G	QL (240 ML per 25 DAYs)
<i>diazepam oral solution 5 mg/5ml</i>	G	QL (1200 ML per 25 DAYs)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	G	QL (120 TABLETS per 25 DAYs)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	G	PA; AL (Min 70 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	PA; AL (Min 70 Years)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	G	PA; AL (Min 70 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>	G	QL (150 ML per 25 DAYs)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	QL (150 TABLETS per 25 DAYs)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	G	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	G	QL (120 CAPSULES per 25 DAYs)
<b>*ANTIARRHYTHMICS* - DRUGS FOR THE HEART</b>		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	G	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	G	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	G	PA

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<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	G	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	G	
MULTAQ ORAL TABLET 400 MG ( <i>dronedarone hcl</i> )	NPB	PA
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	PB	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg)	G	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	G	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	G	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	G	
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS</b>		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT ( <i>fluticasone-salmeterol</i> )	PB	QL (1 PACKAGE per 25 DAYs)
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	G	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	G	QL (2 INHALERS per 25 DAYs)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	G	QL (5 BOXES per 25 DAYs)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	G	QL (60 ML per 25 DAYs)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	G	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	G	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH ( <i>umeclidinium-vilanterol</i> )	NPB	QL (1 PACKAGE per 25 DAYs)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT ( <i>fluticasone furoate</i> )	PB	QL (1 PACKAGE per 25 DAYs)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT ( <i>glycopyrrolate-formoterol</i> )	PB	QL (1 PACKAGE per 25 DAYs)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	NPB	ST; QL (1 PACKAGE per 25 DAYs)
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	G	QL (3 BOXES per 25 DAYs)

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<i>budesonide inhalation suspension 0.5 mg/2ml</i>	G	QL (2 BOXES per 25 DAYs)
<i>budesonide inhalation suspension 1 mg/2ml</i>	G	QL (1 BOX per 25 DAYs)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	G	QL (2 BOXES per 25 DAYs)
DALIRESP ORAL TABLET 250 MCG, 500 MCG ( <i>roflumilast</i> )	NPB	PA
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML ( <i>theophylline</i> )	NPB	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	G	QL (1 PACKAGE per 25 DAYs)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH ( <i>umeclidinium bromide</i> )	PB	QL (1 PACKAGE per 25 DAYs)
<i>ipratropium bromide inhalation solution 0.02 %</i>	G	QL (5 BOXES per 25 DAYs)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	G	QL (6 BOXES per 25 DAYs)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	G	QL (300 ML per 25 DAYs)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	G	QL (45 ML per 25 DAYs)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	G	QL (2 INHALERS per 25 DAYs)
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	G	
<i>montelukast sodium oral packet 4 mg</i>	G	
<i>montelukast sodium oral tablet 10 mg</i>	G	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	G	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML ( <i>formoterol fumarate</i> )	NPB	QL (2 BOXES per 25 DAYs)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT ( <i>beclomethasone diprop hfa</i> )	PB	QL (2 PACKAGES per 25 DAYs)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG ( <i>tiotropium bromide monohydrate</i> )	PB	QL (1 PACKAGE per 25 DAYs)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	PB	QL (1 PACKAGE per 25 DAYs)

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STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>olodaterol hcl</i> )	PB	QL (1 PACKAGE per 25 DAYS)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate</i> )	PB	QL (1 PACKAGE per 25 DAYS)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	G	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline</i> )	NPB	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	G	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	G	
<i>theophylline oral solution 80 mg/15ml</i>	G	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH ( <i>fluticasone-umeclidin-vilant</i> )	PB	QL (1 PACKAGE per 25 DAYS)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>omalizumab</i> )	PSP	PA; QL (4 SYRINGES per 28 DAYS)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>omalizumab</i> )	PSP	PA; QL (2 SYRINGES per 28 DAYS)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG ( <i>omalizumab</i> )	PSP	PA; QL (6 VIALS per 28 DAYS)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	G	
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	G	
<b>*ANTICOAGULANTS* - DRUGS FOR THE BLOOD</b>		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG ( <i>apixaban</i> )	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	G	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	G	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	G	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML ( <i>dalteparin sodium</i> )	NPB	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	G	

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<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	G	
<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	G	LGC
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG ( <i>dabigatran etexilate mesylate</i> )	NPB	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	G	LGC
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG ( <i>rivaroxaban</i> )	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG ( <i>rivaroxaban</i> )	PB	
<b>*ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG ( <i>eslicarbazepine acetate</i> )	NPB	PA
BRIVIACT ORAL SOLUTION 10 MG/ML ( <i>brivaracetam</i> )	NPB	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG ( <i>brivaracetam</i> )	NPB	PA
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	G	
<i>carbamazepine oral suspension 100 mg/5ml</i>	G	
<i>carbamazepine oral tablet 200 mg</i>	G	
<i>carbamazepine oral tablet chewable 100 mg</i>	G	
CELONTIN ORAL CAPSULE 300 MG ( <i>methsuximide</i> )	NPB	
<i>clobazam oral suspension 2.5 mg/ml</i>	G	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	G	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
DILANTIN ORAL CAPSULE 30 MG ( <i>phenytoin sodium extended</i> )	NPB	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	G	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	G	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	G	
<i>carbamazepine</i> (Epitol Oral Tablet 200 Mg)	G	

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<i>ethosuximide oral capsule 250 mg</i>	G	
<i>ethosuximide oral solution 250 mg/5ml</i>	G	
<i>felbamate oral suspension 600 mg/5ml</i>	G	
<i>felbamate oral tablet 400 mg, 600 mg</i>	G	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML ( <i>perampanel</i> )	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>perampanel</i> )	PB	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	G	
<i>gabapentin oral solution 250 mg/5ml</i>	G	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	G	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	G	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	G	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	G	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	G	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	G	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	G	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	G	
<i>levetiracetam oral solution 100 mg/ml</i>	G	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	G	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	G	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	G	
PEGANONE ORAL TABLET 250 MG ( <i>ethotoin</i> )	NPB	
<i>phenytoin oral suspension 125 mg/5ml</i>	G	
<i>phenytoin oral tablet chewable 50 mg</i>	G	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	G	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	G	ST
<i>pregabalin oral solution 20 mg/ml</i>	G	ST
<i>primidone oral tablet 250 mg, 50 mg</i>	G	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	G	

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<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	G	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>valproic acid oral capsule 250 mg</i>	G	
<i>valproic acid oral solution 250 mg/5ml</i>	G	
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; QL (180 PACKETS per 30 DAYS)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; QL (180 TABLETS per 30 DAYS)
VIMPAT ORAL SOLUTION 10 MG/ML ( <i>lacosamide</i> )	NPB	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>lacosamide</i> )	NPB	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<b>*ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>amitriptyline hcl oral tablet 10 mg</i>	G	QL (150 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg</i>	G	PA; AL (Min 70 Years)
<i>amitriptyline hcl oral tablet 25 mg</i>	G	QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>amitriptyline hcl oral tablet 50 mg</i>	G	QL (30 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>amoxapine oral tablet 100 mg, 25 mg, 50 mg</i>	G	QL (90 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>amoxapine oral tablet 150 mg</i>	G	QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	G	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	G	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	G	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	G	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>clomipramine hcl oral capsule 25 mg, 50 mg</i>	G	QL (150 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>clomipramine hcl oral capsule 75 mg</i>	G	QL (90 CAPSULES per 25 DAYS); AL (Min 65 Years)

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<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	QL (90 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>desipramine hcl oral tablet 100 mg, 150 mg</i>	G	QL (30 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>desipramine hcl oral tablet 75 mg</i>	G	QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	ST; QL (30 TABLETS per 25 DAYS)
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg</i>	G	QL (90 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>doxepin hcl oral capsule 100 mg, 150 mg</i>	G	QL (30 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>doxepin hcl oral capsule 75 mg</i>	G	QL (60 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	G	QL (450 ML per 25 DAYS); AL (Min 65 Years)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	G	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR ( <i>selegiline</i> )	NPB	PA
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	G	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG ( <i>levomilnacipran hcl</i> )	NPB	ST; QL (30 CAPSULES per 25 DAYS)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ( <i>levomilnacipran hcl</i> )	NPB	ST; QL (30 CAPSULES per 25 DAYS)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	G	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	G	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	G	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	G	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>imipramine hcl oral tablet 10 mg, 25 mg</i>	G	QL (120 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>imipramine hcl oral tablet 50 mg</i>	G	QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)

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<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	G	QL (30 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	G	PA; AL (Min 70 Years)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	G	
MARPLAN ORAL TABLET 10 MG ( <i>isocarboxazid</i> )	NPB	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	G	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	G	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
<i>nortriptyline hcl oral capsule 10 mg</i>	G	QL (150 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>nortriptyline hcl oral capsule 25 mg</i>	G	QL (60 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>nortriptyline hcl oral capsule 50 mg</i>	G	QL (30 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>nortriptyline hcl oral capsule 75 mg</i>	G	PA; AL (Min 70 Years)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	G	QL (750 ML per 25 DAYS); AL (Min 65 Years)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	G	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	G	LGC
<i>phenelzine sulfate oral tablet 15 mg</i>	G	
<i>protriptyline hcl oral tablet 10 mg</i>	G	QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>protriptyline hcl oral tablet 5 mg</i>	G	QL (90 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	G	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
<i>tranylcypromine sulfate oral tablet 10 mg</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
<i>trimipramine maleate oral capsule 100 mg</i>	G	QL (30 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	G	QL (60 CAPSULES per 25 DAYS); AL (Min 65 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hbr</i> )	NPB	ST

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<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	G	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	G	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	G	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>vilazodone hcl</i> )	NPB	ST
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG ( <i>vilazodone hcl</i> )	NPB	ST
<b>*ANTIDIABETICS* - HORMONES</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	G	ST
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	PB	
CYCLOSET ORAL TABLET 0.8 MG ( <i>bromocriptine mesylate</i> )	NPB	
FARXIGA ORAL TABLET 10 MG, 5 MG ( <i>dapagliflozin propanediol</i> )	PB	ST
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	G	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	LGC
<i>glipizide oral tablet 10 mg, 5 mg</i>	G	LGC
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	G	LGC
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )	PB	
GLUCAGON EMERGENCY INJECTION KIT 1 MG ( <i>glucagon (rdna)</i> )	PB	

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HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	NPB	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	NPB	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	NPB	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	NPB	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	NPB	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML ( <i>insulin regular human</i> )	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML ( <i>insulin regular human</i> )	PB	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	PB	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	PB	ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin phosphate</i> )	PB	ST
JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )	NPB	ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG ( <i>linagliptin-metformin hcl</i> )	NPB	ST
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin detemir</i> )	PB	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin detemir</i> )	PB	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	G	LGC
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	G	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	G	LGC
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	G	LGC

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NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML ( <i>semaglutide</i> )	PB	ST
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML ( <i>semaglutide</i> )	PB	ST
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	G	LGC
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	G	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	G	LGC
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	LGC
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML ( <i>pramlintide acetate</i> )	NPB	ST
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML ( <i>pramlintide acetate</i> )	NPB	ST

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TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin degludec</i> )	NPB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin degludec</i> )	NPB	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML ( <i>dulaglutide</i> )	PB	ST
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide</i> )	NPB	ST
<b>*ANTIDIARRHEALS* - DRUGS FOR THE STOMACH</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	G	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	G	
<i>loperamide hcl oral capsule 2 mg</i>	G	
MOTOFEN ORAL TABLET 1-0.025 MG ( <i>difenoxin-atropine</i> )	NPB	
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS* - DRUGS FOR OVERDOSE OR POISONING</b>		
VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )	PSP	QL (20 PACKETS per 5 DAYS)
<b>*ANTIDOTES* - DRUGS FOR OVERDOSE OR POISONING</b>		
CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )	NPB	
FERRIPROX ORAL SOLUTION 100 MG/ML ( <i>deferiprone</i> )	PSP	PA
FERRIPROX ORAL TABLET 1000 MG, 500 MG ( <i>deferiprone</i> )	PSP	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG ( <i>deferiprone</i> )	PSP	PA
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	G	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	G	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	G	
<i>naltrexone hcl oral tablet 50 mg</i>	CE	N7 (NC)
NARCAN NASAL LIQUID 4 MG/0.1ML ( <i>naloxone hcl</i> )	PB	QL (4 NASAL per 180 DAYS)
VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )	PSP	QL (20 PACKETS per 5 DAYS)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )	PSP	PA; QL (1 VIAL per 28 DAYS)

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<b>*ANTIEMETICS* - DRUGS FOR THE STOMACH</b>		
AKYNZEO ORAL CAPSULE 300-0.5 MG ( <i>netupitant-palonosetron</i> )	NPB	QL (2 CAPSULES per 21 DAYs)
<i>aprepitant oral capsule 125 mg</i>	G	QL (2 CAPSULES per 21 DAYs)
<i>aprepitant oral capsule 40 mg</i>	G	QL (3 CAPSULES per 180 DAYs)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	G	QL (2 PACKS per 21 DAYs)
<i>aprepitant oral capsule 80 mg</i>	G	QL (4 CAPSULES per 21 DAYs)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	G	QL (60 CAPSULES per 25 DAYs)
<i>granisetron hcl oral tablet 1 mg</i>	G	QL (12 TABLETS per 21 DAYs)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	G	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	G	QL (200 ML per 21 DAYs)
<i>ondansetron hcl oral tablet 24 mg</i>	G	QL (2 TABLETS per 21 DAYs)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	G	QL (18 TABLETS per 21 DAYs)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	G	QL (18 TABLETS per 21 DAYs)
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR ( <i>granisetron</i> )	PB	QL (2 PATCHES per 21 DAYs)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	G	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG ( <i>rolapitant hcl</i> )	PB	
<b>*ANTIFUNGALS* - DRUGS FOR INFECTIONS</b>		
<i>bio-statin oral capsule 1000000 unit, 500000 unit</i>	PB	
<i>bio-statin oral powder</i>	G	
CRESEMBA ORAL CAPSULE 186 MG ( <i>isavuconazonium sulfate</i> )	NPB	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	G	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	G	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	G	

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<i>griseofulvin microsize oral tablet 500 mg</i>	G	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	G	
<i>itraconazole oral capsule 100 mg</i>	G	PA
<i>itraconazole oral solution 10 mg/ml</i>	G	PA
NOXAFIL ORAL SUSPENSION 40 MG/ML ( <i>posaconazole</i> )	PB	PA
<i>nystatin oral tablet 500000 unit</i>	G	
<i>posaconazole oral tablet delayed release 100 mg</i>	G	PA
<i>terbinafine hcl oral tablet 250 mg</i>	G	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	G	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	G	PA
<b>*ANTI-HISTAMINES* - DRUGS FOR THE LUNGS</b>		
<i>brompheniramine tannate oral tablet chewable 12 mg</i>	G	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	G	
<i>carbinoxamine maleate oral tablet 4 mg</i>	G	
<i>clemastine fumarate oral tablet 2.68 mg</i>	G	PA; AL (Min 70 Years)
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	G	
<i>cyproheptadine hcl oral tablet 4 mg</i>	G	
<i>desloratadine oral tablet 5 mg</i>	G	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	G	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	G	PA; AL (Min 70 Years)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	G	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	G	
<i>promethazine hcl</i> (Phenadoz Rectal Suppository 25 Mg)	G	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	G	PA; AL (Min 70 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	PA; AL (Min 70 Years)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	G	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	G	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG ( <i>promethazine hcl</i> )	G	
<b>*ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	LGC; N7 (G); AL (Min 40 Years and Max 75 Years)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	G	LGC
<i>cholestyramine light oral packet 4 gm</i>	G	

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<i>cholestyramine light oral powder 4 gm/dose</i>	G	
<i>cholestyramine oral packet 4 gm</i>	G	
<i>cholestyramine oral powder 4 gm/dose</i>	G	
<i>colestipol hcl oral granules 5 gm</i>	G	
<i>colestipol hcl oral packet 5 gm</i>	G	
<i>colestipol hcl oral tablet 1 gm</i>	G	
<i>ezetimibe oral tablet 10 mg</i>	G	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	G	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	G	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	G	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	G	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	G	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	G	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	G	
<i>gemfibrozil oral tablet 600 mg</i>	G	LGC
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	G	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	G	PA
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)</i>	G	
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	G	ST; LGC
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	G	LGC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	LGC; N7 (G); AL (Min 40 Years and Max 75 Years)
<i>simvastatin oral tablet 80 mg</i>	G	ST; LGC
<b>VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (icosapent ethyl)</b>	PB	
<b>*ANTIHYPERTENSIVES* - DRUGS FOR THE HEART</b>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	G	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	G	LGC

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<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	G	LGC
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	G	LGC
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	G	LGC
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	G	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	G	LGC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	G	LGC
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	LGC
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	G	LGC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	G	LGC
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	G	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	G	LGC
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	G	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	G	
<b>EDARBI ORAL TABLET 40 MG, 80 MG (azilsartan medoxomil)</b>	NPB	ST
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	G	LGC
<i>eplerenone oral tablet 25 mg, 50 mg</i>	G	
<i>eprosartan mesylate oral tablet 600 mg</i>	G	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	G	LGC
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	G	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	G	
<i>hydralazine hcl oral tablet 25 mg</i>	G	LGC
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	G	LGC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	G	LGC

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<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
<i>lisinopril oral tablet 30 mg, 40 mg</i>	G	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	LGC
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	G	LGC
<i>methyldopa oral tablet 250 mg, 500 mg</i>	G	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	G	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	G	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	G	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	G	LGC
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	G	LGC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	G	LGC
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PSP	PA; QL (360 CAPSULES per 25 DAYS)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	G	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	G	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	LGC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	G	LGC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	G	LGC
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	G	LGC
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	LGC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	G	LGC
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	G	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	G	LGC

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<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	G	LGC
<b>*ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>nitazoxanide</i> )	NPB	QL (540 ML per 25 DAYs)
ALINIA ORAL TABLET 500 MG ( <i>nitazoxanide</i> )	NPB	QL (20 TABLETS per 25 DAYs)
<i>atovaquone oral suspension 750 mg/5ml</i>	G	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	G	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	G	
<i>dapsone oral tablet 100 mg, 25 mg</i>	G	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	G	
<i>linezolid oral tablet 600 mg</i>	G	
<i>metronidazole oral capsule 375 mg</i>	G	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	G	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	G	
PRIMSOL ORAL SOLUTION 50 MG/5ML ( <i>trimethoprim hcl</i> )	PB	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	G	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	G	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	G	
<i>trimethoprim oral tablet 100 mg</i>	G	
XIFAXAN ORAL TABLET 200 MG ( <i>rifaximin</i> )	PB	QL (9 TABLETS per 25 DAYs)
XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )	PB	PA
<b>*ANTIMALARIALS* - DRUGS FOR INFECTIONS</b>		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	G	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	G	
COARTEM ORAL TABLET 20-120 MG ( <i>artemether-lumefantrine</i> )	NPB	
DARAPRIM ORAL TABLET 25 MG ( <i>pyrimethamine</i> )	NPB	PA
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	G	
<i>mefloquine hcl oral tablet 250 mg</i>	G	
<i>primaquine phosphate oral tablet 26.3 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quinine sulfate oral capsule 324 mg</i>	G	
<b>*ANTIMYASTHENIC AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
<i>guanidine hcl oral tablet 125 mg</i>	NPB	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	G	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	G	
<i>pyridostigmine bromide oral tablet 60 mg</i>	G	
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
<i>guanidine hcl oral tablet 125 mg</i>	NPB	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	G	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	G	
<i>pyridostigmine bromide oral tablet 60 mg</i>	G	
<b>*ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS</b>		
<i>cycloserine oral capsule 250 mg</i>	G	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	G	
<i>isoniazid oral syrup 50 mg/5ml</i>	G	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	G	
PASER ORAL PACKET 4 GM ( <i>aminosalicylic acid</i> )	NPB	
PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )	PB	
<i>pyrazinamide oral tablet 500 mg</i>	G	
<i>rifabutin oral capsule 150 mg</i>	G	
RIFAMATE ORAL CAPSULE 150-300 MG ( <i>isoniazid-rifampin</i> )	PB	
<i>rifampin oral capsule 150 mg, 300 mg</i>	G	
RIFATER ORAL TABLET 50-120-300 MG ( <i>isoniazid-rifamp-pyrazinamide</i> )	PB	
TRECATOR ORAL TABLET 250 MG ( <i>ethionamide</i> )	PB	
<b>*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER</b>		
VENCLEXTA ORAL TABLET 10 MG, 50 MG ( <i>venetoclax</i> )	CE	PA; N7 (PS); QL (120 TABLETS per 30 DAYs)
VENCLEXTA ORAL TABLET 100 MG ( <i>venetoclax</i> )	CE	PA; N7 (PS); QL (180 TABLETS per 30 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG ( <i>venetoclax</i> )	CE	PA; N7 (PS)
<b>*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
VITRAKVI ORAL CAPSULE 100 MG ( <i>larotrectinib sulfate</i> )	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 DAYs)
VITRAKVI ORAL CAPSULE 25 MG ( <i>larotrectinib sulfate</i> )	CE	PA; N7 (NPS); QL (180 CAPSULES per 30 DAYs)
VITRAKVI ORAL SOLUTION 20 MG/ML ( <i>larotrectinib sulfate</i> )	CE	PA; N7 (NPS); QL (300 ML per 30 DAYs)
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; N7 (PS); QL (120 TABLETS per 30 DAYs)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML ( <i>interferon gamma-1b</i> )	PSP	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG ( <i>everolimus</i> )	CE	PA; N7 (PS); QL (60 TABLETS per 30 DAYs)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG ( <i>everolimus</i> )	CE	PA; N7 (PS); QL (90 TABLETS per 30 DAYs)
AFINITOR ORAL TABLET 10 MG ( <i>everolimus</i> )	CE	PA; N7 (PS); QL (30 TABLETS per 30 DAYs)
ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )	CE	PA; N7 (PS); QL (240 CAPSULES per 30 DAYs)
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML ( <i>interferon alfa-n3</i> )	PSP	
<i>anastrozole oral tablet 1 mg</i>	CE	N7 (G); AL (Min 35 Years)
<i>bexarotene oral capsule 75 mg</i>	CE	PA; N7 (PS)
<i>bicalutamide oral tablet 50 mg</i>	CE	N7 (G)
BOSULIF ORAL TABLET 100 MG ( <i>bosutinib</i> )	CE	PA; N7 (PS); QL (90 TABLETS per 30 DAYs)
BOSULIF ORAL TABLET 400 MG, 500 MG ( <i>bosutinib</i> )	CE	PA; N7 (PS); QL (30 TABLETS per 30 DAYs)
CALQUENCE ORAL CAPSULE 100 MG ( <i>acalabrutinib</i> )	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 DAYs)
<i>capecitabine oral tablet 150 mg</i>	CE	PA; N7 (PS); QL (120 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>capecitabine oral tablet 500 mg</i>	CE	PA; N7 (PS); QL (300 TABLETS per 30 DAYs)
CAPRELSA ORAL TABLET 100 MG ( <i>vandetanib</i> )	CE	PA; N7 (PS); QL (60 TABLETS per 30 DAYs)
CAPRELSA ORAL TABLET 300 MG ( <i>vandetanib</i> )	CE	PA; N7 (PS); QL (30 TABLETS per 30 DAYs)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (PS); QL (1 KIT per 28 DAYs)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (PS); QL (1 KIT per 28 DAYs)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (PS); QL (1 KIT per 28 DAYs)
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	PSP	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N7 (G)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML ( <i>medroxyprogesterone acetate</i> )	NPB	
ELIGARD SUBCUTANEOUS KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	PSP	PA
ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	PSP	PA
ELIGARD SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	PSP	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG ( <i>leuprolide acetate</i> )	PSP	PA
EMCYT ORAL CAPSULE 140 MG ( <i>estramustine phosphate sodium</i> )	CE	N7 (PS)
ERIVEDGE ORAL CAPSULE 150 MG ( <i>vismodegib</i> )	CE	PA; N7 (PS); QL (30 CAPSULES per 30 DAYs)
ERLEADA ORAL TABLET 60 MG ( <i>apalutamide</i> )	CE	PA; N7 (PS); QL (120 TABLETS per 30 DAYs)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N7 (PS); QL (30 TABLETS per 30 DAYs)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N7 (PS); QL (60 TABLETS per 30 DAYs)
<i>etoposide oral capsule 50 mg</i>	CE	N7 (G)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; N7 (PS); QL (30 TABLETS per 30 DAYs)

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<i>exemestane oral tablet 25 mg</i>	CE	N7 (G); AL (Min 35 Years)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG ( <i>panobinostat lactate</i> )	CE	PA; N7 (PS); QL (6 CAPSULES per 21 DAYs)
<i>floxuridine injection solution reconstituted 0.5 gm</i>	G	
<i>flutamide oral capsule 125 mg</i>	CE	N7 (G)
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	PSP	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG ( <i>lomustine</i> )	CE	N7 (PS)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N7 (G)
ICLUSIG ORAL TABLET 15 MG ( <i>ponatinib hcl</i> )	CE	PA; N7 (PS); QL (60 TABLETS per 30 DAYs)
ICLUSIG ORAL TABLET 45 MG ( <i>ponatinib hcl</i> )	CE	PA; N7 (PS); QL (30 TABLETS per 30 DAYs)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; N7 (PS); QL (90 TABLETS per 30 DAYs)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; N7 (PS); QL (60 TABLETS per 30 DAYs)
IMBRUVICA ORAL CAPSULE 140 MG ( <i>ibrutinib</i> )	CE	PA; N7 (PS); QL (90 CAPSULES per 30 DAYs)
IMBRUVICA ORAL CAPSULE 70 MG ( <i>ibrutinib</i> )	CE	PA; N7 (PS); QL (30 CAPSULES per 30 DAYs)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG ( <i>ibrutinib</i> )	CE	PA; N7 (PS); QL (30 TABLETS per 30 DAYs)
INLYTA ORAL TABLET 1 MG ( <i>axitinib</i> )	CE	PA; N7 (PS); QL (240 TABLETS per 30 DAYs)
INLYTA ORAL TABLET 5 MG ( <i>axitinib</i> )	CE	PA; N7 (PS); QL (120 TABLETS per 30 DAYs)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML ( <i>interferon alfa-2b</i> )	PSP	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT ( <i>interferon alfa-2b</i> )	PSP	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	CE	PA; N7 (PS); QL (60 TABLETS per 30 DAYs)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PS); QL (30 CAPSULES per 30 DAYs)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PS); QL (90 CAPSULES per 30 DAYs)

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LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PS); QL (60 CAPSULES per 30 DAYs)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PS); QL (90 CAPSULES per 30 DAYs)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PS); QL (60 CAPSULES per 30 DAYs)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PS); QL (90 CAPSULES per 30 DAYs)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PS); QL (30 CAPSULES per 30 DAYs)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PS); QL (60 CAPSULES per 30 DAYs)
<i>letrozole oral tablet 2.5 mg</i>	CE	N7 (G)
<i>leucovorin calcium injection solution reconstituted 500 mg</i>	G	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N7 (G)
LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )	CE	N7 (PB)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PSP	PA
LORBRENA ORAL TABLET 100 MG ( <i>lorlatinib</i> )	CE	PA; N7 (NPS); QL (30 TABLETS per 30 DAYs)
LORBRENA ORAL TABLET 25 MG ( <i>lorlatinib</i> )	CE	PA; N7 (NPS); QL (90 TABLETS per 30 DAYs)
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	CE	N7 (PB)
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	CE	N7 (PB)
<i>megestrol acetate oral suspension 40 mg/ml</i>	CE	N7 (G)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N7 (G)
MEKINIST ORAL TABLET 0.5 MG ( <i>trametinib dimethyl sulfoxide</i> )	CE	PA; N7 (PS); QL (90 TABLETS per 30 DAYs)
MEKINIST ORAL TABLET 2 MG ( <i>trametinib dimethyl sulfoxide</i> )	CE	PA; N7 (PS); QL (30 TABLETS per 30 DAYs)
<i>melphalan oral tablet 2 mg</i>	CE	N7 (G)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N7 (G)
MESNEX ORAL TABLET 400 MG ( <i>mesna</i> )	CE	N7 (PS)
<i>methotrexate oral tablet 2.5 mg</i>	CE	N7 (G)
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	G	
NEXAVAR ORAL TABLET 200 MG ( <i>sorafenib tosylate</i> )	CE	PA; N7 (PS); QL (120 TABLETS per 30 DAYs)

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<i>nilutamide oral tablet 150 mg</i>	CE	N7 (G)
NUBEQA ORAL TABLET 300 MG ( <i>darolutamide</i> )	CE	PA; N7 (PS); QL (120 TABLETS per 30 DAYs)
ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )	CE	PA; N7 (PS); QL (30 CAPSULES per 30 DAYs)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML ( <i>pegaspargase</i> )	PSP	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )	CE	PA; N7 (PS); QL (21 CAPSULES per 28 DAYs)
RYDAPT ORAL CAPSULE 25 MG ( <i>midostaurin</i> )	CE	PA; N7 (NPS); QL (224 CAPSULES per 28 DAYs)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )	CE	PA; N7 (PS); QL (30 TABLETS per 30 DAYs)
SPRYCEL ORAL TABLET 20 MG ( <i>dasatinib</i> )	CE	PA; N7 (PS); QL (90 TABLETS per 30 DAYs)
STIVARGA ORAL TABLET 40 MG ( <i>regorafenib</i> )	CE	PA; N7 (PS); QL (84 TABLETS per 28 DAYs)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>sunitinib malate</i> )	CE	PA; N7 (PS); QL (30 CAPSULES per 30 DAYs)
TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )	CE	N7 (PB)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG ( <i>dabrafenib mesylate</i> )	CE	PA; N7 (PS); QL (120 CAPSULES per 30 DAYs)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N7 (G); AL (Min 35 Years)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; N7 (PS)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG ( <i>bcg live</i> )	PB	
<i>toremifene citrate oral tablet 60 mg</i>	CE	N7 (G)
<i>tretinoin oral capsule 10 mg</i>	CE	N7 (G)
TYKERB ORAL TABLET 250 MG ( <i>lapatinib ditosylate</i> )	CE	PA; N7 (PS); QL (180 TABLETS per 30 DAYs)
VOTRIENT ORAL TABLET 200 MG ( <i>pazopanib hcl</i> )	CE	PA; N7 (PS); QL (120 TABLETS per 30 DAYs)
XALKORI ORAL CAPSULE 200 MG, 250 MG ( <i>crizotinib</i> )	CE	PA; N7 (PS); QL (60 CAPSULES per 30 DAYs)
XTANDI ORAL CAPSULE 40 MG ( <i>enzalutamide</i> )	CE	PA; N7 (PS); QL (120 CAPSULES per 30 DAYs)

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YONSA ORAL TABLET 125 MG ( <i>abiraterone acetate</i> )	CE	PA; N7 (PS); QL (120 TABLETS per 30 DAYs)
ZELBORAF ORAL TABLET 240 MG ( <i>vemurafenib</i> )	CE	PA; N7 (PS); QL (240 TABLETS per 30 DAYs)
ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )	CE	PA; N7 (PS); QL (120 CAPSULES per 30 DAYs)
ZYKADIA ORAL TABLET 150 MG ( <i>ceritinib</i> )	CE	PA; N7 (PS); QL (90 TABLETS per 30 DAYs)
ZYTIGA ORAL TABLET 500 MG ( <i>abiraterone acetate</i> )	CE	PA; N7 (PS); QL (60 TABLETS per 30 DAYs)
<b>*ANTIPARKINSON AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>amantadine hcl oral capsule 100 mg</i>	G	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	G	
<i>amantadine hcl oral tablet 100 mg</i>	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML ( <i>apomorphine hcl</i> )	PSP	PA
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>bromocriptine mesylate oral capsule 5 mg</i>	G	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	G	
<i>carbidopa oral tablet 25 mg</i>	G	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	G	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	G	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	G	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	G	
<i>entacapone oral tablet 200 mg</i>	G	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR ( <i>rotigotine</i> )	PB	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	G	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	G	

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<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	G	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	G	
<i>selegiline hcl oral capsule 5 mg</i>	G	
<i>selegiline hcl oral tablet 5 mg</i>	G	
<i>tolcapone oral tablet 100 mg</i>	G	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	G	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	G	
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>aripiprazole oral solution 1 mg/ml</i>	G	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	G	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	G	
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	G	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	G	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	G	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	G	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	G	
<b>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)</b>	NPB	PA
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	G	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	G	
<i>lithium carbonate oral tablet 300 mg</i>	G	
<i>lithium oral solution 8 meq/5ml</i>	NPB	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	G	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	G	

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<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	G	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	G	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	G	
<i>prochlorperazine rectal suppository 25 mg</i>	G	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	G	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	G	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>brexpiprazole</i> )	NPB	ST
<i>risperidone oral solution 1 mg/ml</i>	G	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG ( <i>asenapine maleate</i> )	NPB	ST
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	G	
<b>*ANTIRETROVIRALS ADJUVANTS*** - DRUGS THAT ALTER METABOLISM</b>		
TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )	PB	QL (30 TABLETS per 30 DAYs)
<b>*ANTIVIRALS* - DRUGS FOR INFECTIONS</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	G	QL (900 ML per 30 DAYs)
<i>abacavir sulfate oral tablet 300 mg</i>	G	QL (60 TABLETS per 30 DAYs)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	G	QL (30 TABLETS per 30 DAYs)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	G	QL (60 TABLETS per 30 DAYs)
<i>acyclovir oral capsule 200 mg</i>	G	
<i>acyclovir oral suspension 200 mg/5ml</i>	G	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>adefovir dipivoxil oral tablet 10 mg</i>	PSP	
APTIVUS ORAL CAPSULE 250 MG ( <i>tipranavir</i> )	PB	QL (120 CAPSULES per 30 DAYs)
APTIVUS ORAL SOLUTION 100 MG/ML ( <i>tipranavir</i> )	PB	QL (285 ML per 28 DAYs)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	G	QL (30 CAPSULES per 30 DAYs)
<i>atazanavir sulfate oral capsule 200 mg</i>	G	QL (60 CAPSULES per 30 DAYs)
BARACLUDE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )	NPB	
BIKTARVY ORAL TABLET 50-200-25 MG ( <i>bictegravir-emtricitab-tenofof</i> )	PB	QL (30 TABLETS per 30 DAYs)
CIMDUO ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )	PB	QL (30 TABLETS per 30 DAYs)
CRIXIVAN ORAL CAPSULE 200 MG ( <i>indinavir sulfate</i> )	PB	QL (450 CAPSULES per 30 DAYs)
CRIXIVAN ORAL CAPSULE 400 MG ( <i>indinavir sulfate</i> )	PB	QL (180 CAPSULES per 30 DAYs)
DESCOVY ORAL TABLET 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	PB	QL (30 TABLETS per 30 DAYs)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	G	QL (30 CAPSULES per 30 DAYs)
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )	PB	QL (30 TABLETS per 30 DAYs)
EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )	PB	QL (60 TABLETS per 30 DAYs)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	G	QL (90 CAPSULES per 30 DAYs)
<i>efavirenz oral tablet 600 mg</i>	G	QL (30 TABLETS per 30 DAYs)
EMTRIVA ORAL CAPSULE 200 MG ( <i>emtricitabine</i> )	PB	QL (30 CAPSULES per 30 DAYs)
EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )	PB	QL (680 ML per 28 DAYs)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PSP	
EPIVIR HBV ORAL SOLUTION 5 MG/ML ( <i>lamivudine</i> )	PB	
EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir-cobicistat</i> )	PB	QL (30 TABLETS per 30 DAYs)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fosamprenavir calcium oral tablet 700 mg</i>	G	QL (120 TABLETS per 30 DAYs)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG ( <i>enfuvirtide</i> )	PSP	QL (60 VIALS per 30 DAYs)
GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )	PB	QL (30 TABLETS per 30 DAYs)
INTELENCE ORAL TABLET 100 MG, 25 MG ( <i>etravirine</i> )	PB	QL (120 TABLETS per 30 DAYs)
INTELENCE ORAL TABLET 200 MG ( <i>etravirine</i> )	PB	QL (60 TABLETS per 30 DAYs)
INVIRASE ORAL TABLET 500 MG ( <i>saquinavir mesylate</i> )	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS HD ORAL TABLET 600 MG ( <i>raltegravir potassium</i> )	PB	QL (60 TABLETS per 30 DAYs)
ISENTRESS ORAL PACKET 100 MG ( <i>raltegravir potassium</i> )	PB	QL (60 PACKETS per 30 DAYs)
ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG ( <i>raltegravir potassium</i> )	PB	QL (180 TABLETS per 30 DAYs)
KALETRA ORAL TABLET 100-25 MG ( <i>lopinavir-ritonavir</i> )	PB	QL (240 TABLETS per 30 DAYs)
KALETRA ORAL TABLET 200-50 MG ( <i>lopinavir-ritonavir</i> )	PB	QL (120 TABLETS per 30 DAYs)
<i>lamivudine oral solution 10 mg/ml</i>	G	QL (900 ML per 30 DAYs)
<i>lamivudine oral tablet 100 mg</i>	G	
<i>lamivudine oral tablet 150 mg</i>	G	QL (60 TABLETS per 30 DAYs)
<i>lamivudine oral tablet 300 mg</i>	G	QL (30 TABLETS per 30 DAYs)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	G	QL (60 TABLETS per 30 DAYs)
LEXIVA ORAL SUSPENSION 50 MG/ML ( <i>fosamprenavir calcium</i> )	PB	QL (1575 ML per 28 DAYs)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	G	QL (390 ML per 30 DAYs)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	G	QL (90 TABLETS per 30 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	G	QL (30 TABLETS per 30 DAYs)
<i>nevirapine oral suspension 50 mg/5ml</i>	G	QL (1200 ML per 30 DAYs)
<i>nevirapine oral tablet 200 mg</i>	G	QL (60 TABLETS per 30 DAYs)
NORVIR ORAL PACKET 100 MG ( <i>ritonavir</i> )	PB	QL (360 PACKETS per 30 DAYs)
NORVIR ORAL SOLUTION 80 MG/ML ( <i>ritonavir</i> )	PB	QL (480 ML per 30 DAYs)
ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitabine-rilpivir-tenofovir af</i> )	PB	QL (30 TABLETS per 30 DAYs)
<i>oseltamivir phosphate oral capsule 30 mg</i>	G	QL (40 CAPSULES per 90 DAYs)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	G	QL (20 CAPSULES per 90 DAYs)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	G	QL (360 ML per 90 DAYs)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	PSP	PA
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</i> )	PB	QL (30 TABLETS per 30 DAYs)
PREZISTA ORAL SUSPENSION 100 MG/ML ( <i>darunavir ethanolate</i> )	PB	QL (400 ML per 30 DAYs)
PREZISTA ORAL TABLET 150 MG ( <i>darunavir ethanolate</i> )	PB	QL (180 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 600 MG ( <i>darunavir ethanolate</i> )	PB	QL (60 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 75 MG ( <i>darunavir ethanolate</i> )	PB	QL (300 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 800 MG ( <i>darunavir ethanolate</i> )	PB	QL (30 TABLETS per 30 DAYs)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER ( <i>zanamivir</i> )	PB	QL (2 INHALERS per 90 DAYs)
RESCRIPTOR ORAL TABLET 200 MG ( <i>delavirdine mesylate</i> )	NPB	QL (180 TABLETS per 30 DAYs)
REYATAZ ORAL PACKET 50 MG ( <i>atazanavir sulfate</i> )	PB	QL (180 PACKETS per 30 DAYs)
<i>ribavirin inhalation solution reconstituted 6 gm</i>	G	
<i>ribavirin oral capsule 200 mg</i>	G	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ribavirin oral tablet 200 mg</i>	G	PA
<i>rimantadine hcl oral tablet 100 mg</i>	G	
<i>ritonavir oral tablet 100 mg</i>	G	QL (360 TABLETS per 30 DAYS)
SELZENTRY ORAL SOLUTION 20 MG/ML ( <i>maraviroc</i> )	PB	QL (1840 ML per 30 DAYS)
SELZENTRY ORAL TABLET 150 MG, 75 MG ( <i>maraviroc</i> )	PB	QL (60 TABLETS per 30 DAYS)
SELZENTRY ORAL TABLET 25 MG ( <i>maraviroc</i> )	PB	QL (240 TABLETS per 30 DAYS)
SELZENTRY ORAL TABLET 300 MG ( <i>maraviroc</i> )	PB	QL (120 TABLETS per 30 DAYS)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	G	QL (60 CAPSULES per 30 DAYS)
SYMFI LO ORAL TABLET 400-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	PB	QL (30 TABLETS per 30 DAYS)
SYMFI ORAL TABLET 600-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	PB	QL (30 TABLETS per 30 DAYS)
TEMIXYS ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )	PB	QL (30 TABLETS per 30 DAYS)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	G	QL (30 TABLETS per 30 DAYS)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG ( <i>dolutegravir sodium</i> )	PB	QL (60 TABLETS per 30 DAYS)
TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir-dolutegravir-lamivudine</i> )	PB	QL (30 TABLETS per 30 DAYS)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG ( <i>emtricitabine-tenofovir df</i> )	PB	QL (30 TABLETS per 30 DAYS)
TRUVADA ORAL TABLET 200-300 MG ( <i>emtricitabine-tenofovir df</i> )	CE	N7 (PB); N8 (\$0 copay applies to pre and post exposure prophylaxis only); QL (30 TABLETS per 30 DAYS)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	G	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PSP	PA; QL (1000 ML per 30 DAYS)
<i>valganciclovir hcl oral tablet 450 mg</i>	PSP	PA; QL (102 TABLETS per 30 DAYS)

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VEMLIDY ORAL TABLET 25 MG ( <i>tenofovir alafenamide fumarate</i> )	NPB	PA; QL (30 TABLETS per 30 DAYs)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG ( <i>didanosine</i> )	PB	QL (30 CAPSULES per 30 DAYs)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM ( <i>didanosine</i> )	PB	QL (1200 ML per 30 DAYs)
VIRACEPT ORAL TABLET 250 MG ( <i>nelfinavir mesylate</i> )	PB	QL (300 TABLETS per 30 DAYs)
VIRACEPT ORAL TABLET 625 MG ( <i>nelfinavir mesylate</i> )	PB	QL (120 TABLETS per 30 DAYs)
VIREAD ORAL POWDER 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )	PB	QL (240 GRAMS per 30 DAYs)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG ( <i>tenofovir disoproxil fumarate</i> )	PB	QL (30 TABLETS per 30 DAYs)
<i>zidovudine oral capsule 100 mg</i>	G	QL (180 CAPSULES per 30 DAYs)
<i>zidovudine oral syrup 50 mg/5ml</i>	G	QL (1800 ML per 30 DAYs)
<i>zidovudine oral tablet 300 mg</i>	G	QL (60 TABLETS per 30 DAYs)
<b>*ASSORTED CLASSES* - VITAMINS AND MINERALS</b>		
AZASAN ORAL TABLET 100 MG, 75 MG ( <i>azathioprine</i> )	NPB	
<i>azathioprine oral tablet 50 mg</i>	G	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>cyclosporine modified oral solution 100 mg/ml</i>	G	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	G	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	G	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	G	
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	G	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60ML)	G	
<i>mycophenolate mofetil oral capsule 250 mg</i>	G	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	G	
<i>mycophenolate mofetil oral tablet 500 mg</i>	G	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	G	
<i>penicillamine oral tablet 250 mg</i>	G	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	G	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	G	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG ( <i>lenalidomide</i> )	CE	PA; N7 (PS); QL (28 CAPSULES per 28 DAYs)
REVLIMID ORAL CAPSULE 20 MG, 25 MG ( <i>lenalidomide</i> )	CE	PA; N7 (PS); QL (21 CAPSULES per 28 DAYs)
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	NPB	
<i>sirolimus oral solution 1 mg/ml</i>	G	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	G	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml</i>	G	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	G	
THALOMID ORAL CAPSULE 100 MG, 50 MG ( <i>thalidomide</i> )	PSP	PA; QL (28 CAPSULES per 28 DAYs)
THALOMID ORAL CAPSULE 150 MG, 200 MG ( <i>thalidomide</i> )	PSP	PA; QL (56 CAPSULES per 28 DAYs)
<i>ringers irrigation</i> (Tis-U-Sol Irrigation Solution)	G	
ZORTRESS ORAL TABLET 1 MG ( <i>everolimus</i> )	PB	
<b>*BETA BLOCKERS* - DRUGS FOR THE HEART</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	G	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	G	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	G	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG ( <i>nebivolol hcl</i> )	NPB	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	G	LGC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	G	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	G	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>pindolol oral tablet 10 mg, 5 mg</i>	G	

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<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	G	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	G	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>propranolol hcl oral tablet 60 mg</i>	G	
<i>sotalol hcl (Sorine Oral Tablet 120 Mg, 80 Mg)</i>	G	LGC
<i>sotalol hcl (Sorine Oral Tablet 160 Mg, 240 Mg)</i>	G	
<i>sotalol hcl (af) oral tablet 120 mg</i>	G	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	G	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	G	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	G	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<b>*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>erenumab-aooe</i> )	PB	ST; QL (1 INJECTION per 25 DAYS)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML ( <i>erenumab-aooe</i> )	PB	ST; QL (2 INJECTIONS per 25 DAYS)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	ST; QL (3 INJECTIONS per 75 DAYS)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	ST; QL (3 INJECTIONS per 75 DAYS)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	ST; QL (3 INJECTIONS per 25 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	ST; QL (1 INJECTION per 25 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	ST; QL (1 INJECTION per 25 DAYS)
<b>*CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	LGC
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG ( <i>diltiazem hcl coated beads</i> )	NPB	
<i>diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)</i>	G	

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<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	G	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	G	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	G	LGC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	G	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	G	
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	G	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	G	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nimodipine oral capsule 30 mg</i>	G	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	G	
<i>diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)</i>	G	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>verapamil hcl er oral tablet extended release 120 mg</i>	G	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	G	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	G	LGC
<b>*CARDIOTONICS* - DRUGS FOR THE HEART</b>		
<i>digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)</i>	G	
<i>digoxin oral solution 0.05 mg/ml</i>	G	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	G	
<b>LANOXIN ORAL TABLET 62.5 MCG (<i>digoxin</i>)</b>	PB	

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<b>*CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYs)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	G	LGC
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYs)
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	PSP	PA; QL (30 TABLETS per 30 DAYs)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG ( <i>treprostinil diolamine</i> )	PSP	PA
<i>sildenafil citrate oral tablet 20 mg</i>	PSP	PA; QL (90 TABLETS per 30 DAYs)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	G	PA; QL (30 TABLETS per 25 DAYs)
TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )	PSP	PA; QL (112 TABLETS per 28 DAYs)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	PSP	PA; QL (28 AMPULES per 28 DAYs)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML ( <i>iloprost</i> )	PSP	PA; QL (270 AMPULES per 30 DAYs)
<b>*CEPHALOSPORINS* - DRUGS FOR INFECTIONS</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	G	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	G	
<i>cefadroxil oral capsule 500 mg</i>	G	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	G	
<i>cefadroxil oral tablet 1 gm</i>	G	
<i>cefdinir oral capsule 300 mg</i>	G	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	G	
<i>cefixime oral capsule 400 mg</i>	G	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	

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<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	G	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	G	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	G	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	G	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	G	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML ( <i>cefixime</i> )	PB	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG ( <i>cefixime</i> )	PB	
<b>*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>erenumab-aooe</i> )	PB	ST; QL (1 INJECTION per 25 DAYS)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML ( <i>erenumab-aooe</i> )	PB	ST; QL (2 INJECTIONS per 25 DAYS)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	ST; QL (3 INJECTIONS per 75 DAYS)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	ST; QL (3 INJECTIONS per 75 DAYS)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	ST; QL (3 INJECTIONS per 25 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	ST; QL (1 INJECTION per 25 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	ST; QL (1 INJECTION per 25 DAYS)
<b>*CONTRACEPTIVES* - DRUGS FOR WOMEN</b>		
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (NC)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N7 (NC)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N7 (NC)

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<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (NC)
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	N7 (NC)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> )	CE	N7 (NC); QL (1 RING per 300 DAYs)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (NC)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (NC)
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (NC)
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (NC)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (NC)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) ( <i>levonorgest-eth estrad-fe bisg</i> )	CE	N7 (NC)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N7 (NC)
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N7 (NC)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (NC)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (NC)
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (NC)
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (NC)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (NC)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (NC)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (NC)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> )	CE	N7 (NC); QL (4 INJECTIONS per 300 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N7 (NC)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	CE	N7 (NC)
<i>norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)</i>	CE	N7 (NC)
<i>ELLA ORAL TABLET 30 MG (ulipristal acetate)</i>	CE	N7 (NC)
<i>desogestrel-ethinyl estradiol (Emoquette Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N7 (NC)
<i>levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)</i>	CE	N7 (NC)
<i>desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N7 (NC)
<i>norethindrone (Errin Oral Tablet 0.35 Mg)</i>	CE	N7 (NC)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	CE	N7 (NC)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	N7 (NC); QL (13 RING per 300 DAYs)
<i>levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N7 (NC)
<i>levonorgest-eth estrad 91-day (Fayosim Oral Tablet 42-21-21-7 Days)</i>	CE	N7 (NC)
<i>drospirenone-ethinyl estradiol (Gianvi Oral Tablet 3-0.02 Mg)</i>	CE	N7 (NC)
<i>norethindrone (Heather Oral Tablet 0.35 Mg)</i>	CE	N7 (NC)
<i>levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)</i>	CE	N7 (NC)
<i>levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)</i>	CE	N7 (NC)
<i>norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	N7 (NC)
<i>norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	N7 (NC)
<i>norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	N7 (NC)
<i>norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	N7 (NC)
<i>desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	CE	N7 (NC)
<i>ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)</i>	CE	N7 (NC)

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<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (NC)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG ( <i>levonorgestrel</i> )	CE	N7 (NC); QL (1 INTRAUTERINE DEVICE per 300 DAYS)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (NC)
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (NC)
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (NC)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (NC)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 mg</i>	CE	N7 (NC)
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	CE	N7 (NC)
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (NC)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY ( <i>levonorgestrel</i> )	CE	N7 (NC); QL (1 INTRAUTERINE DEVICE per 300 DAYS)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG ( <i>norethin-eth estrad-fe biphas</i> )	CE	N7 (NC)
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	N7 (NC)
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (NC)
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (NC)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N7 (NC)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N7 (NC); QL (4 INJECTIONS per 300 DAYS)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N7 (NC); QL (4 INJECTIONS per 300 DAYS)
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (NC)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (NC)

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MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR ( <i>levonorgestrel</i> )	CE	N7 (NC); QL (1 INTRAUTERINE DEVICE per 300 DAYs)
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (NC)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG ( <i>estradiol valerate-dienogest</i> )	CE	N7 (NC)
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (NC)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG ( <i>etonogestrel</i> )	CE	N7 (NC); QL (1 IMPLANT per 300 DAYs)
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	N7 (NC)
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	N7 (NC)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg (24)</i>	CE	N7 (NC)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N7 (NC)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N7 (NC)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N7 (NC)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N7 (NC)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N7 (NC)
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (NC)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (NC)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (NC)
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg)	CE	N7 (NC)
OGESTREL ORAL TABLET 0.5-50 MG-MCG ( <i>norgestrel-ethinyl estradiol</i> )	CE	N7 (NC)
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (NC)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE ( <i>copper</i> )	CE	N7 (NC); QL (1 INTRAUTERINE DEVICE per 300 DAYs)
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (NC)

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<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (NC)
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (NC)
<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (NC)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (NC)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (NC)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG ( <i>levonorgestrel</i> )	CE	N7 (NC); QL (1 INTRAUTERINE DEVICE per 300 DAYs)
SLYND ORAL TABLET 4 MG ( <i>drospirenone</i> )	CE	N7 (NC)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (NC)
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (NC)
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	N7 (NC)
TAKE ACTION ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	N7 (NC)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) ( <i>norethin ace-eth estrad-fe</i> )	CE	N7 (NC)
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (NC)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (NC)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (NC)
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (NC)
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N7 (NC)
<i>violele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N7 (NC)
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (NC)
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (NC)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR ( <i>norelgestromin-eth estradiol</i> )	CE	N7 (NC)

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<i>drospirenone-ethinyl estradiol</i> (Zarah Oral Tablet 3-0.03 Mg)	CE	N7 (NC)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (NC)
<b>*CORTICOSTEROIDS* - HORMONES</b>		
<i>budesonide oral capsule delayed release particles 3 mg</i>	G	
<i>cortisone acetate oral tablet 25 mg</i>	G	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>dexamethasone</i> )	PB	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	G	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	G	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	G	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	G	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	G	
MEDROL ORAL TABLET 2 MG ( <i>methylprednisolone</i> )	PB	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	G	
<i>prednisolone oral solution 15 mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	G	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML ( <i>prednisone</i> )	PB	
<i>prednisone oral solution 5 mg/5ml</i>	G	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	G	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	G	
<b>*COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	G	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	G	
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>	G	
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	G	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	G	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	G	

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<i>hydromet oral syrup 5-1.5 mg/5ml</i>	G	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	G	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	G	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i>	G	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	G	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	G	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	G	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML ( <i>codeine polst-chlorphen polst</i> )	NPB	
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER</b>		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	CE	PA; N7 (PS); QL (21 CAPSULES per 28 DAYs)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	CE	PA; N7 (PS); QL (21 TABLETS per 28 DAYs)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	CE	PA; N7 (PS); QL (21 TABLETS per 28 DAYs)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	CE	PA; N7 (PS); QL (42 TABLETS per 28 DAYs)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	CE	PA; N7 (PS); QL (63 TABLETS per 28 DAYs)
<b>*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR THE LUNGS</b>		
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG ( <i>elxacaftor-tezacaftor-ivacaft</i> )	PSP	PA; QL (84 TABLETS per 28 DAYs)
<b>*DERMATOLOGICALS* - DRUGS FOR THE SKIN</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	G	
<i>adapalene external cream 0.1 %</i>	G	PA; AL (Min 35 Years)
<i>adapalene external gel 0.1 %, 0.3 %</i>	G	PA; AL (Min 35 Years)
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	G	
<i>ala-cort external cream 1 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>alclometasone dipropionate external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>alclometasone dipropionate external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)

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<i>amcinonide external cream 0.1 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>amcinonide external lotion 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>amcinonide external ointment 0.1 %</i>	PB	QL (120 GRAMS per 25 DAYs)
<i>ammonium lactate external cream 12 %</i>	G	
<i>ammonium lactate external lotion 12 %</i>	G	
<i>tretinoin (Avita External Cream 0.025 %)</i>	G	PA; AL (Min 35 Years)
<i>tretinoin (Avita External Gel 0.025 %)</i>	G	PA; AL (Min 35 Years)
<i>azelaic acid external gel 15 %</i>	G	
BENZIQ EXTERNAL GEL 5.25 % ( <i>benzoyl peroxide</i> )	PB	
BENZIQ LS EXTERNAL GEL 2.75 % ( <i>benzoyl peroxide</i> )	PB	
BENZIQ WASH EXTERNAL LIQUID 5.25 % ( <i>benzoyl peroxide</i> )	G	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	G	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYs)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>betamethasone dipropionate external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>betamethasone dipropionate external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYs)
<i>betamethasone dipropionate external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>betamethasone valerate external cream 0.1 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>betamethasone valerate external foam 0.12 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>betamethasone valerate external lotion 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>betamethasone valerate external ointment 0.1 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>bp wash external liquid 2.5 %</i>	G	
<i>calcipotriene external solution 0.005 %</i>	G	

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<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	G	
<i>calcitriol external ointment 3 mcg/gm</i>	G	
<i>ciclopirox external gel 0.77 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>ciclopirox external shampoo 1 %</i>	G	QL (120 ML per 25 DAYS)
<i>ciclopirox external solution 8 %</i>	G	
<i>ciclopirox olamine external cream 0.77 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>ciclopirox olamine external suspension 0.77 %</i>	G	QL (120 ML per 25 DAYS)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	G	
<i>clindamycin phosphate external foam 1 %</i>	G	
<i>clindamycin phosphate external gel 1 %</i>	G	QL (75 ML per 25 DAYS)
<i>clindamycin phosphate external lotion 1 %</i>	G	QL (60 ML per 25 DAYS)
<i>clindamycin phosphate external solution 1 %</i>	G	QL (60 ML per 25 DAYS)
<i>clindamycin phosphate external swab 1 %</i>	G	
<i>clobetasol propionate external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>clobetasol propionate external foam 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>clobetasol propionate external gel 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>clobetasol propionate external liquid 0.05 %</i>	G	QL (120 ML per 25 DAYS)
<i>clobetasol propionate external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYS)
<i>clobetasol propionate external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>clobetasol propionate external shampoo 0.05 %</i>	G	QL (120 ML per 25 DAYS)
<i>clobetasol propionate external solution 0.05 %</i>	G	QL (120 ML per 25 DAYS)
<i>clocortolone pivalate external cream 0.1 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>clotrimazole external cream 1 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>clotrimazole external solution 1 %</i>	G	QL (120 ML per 25 DAYS)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	G	QL (60 GRAMS per 25 DAYS)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	G	QL (60 ML per 25 DAYS)

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CONDYLOX EXTERNAL GEL 0.5 % ( <i>podofilox</i> )	NPB	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis); QL (1 BOX per 28 DAYS)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis); QL (1 BOX per 28 DAYS)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis); QL (1 BOX per 28 DAYS)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis); QL (1 BOX per 28 DAYS)
CROTAN EXTERNAL LOTION 10 % ( <i>crotamiton</i> )	G	
DENAVIR EXTERNAL CREAM 1 % ( <i>penciclovir</i> )	NPB	
<i>desonide external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>desonide external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYS)
<i>desonide external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>desoximetasone external gel 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>diclofenac sodium transdermal gel 1 %</i>	G	QL (300 GRAMS per 25 DAYS)
<i>diflorasone diacetate external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>diflorasone diacetate external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>doxepin hcl external cream 5 %</i>	G	ST; QL (90 GRAMS per 25 DAYS)

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<i>econazole nitrate external cream 1 %</i>	G	QL (60 GRAMS per 25 DAYs)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % ( <i>adapalene-benzoyl peroxide</i> )	NPB	
ERTACZO EXTERNAL CREAM 2 % ( <i>sertaconazole nitrate</i> )	NPB	QL (60 GRAMS per 25 DAYs)
<i>ery external pad 2 %</i>	G	
<i>erythromycin external gel 2 %</i>	G	QL (60 GRAMS per 25 DAYs)
<i>erythromycin external solution 2 %</i>	G	QL (60 ML per 25 DAYs)
EURAX EXTERNAL CREAM 10 % ( <i>crotamiton</i> )	NPB	
EXELDERM EXTERNAL SOLUTION 1 % ( <i>sulconazole nitrate</i> )	NPB	ST; QL (60 ML per 25 DAYs)
FINACEA EXTERNAL FOAM 15 % ( <i>azelaic acid</i> )	PB	
<i>fluocinolone acetonide body external oil 0.01 %</i>	G	QL (120 ML per 25 DAYs)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>fluocinolone acetonide external ointment 0.025 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>fluocinolone acetonide external solution 0.01 %</i>	G	QL (120 ML per 25 DAYs)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	G	QL (120 ML per 25 DAYs)
<i>fluocinonide external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>fluocinonide external gel 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>fluocinonide external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>fluocinonide external solution 0.05 %</i>	G	QL (120 ML per 25 DAYs)
<i>fluorouracil external cream 5 %</i>	G	
<i>fluorouracil external solution 2 %, 5 %</i>	G	
<i>fluticasone propionate external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>fluticasone propionate external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYs)
<i>fluticasone propionate external ointment 0.005 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>gentamicin sulfate external cream 0.1 %</i>	G	
<i>gentamicin sulfate external ointment 0.1 %</i>	G	

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<i>halobetasol propionate external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>halobetasol propionate external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>hydrocortisone butyrate external cream 0.1 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>hydrocortisone butyrate external ointment 0.1 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>hydrocortisone butyrate external solution 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>hydrocortisone external lotion 2.5 %</i>	G	QL (120 ML per 25 DAYs)
<i>hydrocortisone external ointment 2.5 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>hydrocortisone valerate external cream 0.2 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>hydrocortisone valerate external ointment 0.2 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>imiquimod external cream 5 %</i>	G	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	G	PA
JUBLIA EXTERNAL SOLUTION 10 % ( <i>efinaconazole</i> )	NPB	PA; QL (4 ML per 21 DAYs)
<i>ketoconazole external cream 2 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>ketoconazole external shampoo 2 %</i>	G	
<i>lactic acid external lotion 10 %</i>	G	
<i>lice treatment external lotion 1 %</i>	G	
<i>lidocaine external ointment 5 %</i>	G	QL (50 GRAMS per 25 DAYs)
<i>lidocaine external patch 5 %</i>	G	PA; QL (90 PATCHES per 25 DAYs)
<i>lidocaine hcl external solution 4 %</i>	G	QL (50 ML per 25 DAYs)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	G	QL (60 ML per 25 DAYs)
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	G	QL (60 ML per 25 DAYs)
<i>lidocaine pain relief external patch 4 %</i>	G	QL (30 PATCHES per 25 DAYs)

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<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	G	QL (30 GRAMS per 25 DAYs)
<i>lidocaine-prilocaine external kit 2.5-2.5 %</i>	G	
<i>lindane external shampoo 1 %</i>	G	
<i>malathion external lotion 0.5 %</i>	G	
MENTAX EXTERNAL CREAM 1 % ( <i>butenafine hcl</i> )	NPB	QL (60 GRAMS per 25 DAYs)
<i>methoxsalen rapid oral capsule 10 mg</i>	G	
<i>metronidazole external cream 0.75 %</i>	G	
<i>metronidazole external gel 0.75 %, 1 %</i>	G	
<i>metronidazole external lotion 0.75 %</i>	G	
MIRVASO EXTERNAL GEL 0.33 % ( <i>brimonidine tartrate</i> )	NPB	PA
<i>mometasone furoate external cream 0.1 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>mometasone furoate external ointment 0.1 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>mometasone furoate external solution 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>mupirocin external ointment 2 %</i>	G	QL (30 GRAMS per 25 DAYs)
<i>naftifine hcl external cream 1 %, 2 %</i>	G	QL (60 GRAMS per 25 DAYs)
<i>nystatin</i> (Nyamyc External Powder 100000 Unit/Gm)	G	QL (120 GRAMS per 25 DAYs)
<i>nystatin external cream 100000 unit/gm</i>	G	QL (120 GRAMS per 25 DAYs)
<i>nystatin external ointment 100000 unit/gm</i>	G	QL (120 GRAMS per 25 DAYs)
<i>nystatin external powder 100000 unit/gm</i>	G	QL (120 GRAMS per 25 DAYs)
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	G	QL (60 GRAMS per 25 DAYs)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	G	QL (60 GRAMS per 25 DAYs)
<i>nystatin</i> (Nystop External Powder 100000 Unit/Gm)	G	QL (120 GRAMS per 25 DAYs)
<i>oxiconazole nitrate external cream 1 %</i>	G	QL (60 GRAMS per 25 DAYs)

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<i>permethrin external cream 5 %</i>	G	
PICATO EXTERNAL GEL 0.015 %, 0.05 % ( <i>ingenol mebutate</i> )	NPB	
<i>podofilox external solution 0.5 %</i>	G	
<i>pramoxine hcl</i> (Pramox External Gel 1 %)	G	
<i>prednicarbate external cream 0.1 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>prednicarbate external ointment 0.1 %</i>	G	QL (120 GRAMS per 25 DAYS)
REGRANEX EXTERNAL GEL 0.01 % ( <i>becaplermin</i> )	NPB	PA
<i>metronidazole</i> (Rosadan External Cream 0.75 %)	G	
<i>sb lice treatment external liquid 1 %</i>	G	
<i>selenium sulfide external lotion 2.5 %</i>	G	
<i>silver sulfadiazine external cream 1 %</i>	G	
SKLICE EXTERNAL LOTION 0.5 % ( <i>ivermectin</i> )	NPB	ST
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML ( <i>risankizumab-rzaa</i> )	PSP	PA; IBC (Preferred agent for Psoriasis); QL (2 SYRINGES per 84 DAYS)
<i>spinosad external suspension 0.9 %</i>	G	
<i>silver sulfadiazine</i> (Ssd External Cream 1 %)	G	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML ( <i>ustekinumab</i> )	PSP	PA; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); QL (1 SYRINGE per 84 DAYS)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML ( <i>ustekinumab</i> )	PSP	PA; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); QL (1 SYRINGE per 56 DAYS)
<i>sulconazole nitrate external cream 1 %</i>	G	QL (60 GRAMS per 25 DAYS)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	G	

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SULFAMYLON EXTERNAL CREAM 85 MG/GM ( <i>mafenide acetate</i> )	NPB	
SYNERA EXTERNAL PATCH 70-70 MG ( <i>lidocaine-tetracaine</i> )	NPB	QL (2 PATCHES per 25 DAYS)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	G	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML ( <i>ixekizumab</i> )	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 INJECTION per 28 DAYS)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML ( <i>ixekizumab</i> )	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 INJECTION per 28 DAYS)
TARGRETIN EXTERNAL GEL 1 % ( <i>bexarotene</i> )	PSP	PA
<i>tazarotene external cream 0.1 %</i>	G	PA
TAZORAC EXTERNAL CREAM 0.05 % ( <i>tazarotene</i> )	PB	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % ( <i>tazarotene</i> )	PB	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 INJECTION per 56 DAYS)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 INJECTION per 56 DAYS)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	G	PA; AL (Min 35 Years)
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	G	PA; AL (Min 35 Years)
<i>tretinoin microsphere external gel 0.1 %</i>	G	PA; AL (Min 35 Years)
<i>tretinoin microsphere pump external gel 0.04 %</i>	G	PA; AL (Min 35 Years)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	G	QL (120 ML per 25 DAYS)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>triamcinolone acetonide</i> (Triderm External Cream 0.1 %)	G	QL (120 GRAMS per 25 DAYS)
VOLTAREN TRANSDERMAL GEL 1 % ( <i>diclofenac sodium</i> )	G	QL (300 GRAMS per 25 DAYS)
<b>*DIAGNOSTIC PRODUCTS*</b>		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 STRIPS per 25 DAYS)

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ACCU-CHEK COMPACT PLUS IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 STRIPS per 25 DAYs)
ACCU-CHEK GUIDE IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 STRIPS per 25 DAYs)
ACCU-CHEK SMARTVIEW IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 STRIPS per 25 DAYs)
CHEMSTRIP 9 IN VITRO STRIP ( <i>multiple urine tests</i> )	PB	
CHEMSTRIP MICRAL IN VITRO STRIP ( <i>albumin (urine) test</i> )	PB	
DIASTIX IN VITRO STRIP ( <i>glucose urine test-glucose ox</i> )	PB	
KETOSTIX IN VITRO STRIP ( <i>acetone (urine) test</i> )	PB	
PTS PANELS KETONE TEST IN VITRO STRIP ( <i>ketone blood test</i> )	PB	
<b>*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* - DRUGS FOR NUTRITION</b>		
westab max oral tablet 2.5-25-2 mg	G	
<b>*DIGESTIVE AIDS* - DRUGS FOR THE STOMACH</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML ( <i>sacrosidase</i> )	NPB	PA; QL (354 ML per 25 DAYs)
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	PA
<b>*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
BRILINTA ORAL TABLET 60 MG, 90 MG ( <i>ticagrelor</i> )	PB	
<b>*DIURETICS* - DRUGS FOR THE HEART</b>		
acetazolamide er oral capsule extended release 12 hour 500 mg	G	
acetazolamide oral tablet 125 mg, 250 mg	G	
ALDACTAZIDE ORAL TABLET 50-50 MG ( <i>spironolactone-hctz</i> )	PB	

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<i>amiloride hcl oral tablet 5 mg</i>	G	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	G	LGC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	G	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	G	
<b>DIURIL ORAL SUSPENSION 250 MG/5ML</b> ( <i>chlorothiazide</i> )	NPB	
<i>ethacrynic acid oral tablet 25 mg</i>	G	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	G	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	G	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	G	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	G	LGC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	G	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	G	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	G	
<i>spironolactone oral tablet 25 mg</i>	G	LGC
<i>spironolactone-hctz oral tablet 25-25 mg</i>	G	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	G	
<i>triamterene oral capsule 100 mg, 50 mg</i>	G	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	G	LGC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	G	LGC
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES</b>		
<i>alendronate sodium oral solution 70 mg/75ml</i>	G	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	G	
<i>cabergoline oral tablet 0.5 mg</i>	G	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	G	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	G	
<i>calcitriol oral solution 1 mcg/ml</i>	G	
<b>CARBAGLU ORAL TABLET 200 MG</b> ( <i>carglumic acid</i> )	PSP	PA
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	PSP	PA

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<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYS)
<i>cinacalcet hcl oral tablet 90 mg</i>	PSP	PA; QL (120 TABLETS per 30 DAYS)
CYSTADANE ORAL POWDER ( <i>betaine</i> )	PSP	PA
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	G	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	G	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	G	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	G	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT ( <i>alendronate-cholecalciferol</i> )	NPB	ST
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG ( <i>somatropin</i> )	PSP	PA
<i>ibandronate sodium oral tablet 150 mg</i>	G	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )	PSP	PA
KUVAN ORAL PACKET 100 MG, 500 MG ( <i>sapropterin dihydrochloride</i> )	PSP	PA
KUVAN ORAL TABLET SOLUBLE 100 MG ( <i>sapropterin dihydrochloride</i> )	PSP	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG ( <i>leuprolide acetate</i> )	PSP	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) ( <i>leuprolide acetate (3 month)</i> )	PSP	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PSP	PA
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PSP	PA; QL (90 ML per 30 DAYS)
<i>octreotide acetate injection solution 1000 mcg/ml</i>	PSP	PA; QL (45 ML per 30 DAYS)
<i>octreotide acetate injection solution 200 mcg/ml</i>	PSP	PA; QL (225 ML per 30 DAYS)
ORFADIN ORAL CAPSULE 20 MG ( <i>nitisinone</i> )	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML ( <i>nitisinone</i> )	PSP	PA
ORILISSA ORAL TABLET 150 MG, 200 MG ( <i>elagolix sodium</i> )	PB	

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OSPHENA ORAL TABLET 60 MG ( <i>ospemifene</i> )	PB	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	G	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML ( <i>denosumab</i> )	PSP	PA; QL (60 MG per 168 DAYS)
<i>raloxifene hcl oral tablet 60 mg</i>	G	AL (Min 35 Years)
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	G	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	G	
SAMSCA ORAL TABLET 15 MG ( <i>tolvaptan</i> )	PSP	PA
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	PSP	PA; QL (600 GRAMS per 30 DAYS)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; QL (1200 TABLETS per 30 DAYS)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> )	PSP	PA; QL (1 INJECTION per 28 DAYS)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )	PSP	PA; QL (30 VIALS per 30 DAYS)
<i>tolvaptan oral tablet 30 mg</i>	PSP	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )	PSP	PA; QL (1 PEN per 30 DAYS)
<b>*ESTROGENS* - HORMONES</b>		
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY ( <i>estradiol-levonorgestrel</i> )	PB	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML ( <i>estradiol cypionate</i> )	NPB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM ( <i>estradiol</i> )	NPB	PA; AL (Min 70 Years)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) ( <i>estradiol</i> )	NPB	PA; AL (Min 70 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	PA; AL (Min 70 Years)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	PA; AL (Min 70 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	PA; AL (Min 70 Years)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	G	

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<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	G	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) ( <i>estradiol</i> )	NPB	PA; AL (Min 70 Years)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY ( <i>estradiol</i> )	NPB	PA; AL (Min 70 Years)
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	G	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG ( <i>esterified estrogens</i> )	NPB	PA; AL (Min 70 Years)
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	G	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	G	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>estrogens conjugated</i> )	NPB	PA; AL (Min 70 Years)
<b>*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - HORMONES</b>		
DUAVEE ORAL TABLET 0.45-20 MG ( <i>conj estrogens-bazedoxifene</i> )	PB	
<b>*FLUOROQUINOLONES* - DRUGS FOR INFECTIONS</b>		
BAXDELA ORAL TABLET 450 MG ( <i>delafloxacin meglumine</i> )	NPB	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ( <i>ciprofloxacin</i> )	NPB	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	G	
<i>levofloxacin oral solution 25 mg/ml</i>	G	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	G	
<i>moxifloxacin hcl oral tablet 400 mg</i>	G	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	G	
<b>*GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	G	PA
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG ( <i>lubiprostone</i> )	NPB	PA
<i>balsalazide disodium oral capsule 750 mg</i>	G	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	G	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	G	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	G	
DIPENTUM ORAL CAPSULE 250 MG ( <i>olsalazine sodium</i> )	NPB	PA

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<i>enulose oral solution 10 gm/15ml</i>	G	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (lanthanum carbonate)	NPB	
<i>generlac oral solution 10 gm/15ml</i>	G	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	PB	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	G	
<i>mesalamine oral capsule delayed release 400 mg</i>	G	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	G	
<i>mesalamine rectal enema 4 gm</i>	G	
<i>mesalamine rectal suppository 1000 mg</i>	G	
<i>mesalamine-cleanser rectal kit 4 gm</i>	G	
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	G	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	G	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	G	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG ( <i>naloxegol oxalate</i> )	PB	
PHOSLYRA ORAL SOLUTION 667 MG/5ML ( <i>calcium acetate (phos binder)</i> )	PB	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	G	
<i>sevelamer carbonate oral tablet 800 mg</i>	G	
<i>sulfasalazine oral tablet 500 mg</i>	G	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	G	
<i>ursodiol oral capsule 300 mg</i>	G	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG ( <i>sucroferric oxyhydroxide</i> )	NPB	
<b>*GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	G	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>doxazosin mesylate</i> )	NPB	ST
CYSTAGON ORAL CAPSULE 150 MG, 50 MG ( <i>cysteamine bitartrate</i> )	PSP	PA
<i>dutasteride oral capsule 0.5 mg</i>	G	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	G	

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ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	NPB	
<i>finasteride oral tablet 5 mg</i>	G	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	G	
<i>silodosin oral capsule 4 mg, 8 mg</i>	G	
<i>sodium chloride irrigation solution 0.9 %</i>	G	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	G	
<i>urinary pain relief oral tablet 95 mg</i>	G	
<b>*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS</b>		
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	G	QL (80 CAPSULES per 10 DAYS)
<b>*GOUT AGENTS* - DRUGS FOR PAIN AND FEVER</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	G	
<i>colchicine oral tablet 0.6 mg</i>	G	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	G	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	G	ST
<i>probenecid oral tablet 500 mg</i>	G	
<b>*HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD</b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	G	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	G	
BRILINTA ORAL TABLET 60 MG, 90 MG ( <i>ticagrelor</i> )	PB	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	G	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	G	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	G	PA; AL (Min 70 Years)
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	PSP	PA; QL (45 SYRINGES per 90 DAYS)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	G	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	G	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG ( <i>aspirin-omeprazole</i> )	NPB	

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<b>*HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )	PSP	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML ( <i>darbepoetin alfa</i> )	PSP	PA
CERDELGA ORAL CAPSULE 84 MG ( <i>eliglustat tartrate</i> )	PSP	PA; QL (60 CAPSULES per 30 DAYS)
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	G	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG ( <i>hydroxyurea</i> )	PB	
<i>folic acid oral capsule 0.8 mg</i>	CE	N7 (NC); QL (100 CAPSULES per 30 DAYS); AL (Max 55 Years)
<i>folic acid oral tablet 1 mg</i>	G	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	CE	N7 (NC); QL (100 TABLETS per 30 DAYS); AL (Max 55 Years)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML ( <i>pegfilgrastim</i> )	PSP	PA; QL (2 INJECTIONS per 28 DAYS)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim</i> )	PSP	PA; QL (2 INJECTIONS per 28 DAYS)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim-aafi</i> )	PSP	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-aafi</i> )	PSP	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	PSP	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )	PSP	PA; QL (2 INJECTIONS per 28 DAYS)
<b>*HEMOSTATICS* - DRUGS FOR THE BLOOD</b>		
<i>tranexamic acid oral tablet 650 mg</i>	G	



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS</b>		
EPCLUSA ORAL TABLET 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )	PSP	PA; QL (28 TABLETS per 28 DAYS)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	PSP	PA; QL (28 PELLETS per 28 DAYS)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )	PSP	PA; QL (28 TABLETS per 28 DAYS)
VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuvir-velpatasvir-voxilaprev</i> )	PSP	PA; QL (28 TABLETS per 28 DAYS)
<b>*HYPNOTICS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	G	QL (30 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	G	QL (15 TABLETS per 25 DAYS)
<i>phenobarbital oral elixir 20 mg/5ml</i>	G	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	G	
<i>ramelteon oral tablet 8 mg</i>	G	QL (15 TABLETS per 25 DAYS)
<i>sleep-aid oral tablet 25 mg</i>	G	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	G	QL (15 CAPSULES per 25 DAYS)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	G	QL (10 TABLETS per 25 DAYS)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	G	QL (15 CAPSULES per 25 DAYS)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	G	QL (15 TABLETS per 25 DAYS)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	G	QL (15 TABLETS per 25 DAYS)
<b>*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - HORMONES</b>		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML ( <i>insulin glargine-lixisenatide</i> )	PB	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML ( <i>insulin degludec-liraglutide</i> )	NPB	ST
<b>*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR THE LUNGS</b>		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )	PSP	PA; QL (3 INJECTIONS per 28 DAYS)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>mepolizumab</i> )	PSP	PA; QL (3 INJECTIONS per 28 DAYS)
<b>*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG ( <i>enasidenib mesylate</i> )	CE	PA; N7 (PS); QL (30 TABLETS per 30 DAYS)
<b>*LAXATIVES* - DRUGS FOR THE STOMACH</b>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML ( <i>sod picosulfate-mag ox-cit acd</i> )	CE	N7 (NC); AL (Min 50 Years and Max 74 Years)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )	G	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	G	
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Gavilyte-H Oral Kit 5-210 Mg-Gm)	CE	N7 (NC); AL (Min 50 Years and Max 74 Years)
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	G	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )	PB	
<i>lactulose oral solution 10 gm/15ml</i>	G	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	CE	N7 (PB); AL (Min 50 Years and Max 74 Years)
OSMOPREP ORAL TABLET 1.102-0.398 GM ( <i>sod phos mono-sod phos dibasic</i> )	NPB	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	G	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	G	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	CE	N7 (NC); AL (Min 50 Years and Max 74 Years)
<i>polyethylene glycol 3350 oral powder 17 gmlscoop</i>	G	
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM ( <i>sod picosulfate-mag ox-cit acd</i> )	CE	N7 (NC); AL (Min 50 Years and Max 74 Years)

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SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML ( <i>na sulfate-k sulfate-mg sulf</i> )	CE	N7 (PB); AL (Min 50 Years and Max 74 Years)
<b>*LEPTIN ANALOGUES*** - HORMONES</b>		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG ( <i>metreleptin</i> )	PSP	PA; QL (30 VIALS per 30 DAYs)
<b>*MACROLIDES* - DRUGS FOR INFECTIONS</b>		
<i>azithromycin oral packet 1 gm</i>	G	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	G	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	G	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	G	
DIFICID ORAL TABLET 200 MG ( <i>fidaxomicin</i> )	PB	PA
E.E.S. 400 ORAL TABLET 400 MG ( <i>erythromycin ethylsuccinate</i> )	G	
<i>erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i>	G	
ERYTHROCIN STEARATE ORAL TABLET 250 MG ( <i>erythromycin stearate</i> )	G	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	G	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	G	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	G	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	G	
<b>*MEDICAL DEVICES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
ACCU-CHEK MULTICLIX LANCETS ( <i>lancets</i> )	PB	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID ( <i>blood glucose calibration</i> )	PB	
AEROCHAMBER PLUS FLO-VU ( <i>spacer/aero-holding chambers</i> )	PB	
<i>autopen device</i>	PB	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML ( <i>insulin syringe-needle u-100</i> )	PB	

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CAYA VAGINAL DIAPHRAGM ( <i>diaphragm arc-spring</i> )	CE	N7 (NC); QL (1 DIAPHRAGM per 300 DAYS)
DEXCOM G4 PLAT PED RCV/SHARE DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G4 PLAT PED RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G4 PLATINUM RCV/SHARE DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G4 PLATINUM RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G4 PLATINUM TRANSMITTER ( <i>continuous blood gluc transmit</i> )	PB	
DEXCOM G4 SENSOR ( <i>continuous blood gluc sensor</i> )	PB	
DEXCOM G5 MOB/G4 PLAT SENSOR ( <i>continuous blood gluc sensor</i> )	PB	
DEXCOM G5 MOBILE RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G5 MOBILE TRANSMITTER ( <i>continuous blood gluc transmit</i> )	PB	
DEXCOM G5 RECEIVER KIT DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G6 RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G6 SENSOR ( <i>continuous blood gluc sensor</i> )	PB	
DEXCOM G6 TRANSMITTER ( <i>continuous blood gluc transmit</i> )	PB	
FC2 FEMALE CONDOM ( <i>condoms - female</i> )	CE	N7 (NC)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM ( <i>cervical caps</i> )	CE	N7 (NC); QL (1 DEVICE per 300 DAYS)
FLEXICHAMBER CHILD MASK/SMALL ( <i>spacer/aero-hold chamber mask</i> )	PB	
HUMATROPEN FOR 12MG DEVICE ( <i>injection device</i> )	PB	
HUMATROPEN FOR 24MG DEVICE ( <i>injection device</i> )	PB	
HUMATROPEN FOR 6MG DEVICE ( <i>injection device</i> )	PB	
<i>lancing device</i>	PB	
NOVOFINE 32G X 6 MM ( <i>insulin pen needle</i> )	PB	

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OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM ( <i>diaphragms</i> )	CE	N7 (NC); QL (1 DIAPHRAGM per 300 DAYs)
OMNIPOD 5 PACK ( <i>insulin disposable pump</i> )	PB	
OMNIPOD DASH 5 PACK PODS ( <i>insulin disposable pump</i> )	PB	
OMNIPOD STARTER KIT ( <i>insulin disposable pump</i> )	PB	
OPTICHAMBER FACE MASK-SMALL ( <i>spacer/aero-holding chambers</i> )	PB	
PEDIATRIC PANDA MASK ( <i>spacer/aero-hold chamber mask</i> )	PB	
PHARMACIST CHOICE ALCOHOL PAD ( <i>alcohol swabs</i> )	PB	
ULTRALANCE ( <i>lancets misc.</i> )	PB	
V-GO 20 KIT ( <i>insulin disposable pump</i> )	PB	
V-GO 30 KIT ( <i>insulin disposable pump</i> )	PB	
V-GO 40 KIT ( <i>insulin disposable pump</i> )	PB	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NC); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NC); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NC); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NC); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NC); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NC); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NC); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NC); QL (1 DIAPHRAGM per 300 DAYs)

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<b>*MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	G	QL (12 TABLETS per 25 DAYs)
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	G	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	G	QL (12 TABLETS per 25 DAYs)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	G	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	G	QL (18 TABLETS per 25 DAYs)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	G	QL (12 TABLETS per 25 DAYs)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	G	QL (18 TABLETS per 25 DAYs)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	G	QL (18 TABLETS per 25 DAYs)
<i>sumatriptan nasal solution 20 mg/lact</i>	G	QL (12 SPRAYS per 25 DAYs)
<i>sumatriptan nasal solution 5 mg/lact</i>	G	QL (24 SPRAYS per 25 DAYs)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	G	QL (12 TABLETS per 25 DAYs)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	G	QL (18 SYRINGES per 25 DAYs)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	G	QL (12 CARTRIDGES per 25 DAYs)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	G	QL (12 VIALS per 25 DAYs)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	G	QL (18 SYRINGES per 25 DAYs)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	G	QL (12 CARTRIDGES per 25 DAYs)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	G	QL (12 SYRINGES per 25 DAYs)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	G	ST; QL (9 TABLETS per 25 DAYs)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	G	QL (12 TABLETS per 25 DAYs)

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<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	G	QL (12 TABLETS per 25 DAYs)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	NPB	QL (12 SPRAYS per 25 DAYs)
<b>*MINERALS &amp; ELECTROLYTES* - DRUGS FOR NUTRITION</b>		
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent 25 Meq)	G	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML ( <i>sodium fluoride</i> )	CE	N7 (NC); AL (Max 5 Years)
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	N7 (NC); AL (Max 5 Years)
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	N7 (NC); AL (Max 5 Years)
<i>fluoritab oral tablet chewable 2.2 (1 f) mg</i>	G	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP ( <i>sodium fluoride</i> )	CE	N7 (NC); AL (Max 5 Years)
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	G	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ ( <i>potassium chloride crys er</i> )	G	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	G	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	G	
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg)	CE	N7 (NC); AL (Max 5 Years)
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable 2.2 (1 F) Mg)	G	
<i>sodium fluoride</i> (Nafrinse Drops Oral Solution 0.275 (0.125 F) Mg/Drop)	CE	N7 (NC); AL (Max 5 Years)
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)	G	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	G	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	G	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	G	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	G	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N7 (NC); AL (Max 5 Years)

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<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N7 (NC); AL (Max 5 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	G	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	N7 (NC); AL (Max 5 Years)
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	G	
<b>*MONOBACTAMS*** - DRUGS FOR INFECTIONS</b>		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG ( <i>aztreonam lysine</i> )	PSP	PA; QL (84 VIALS per 28 DAYS)
<b>*MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>cevimeline hcl oral capsule 30 mg</i>	G	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	G	
<i>clotrimazole mouth/throat troche 10 mg</i>	G	
<i>lidocaine hcl mouth/throat solution 4 %</i>	G	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	G	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	G	
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)	G	
ORAVIG BUCCAL TABLET 50 MG ( <i>miconazole</i> )	NPB	QL (14 TABLETS per 25 DAYS)
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution 0.12 %)	G	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	G	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	G	
<b>*MULTIVITAMINS* - DRUGS FOR NUTRITION</b>		
ELITE-OB ORAL TABLET 50-1.25 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	G	
<i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>	G	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	G	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	G	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	G	
<i>pediatric multivitamins-fl</i> (Mvc-Fluoride Oral Tablet Chewable 1 Mg)	G	
PRENATABS RX ORAL TABLET 29-1 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	G	
<i>tri-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	G	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	G	

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<b>*MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	G	PA; AL (Min 70 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	G	PA; AL (Min 70 Years)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	G	PA; AL (Min 70 Years)
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	G	PA; AL (Min 70 Years)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	G	PA; AL (Min 70 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	G	PA; AL (Min 70 Years)
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	G	
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE</b>		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	G	QL (2 BOTTLES per 25 DAYs)
<i>azelastine-fluticasone nasal suspension 137-50 mcglact</i>	G	QL (1 PACKAGE per 25 DAYs)
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	G	QL (3 CONTAINERS per 25 DAYs)
<i>fluticasone propionate nasal suspension 50 mcglact</i>	G	QL (1 CONTAINER per 25 DAYs)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	G	
<i>mometasone furoate nasal suspension 50 mcglact</i>	G	QL (2 PACKAGES per 25 DAYs)
<i>olopatadine hcl nasal solution 0.6 %</i>	G	QL (1 CONTAINER per 25 DAYs)
OMNARIS NASAL SUSPENSION 50 MCG/ACT (ciclesonide)	NPB	ST; QL (1 PACKAGE per 25 DAYs)
<i>triamcinolone acetonide nasal aerosol 55 mcglact</i>	G	QL (1 BOTTLE per 25 DAYs)
<b>*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	PB	

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<b>*NEUROMUSCULAR AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
<i>riluzole oral tablet 50 mg</i>	G	
<b>*OPHTHALMIC AGENTS* - DRUGS FOR THE EYE</b>		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % ( <i>ketorolac tromethamine</i> )	PB	
ALOCRIAL OPHTHALMIC SOLUTION 2 % ( <i>nedocromil sodium</i> )	NPB	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % ( <i>lodoxamide tromethamine</i> )	NPB	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % ( <i>brimonidine tartrate</i> )	NPB	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	G	
<i>atropine sulfate ophthalmic solution 1 %</i>	NPB	
AZASITE OPHTHALMIC SOLUTION 1 % ( <i>azithromycin</i> )	PB	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	G	
AZOPT OPHTHALMIC SUSPENSION 1 % ( <i>brinzolamide</i> )	NPB	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	G	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	G	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	G	
BEPREVE OPHTHALMIC SOLUTION 1.5 % ( <i>bepotastine besilate</i> )	NPB	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % ( <i>besifloxacin hcl</i> )	NPB	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	G	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % ( <i>timolol hemihydrate</i> )	NPB	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % ( <i>betaxolol hcl</i> )	PB	
<i>bimatoprost ophthalmic solution 0.03 %</i>	G	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % ( <i>sulfacetamide-prednisolone</i> )	PB	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % ( <i>sulfacetamide-prednisolone</i> )	PB	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	G	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	G	

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<i>carteolol hcl ophthalmic solution 1 %</i>	G	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	G	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	PB	
<i>cromolyn sodium ophthalmic solution 4 %</i>	G	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	G	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	G	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	G	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (difluprednate)	NPB	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	G	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	G	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (fluorometholone)	PB	
FML OPHTHALMIC OINTMENT 0.1 % (fluorometholone)	PB	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	G	
GENTAK OPHTHALMIC OINTMENT 0.3 % (gentamicin sulfate)	G	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	G	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (nepafenac)	PB	
IOPIDINE OPHTHALMIC SOLUTION 1 % (apraclonidine hcl)	NPB	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	G	
LACRISERT OPHTHALMIC INSERT 5 MG (artificial tear insert)	NPB	
LASTACFT OPHTHALMIC SOLUTION 0.25 % (alcaftadine)	PB	
<i>latanoprost ophthalmic solution 0.005 %</i>	G	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	G	
<i>levofloxacin ophthalmic solution 0.5 %</i>	G	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	G	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (bimatoprost)	PB	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (dexamethasone)	PB	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	G	
moxifloxacin hcl ophthalmic solution 0.5 %	G	
NATACYN OPHTHALMIC SUSPENSION 5 % (natamycin)	PB	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	G	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	G	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	G	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	G	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (nepafenac)	PB	
ofloxacin ophthalmic solution 0.3 %	G	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	G	
PAZEO OPHTHALMIC SOLUTION 0.7 % (olopatadine hcl)	PB	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	G	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (echothiophate iodide)	NPB	
pilocarpine hcl ophthalmic solution 1 %	G	
bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	G	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	G	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	PB	
prednisolone acetate ophthalmic suspension 1 %	G	
prednisolone sodium phosphate ophthalmic solution 1 %	PB	
proparacaine hcl ophthalmic solution 0.5 %	G	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (cyclosporine)	NPB	PA; QL (1 MULTI-USE VIAL per 21 DAYS)
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	NPB	PA; QL (60 SINGLE USE VIALS per 25 DAYS)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (brinzolamide-brimonidine)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	G	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	G	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	G	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	G	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % ( <i>tobramycin-dexamethasone</i> )	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % ( <i>tobramycin-dexamethasone</i> )	PB	
<i>tobramycin ophthalmic solution 0.3 %</i>	G	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	G	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	G	
<i>trifluridine ophthalmic solution 1 %</i>	G	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	G	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % ( <i>tafluprost</i> )	NPB	ST
ZIRGAN OPHTHALMIC GEL 0.15 % ( <i>ganciclovir</i> )	NPB	
<b>*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG ( <i>suvorexant</i> )	NPB	PA; QL (30 TABLETS per 25 DAYS)
<b>*OTIC AGENTS* - DRUGS FOR THE EAR</b>		
<i>acetic acid otic solution 2 %</i>	G	
CIPRODEX OTIC SUSPENSION 0.3-0.1 % ( <i>ciprofloxacin-dexamethasone</i> )	PB	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	G	
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML ( <i>neomycin-colist-hc-thonzonium</i> )	NPB	
<i>fluocinolone acetonide otic oil 0.01 %</i>	G	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	G	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	G	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	G	
<i>ofloxacin otic solution 0.3 %</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS</b>		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin-hyaluronidase</i> )	PSP	PA
<b>*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART</b>		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML ( <i>alirocumab</i> )	PSP	PA; QL (2 PENS per 28 DAYS)
<b>*PENICILLINS* - DRUGS FOR INFECTIONS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	G	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	G	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	G	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	G	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	G	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	G	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	G	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	G	
<i>ampicillin oral capsule 500 mg</i>	G	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	G	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	G	
<b>*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER</b>		
ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )	CE	PA; N7 (PS); QL (60 TABLETS per 30 DAYS)
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
EUCRISA EXTERNAL OINTMENT 2 % ( <i>crisaborole</i> )	NPB	ST; QL (60 GRAMS per 25 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR PAIN AND FEVER</b>		
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 DAYs)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 DAYs)
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER</b>		
LYNPARZA ORAL TABLET 100 MG, 150 MG ( <i>olaparib</i> )	CE	PA; N7 (PS); QL (120 TABLETS per 30 DAYs)
ZEJULA ORAL CAPSULE 100 MG ( <i>niraparib tosylate</i> )	CE	PA; N7 (PS); QL (90 CAPSULES per 30 DAYs)
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER</b>		
LYNPARZA ORAL TABLET 100 MG, 150 MG ( <i>olaparib</i> )	CE	PA; N7 (PS); QL (120 TABLETS per 30 DAYs)
ZEJULA ORAL CAPSULE 100 MG ( <i>niraparib tosylate</i> )	CE	PA; N7 (PS); QL (90 CAPSULES per 30 DAYs)
<b>*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION</b>		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60Ml)	G	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	G	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml</i>	G	
<b>*PROGESTINS* - HORMONES</b>		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N7 (G)
<i>norethindrone acetate oral tablet 5 mg</i>	G	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	G	
<b>*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD</b>		
ZONTIVITY ORAL TABLET 2.08 MG ( <i>vorapaxar sulfate</i> )	NPB	

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<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	G	PA
AUBAGIO ORAL TABLET 14 MG, 7 MG ( <i>teriflunomide</i> )	PSP	PA; QL (30 TABLETS per 30 DAYS)
BETASERON SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	PSP	PA; QL (14 INJECTIONS per 28 DAYS)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N7 (NC); QL (2 treatment cycles per 1 year)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG ( <i>varenicline tartrate</i> )	CE	N7 (NC); QL (2 treatment cycles per 1 year)
CHANTIX ORAL TABLET 0.5 MG, 1 MG ( <i>varenicline tartrate</i> )	CE	N7 (NC); QL (2 treatment cycles per 1 year)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 ( <i>varenicline tartrate</i> )	CE	N7 (NC); QL (2 treatment cycles per 1 year)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML ( <i>glatiramer acetate</i> )	PSP	PA; QL (30 INJECTIONS per 30 DAYS)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML ( <i>glatiramer acetate</i> )	PSP	PA; QL (12 SYRINGES per 28 DAYS)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	G	
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	G	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	G	
<i>ergoloid mesylates oral tablet 1 mg</i>	G	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	G	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	G	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	G	
GILENYA ORAL CAPSULE 0.5 MG ( <i>fingolimod hcl</i> )	PSP	PA; QL (30 CAPSULES per 30 DAYS)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PB	PA; QL (12 SYRINGES per 28 DAYS)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml)	PB	PA; QL (30 INJECTIONS per 30 DAYS)
<i>goodsense nicotine mouth/throat gum 4 mg</i>	CE	N7 (NC); QL (2 treatment cycles per 1 year)
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	CE	N7 (NC); QL (2 treatment cycles per 1 year)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	G	PA; AL (Max 29 Years)
<i>memantine hcl oral solution 2 mg/ml</i>	G	PA; AL (Max 29 Years)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	G	PA; AL (Max 29 Years)
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG ( <i>memantine hcl</i> )	PB	PA; AL (Max 29 Years)
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	N7 (NC); QL (2 treatment cycles per 1 year)
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	CE	N7 (NC); QL (2 treatment cycles per 1 year)
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	N7 (NC); QL (2 treatment cycles per 1 year)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N7 (NC); QL (2 treatment cycles per 1 year)
NICOTROL INHALATION INHALER 10 MG ( <i>nicotine</i> )	CE	N7 (NC); QL (168 DAYS OF TREATMENT per 365 DAYS)
NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )	CE	N7 (NC); QL (168 DAYS OF TREATMENT per 365 DAYS)
NUDEXTA ORAL CAPSULE 20-10 MG ( <i>dextromethorphan-quinidine</i> )	NPB	PA
<i>pimozide oral tablet 1 mg, 2 mg</i>	G	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PSP	PA; QL (12 SYRINGES per 28 DAYS)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PSP	PA; QL (1 BOX per 28 DAYS)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PSP	PA; QL (12 SYRINGES per 28 DAYS)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PSP	PA; QL (1 BOX per 28 DAYS)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	G	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	G	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )	NPB	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG ( <i>milnacipran hcl</i> )	NPB	ST
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N7 (NC); QL (2 treatment cycles per 1 year)
TECFIDERA ORAL 120 & 240 MG ( <i>dimethyl fumarate</i> )	PSP	PA; QL (1 KIT per 30 DAYS)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG ( <i>dimethyl fumarate</i> )	PSP	PA; QL (14 CAPSULES per 28 DAYS)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG ( <i>dimethyl fumarate</i> )	PSP	PA; QL (60 CAPSULES per 30 DAYS)
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; QL (120 TABLETS per 30 DAYS)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYS)
<b>*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS</b>		
ESBRIET ORAL CAPSULE 267 MG ( <i>pirfenidone</i> )	PSP	PA; QL (270 CAPSULES per 30 DAYS)
ESBRIET ORAL TABLET 267 MG ( <i>pirfenidone</i> )	PSP	PA; QL (270 TABLETS per 30 DAYS)
ESBRIET ORAL TABLET 801 MG ( <i>pirfenidone</i> )	PSP	PA; QL (90 TABLETS per 30 DAYS)
<b>*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR THE HEART</b>		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	PSP	PA; QL (60 TABLETS per 30 DAYS)
UPTRAVI ORAL TABLET 200 MCG ( <i>selexipag</i> )	PSP	PA; QL (140 TABLETS per 28 DAYS)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG ( <i>selexipag</i> )	PSP	PA
<b>*RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS</b>		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG ( <i>ivacaftor</i> )	PSP	PA; QL (56 PACKETS per 28 DAYS)
KALYDECO ORAL TABLET 150 MG ( <i>ivacaftor</i> )	PSP	PA; QL (56 TABLETS per 28 DAYS)

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<b>*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hbr</i> )	NPB	ST
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>vilazodone hcl</i> )	NPB	ST
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG ( <i>vilazodone hcl</i> )	NPB	ST
<b>*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - HORMONES</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG ( <i>empagliflozin-linagliptin</i> )	NPB	ST
<b>*SINUS NODE INHIBITORS** - DRUGS FOR THE HEART</b>		
CORLANOR ORAL SOLUTION 5 MG/5ML ( <i>ivabradine hcl</i> )	PB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	PB	
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES</b>		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG ( <i>empagliflozin-metformin hcl</i> )	NPB	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG ( <i>empagliflozin-metformin hcl</i> )	NPB	ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG ( <i>dapagliflozin-metformin hcl</i> )	PB	ST
<b>*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)	G	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	G	
<b>*SULFONAMIDES* - DRUGS FOR INFECTIONS</b>		
<i>sulfadiazine oral tablet 500 mg</i>	NPB	

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<b>*TETRACYCLINES* - DRUGS FOR INFECTIONS</b>		
<i>avidoxy oral tablet 100 mg</i>	G	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	G	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	G	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg</i>	G	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	G	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	G	
<i>doxycycline hyclate (Morgidox Oral Capsule 100 Mg)</i>	G	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	G	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML ( <i>doxycycline calcium</i> )	NPB	
<b>*THYROID AGENTS* - HORMONES</b>		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	G	
<i>levothyroxine sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)</i>	G	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	G	
<i>methimazole oral tablet 10 mg, 5 mg</i>	G	
<i>propylthiouracil oral tablet 50 mg</i>	G	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )	PB	
<i>levothyroxine sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)</i>	G	
<b>*TOXOIDS* - BIOLOGICAL AGENTS</b>		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 ( <i>tetanus-diphth-acell pertussis</i> )	CE	N7 (NC)

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BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 ( <i>tetanus-diphth-acell pertussis</i> )	CE	N7 (NC)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 ( <i>diphth-acell pertussis-tetanus</i> )	CE	N7 (NC); AL (Max 18 Years)
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lful0.5ml</i>	CE	N7 (NC); AL (Max 18 Years)
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 ( <i>diphth-acell pertussis-tetanus</i> )	CE	N7 (NC); AL (Max 18 Years)
KINRIX INTRAMUSCULAR SUSPENSION ( <i>dtap-ipv vaccine</i> )	CE	N7 (NC); AL (Max 18 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION ( <i>dtap-hepatitis b recomb-ipv</i> )	CE	N7 (NC); AL (Max 18 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>dtap-ipv-hib vaccine</i> )	CE	N7 (NC); AL (Max 18 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML ( <i>tetanus-diphtheria toxoids td</i> )	CE	N7 (NC); AL (Min 19 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU ( <i>tetanus-diphtheria toxoids td</i> )	CE	N7 (NC); AL (Min 19 Years)
<b>*ULCER DRUGS* - DRUGS FOR THE STOMACH</b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	G	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	G	
CUVPOSA ORAL SOLUTION 1 MG/5ML ( <i>glycopyrrolate</i> )	PB	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG ( <i>dexlansoprazole</i> )	NPB	ST; QL (90 CAPSULES per 365 DAYS)
<i>dicyclomine hcl oral capsule 10 mg</i>	G	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	G	
<i>dicyclomine hcl oral tablet 20 mg</i>	G	
<i>ed-spaz oral tablet dispersible 0.125 mg</i>	G	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	G	QL (90 CAPSULES per 365 DAYS)
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	G	
<i>famotidine oral tablet 20 mg, 40 mg</i>	G	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	G	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	G	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	G	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	G	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	G	QL (90 CAPSULES per 365 DAYS)
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	G	PA; AL (Min 70 Years)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	G	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	G	
<i>nizatidine oral solution 15 mg/ml</i>	G	
<i>hyoscyamine sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)</i>	G	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	G	QL (90 CAPSULES per 365 DAYS)
<i>oscimin oral tablet 0.125 mg</i>	G	
<i>oscimin sr oral tablet extended release 12 hour 0.375 mg</i>	G	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	G	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	G	QL (90 TABLETS per 365 DAYS)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	G	QL (90 TABLETS per 365 DAYS)
<i>sucralfate oral tablet 1 gm</i>	G	
<i>hyoscyamine sulfate (Symax-SI Sublingual Tablet Sublingual 0.125 Mg)</i>	G	
<b>*URINARY ANTI-INFECTIVES* - DRUGS FOR THE URINARY SYSTEM</b>		
<i>methenamine hippurate oral tablet 1 gm</i>	G	
<b>MONUROL ORAL PACKET 3 GM (fosfomycin tromethamine)</b>	NPB	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	G	PA; AL (Min 70 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	G	PA; AL (Min 70 Years)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	G	PA; AL (Min 70 Years)
<b>*URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	G	
<i>flavoxate hcl oral tablet 100 mg</i>	G	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	G	
<i>oxybutynin chloride oral tablet 5 mg</i>	G	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	G	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	G	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>fesoterodine fumarate</i> )	NPB	ST
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	G	
<i>trospium chloride oral tablet 20 mg</i>	G	
<b>*VACCINES* - BIOLOGICAL AGENTS</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>haemophilus b polysac conj vac</i> )	CE	N7 (NC); AL (Max 18 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac split quad</i> )	CE	N7 (NC)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML ( <i>influenza vac split quad</i> )	CE	N7 (NC)
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>meningococcal b recomb omv adj</i> )	CE	N7 (NC)
ENGRIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML ( <i>hepatitis b vac recombinant</i> )	CE	N7 (NC)
ENGRIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML, 20 MCG/ML ( <i>hepatitis b vac recombinant</i> )	CE	N7 (NC)
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac a&amp;b surf ant adj</i> )	CE	N7 (NC)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML ( <i>influenza vac a&amp;b sa adj quad</i> )	CE	N7 (NC)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac split quad</i> )	CE	N7 (NC)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac recomb ha quad</i> )	CE	N7 (NC)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac subunit quad</i> )	CE	N7 (NC)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac subunit quad</i> )	CE	N7 (NC)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac split quad</i> )	CE	N7 (NC)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac split quad</i> )	CE	N7 (NC)
FLUMIST QUADRIVALENT NASAL SUSPENSION ( <i>influenza virus vac live quad</i> )	CE	N7 (NC)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac split high-dose</i> )	CE	N7 (NC)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML ( <i>influenza vac split quad</i> )	CE	N7 (NC)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML ( <i>influenza vac split quad</i> )	CE	N7 (NC)
GARDASIL 9 INTRAMUSCULAR SUSPENSION ( <i>hpv 9-valent recomb vaccine</i> )	CE	N7 (NC)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>hpv 9-valent recomb vaccine</i> )	CE	N7 (NC)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML ( <i>hepatitis a vaccine</i> )	CE	N7 (NC)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML ( <i>hepatitis b vac recomb adj</i> )	CE	N7 (NC)
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG ( <i>haemophilus b polysac conj vac</i> )	CE	N7 (NC); AL (Max 18 Years)
IPOLE INJECTION INJECTABLE ( <i>poliovirus vaccine inactivated</i> )	CE	N7 (NC); AL (Max 18 Years)
MENACTRA INTRAMUSCULAR INJECTABLE ( <i>meningococcal a c y&amp;w-135 conj</i> )	CE	N7 (NC)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>meningococcal a c y&amp;w-135 olig</i> )	CE	N7 (NC)
M-M-R II INJECTION SOLUTION RECONSTITUTED ( <i>measles, mumps &amp; rubella vac</i> )	CE	N7 (NC)
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML ( <i>haemophilus b polysac conj vac</i> )	CE	N7 (NC); AL (Max 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML ( <i>pneumococcal vac polyvalent</i> )	CE	N7 (NC)
PREVNAR 13 INTRAMUSCULAR SUSPENSION ( <i>pneumococcal 13-val conj vacc</i> )	CE	N7 (NC)
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED ( <i>measles-mumps-rubella-varicell</i> )	CE	N7 (NC); AL (Max 18 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML ( <i>hepatitis b vac recombinant</i> )	CE	N7 (NC)
ROTARIX ORAL SUSPENSION RECONSTITUTED ( <i>rotavirus vaccine live oral</i> )	CE	N7 (NC); AL (Max 18 Years)
ROTATEQ ORAL SOLUTION ( <i>rotavirus vac live pentavalent</i> )	CE	N7 (NC); AL (Max 18 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML ( <i>zoster vac recomb adjuvanted</i> )	CE	N7 (NC); AL (Min 19 Years)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>meningococcal b vac (recomb)</i> )	CE	N7 (NC)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML ( <i>hepatitis a-hep b recomb vac</i> )	CE	N7 (NC); AL (Min 19 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML ( <i>hepatitis a vaccine</i> )	CE	N7 (NC)
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML ( <i>varicella virus vaccine live</i> )	CE	N7 (NC)
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML ( <i>zoster vaccine live</i> )	CE	N7 (NC); AL (Min 19 Years)
<b>*VAGINAL PRODUCTS* - DRUGS FOR WOMEN</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG ( <i>clindamycin phosphate</i> )	PB	
<i>clindamycin phosphate vaginal cream 2 %</i>	G	
CRINONE VAGINAL GEL 4 %, 8 % ( <i>progesterone</i> )	PB	
ENCARE VAGINAL SUPPOSITORY 100 MG ( <i>nonoxynol-9</i> )	CE	N7 (NC)
<i>estradiol vaginal cream 0.1 mg/gm</i>	G	
GYNAZOLE-1 VAGINAL CREAM 2 % ( <i>butoconazole nitrate (1 dose)</i> )	NPB	
INTRAROSA VAGINAL INSERT 6.5 MG ( <i>prasterone</i> )	NPB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole vaginal gel 0.75 %</i>	G	
<i>miconazole 3 vaginal suppository 200 mg</i>	G	
OPTIONS CONCEPTROL VAGINAL GEL 4 % ( <i>nonoxynol-9</i> )	CE	N7 (NC)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % ( <i>nonoxynol-9</i> )	CE	N7 (NC)
PREMARIN VAGINAL CREAM 0.625 MG/GM ( <i>estrogens, conjugated</i> )	NPB	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % ( <i>nonoxynol-9</i> )	CE	N7 (NC)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	G	
<i>terconazole vaginal suppository 80 mg</i>	G	
TODAY SPONGE VAGINAL 1000 MG ( <i>nonoxynol-9</i> )	CE	N7 (NC)
<i>metronidazole</i> (Vandazole Vaginal Gel 0.75 %)	G	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % ( <i>nonoxynol-9</i> )	CE	N7 (NC)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % ( <i>nonoxynol-9</i> )	CE	N7 (NC)
<i>estradiol</i> (Yuvaferm Vaginal Tablet 10 Mcg)	G	
<b>*VASOPRESSORS* - DRUGS FOR THE HEART</b>		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	G	QL (4 INJECTIONS per 25 DAYs)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<b>*VITAMINS* - DRUGS FOR NUTRITION</b>		
<i>phytonadione oral tablet 5 mg</i>	G	
<i>pyridoxine hcl oral tablet 25 mg, 50 mg</i>	G	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	G	
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	G	

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