



**BlueCross
BlueShield**

Minnesota

Medicaid List of Covered Drugs (Formulary) 2022

Blue Plus

Blue Advantage (Families and Children*, MSC+) and
MinnesotaCare

(*This is also known as the Prepaid Medical Assistance Program (PMAP))

Blue Plus
1800 Yankee Doodle Road
Eagan, MN 55122

Member Services: **1-800-711-9862** (toll free), TTY **711**, Monday through Friday from 8 a.m. to 5 p.m. Central time

bluecrossmn.com/publicprograms

The information included in this list of covered drugs was correct as of 1/2022. To get the most current information, go to **bluecrossmn.com/publicprograms**. If you have questions, contact Member Services at the number listed on this page. You can ask for a printed copy of this Medicaid List of Covered Drugs at any time.

DHS Approved Date 12/28/2021

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. Members must use Blue Plus network pharmacies to receive prescription drug benefits.

This list is subject to change and is not all-inclusive. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. Note to existing members: This list of covered drugs has changed since last year and may change throughout the year. Please review this document to make sure the drugs you take are still on the list. Please contact Member Services at the number listed on this page with questions. You can also find updates to this list at **bluecrossmn.com/publicprograms**.

If you have Medicare, you need to get most of your prescription drugs through the Medicare Prescription Drug Program (Medicare Part D). You must be enrolled in a Medicare prescription drug plan to get Medicare prescription drug benefits.

1030402MNMENBSM 11/21 DHS_120121_V03 DHS Approved 12/28/2021

The counties in our service area are listed below by program:

Blue Advantage Families and Children service area counties are: Aitkin, Anoka, Becker, Benton, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahanomen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Red Lake, Redwood, Rice, Rock, Roseau, Sherburne, St. Louis, Stearns, Swift, Todd, Wabasha, Wadena, Washington, Watonwan, Wilkin, Winona, Wright and Yellow Medicine.

Blue Advantage MSC+ service area counties are: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Faribault, Fillmore, Houston, Isanti, Jackson, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahanomen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, St. Louis, Scott, Sherburne, Stearns, Swift, Todd, Wadena, Washington, Watonwan, Wilkin, Winona, Wright and Yellow Medicine.

Blue Plus MinnesotaCare service area counties are: Aitkin, Anoka, Becker, Beltrami, Benton, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Hennepin, Houston, Hubbard, Isanti, Itasca, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahanomen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Red Lake, Redwood, Rice, Rock, Roseau, Sherburne, St. Louis, Stearns, Swift, Todd, Wabasha, Wadena, Washington, Watonwan, Wilkin, Winona, Wright and Yellow Medicine.

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လီတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣຄຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປຣໂປທິໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. Blue Plus does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services: Blue Plus provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. Contact Blue Plus at Civil.Rights.Coord@bluecrossmn.com, or call Blue AdvantageSM and MinnesotaCare Member Services at 1-800-711-9862 (toll free), or your preferred relay services.

Language Assistance Services: Blue Plus provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact Blue Plus at Civil.Rights.Coord@bluecrossmn.com, or call Blue AdvantageSM and MinnesotaCare Member Services at 1-800-711-9862 (toll free), or your preferred relay services.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Blue Plus. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (**OCR**)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the **OCR** directly to file a complaint:

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue SW

Room 515F
HHH Building
Washington, DC 20201
Customer Response Center: Toll-free: 800-368-1019
TDD 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North
Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

Blue Plus Complaint Notice

You have the right to file a complaint with Blue Plus if you believe you have been discriminated against because of any of the following:

- Medical Condition
- Health Status
- Receipt of Health Care Services
- Claims Experience
- Medical History
- Genetic Information
- Disability (including mental or physical impairment)
- Marital Status
- Age
- Sex (including sex stereotypes and gender identity)
- Sexual Orientation
- National Origin
- Race
- Color
- Religion
- Creed
- Public Assistance Status
- Political Beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
Toll Free: 1-800-509-5312
TTY: 711
Fax: 651-662-9478
Email: Civil.Rights.Coord@bluecrossmn.com

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

IMPORTANT INFORMATION

What is a list of covered drugs?

A list of covered drugs includes the prescription drugs covered by Blue Plus. The drugs on the list are selected by Blue Plus with the help of a team of doctors and pharmacists. Blue Plus will generally cover the drugs listed in the list of covered drugs as long as the drug is medically necessary, the prescription is filled at a Blue Plus network pharmacy, and other requirements related to the drug are followed.

Most drugs and certain supplies are available up to a 34-day supply. Certain drugs you take on a regular basis for a chronic or long-term condition are available up to a 90-day supply and are listed on the 90-Day Supply Program.

Does the list of covered drugs ever change?

The Blue Plus list of covered drugs can change during the course of a calendar year. If changes affect the coverage of a drug you are taking, Blue Plus will make reasonable efforts to contact you and your prescriber to tell you about the change. Blue Plus will also tell you about alternative drugs that are covered.

Examples of some changes that may occur are:

- A drug you are taking is no longer preferred (Go to “What is a Preferred Drug List?” below).
- A drug is removed from the list of covered drugs for safety reasons.
- Prior authorization requirements have changed. (Go to “Are there any restrictions on my coverage?”)

How are drugs listed in the list of covered drugs?

There are three ways to find your drug within the formulary:

1. Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Heart and Circulatory Drugs.” If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the index that begins on page 183. The index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

3. Blue Plus Over-The-Counter Drug Listing

Blue Plus covers certain over-the-counter (OTC) drugs at little or no cost to you if you’re a member of Blue Advantage or MinnesotaCare. OTC drugs are included in the drug

categories depending on the type of medical condition they are used to treat. For example, some drugs used to treat allergies are listed under the category “Cough/Cold/Allergy.”

What is a Preferred Drug List?

In Minnesota, all health plans are required to use the Minnesota Department of Human Services’ (DHS) Preferred Drug List (PDL). The PDL is created by DHS, in consultation with the Drug Formulary Committee, to let prescribers and members know about drugs or drug classes that are cost effective. Generally, drugs that are “preferred” are more cost effective and drugs that are “non-preferred” are less cost effective. Preferred drugs are available to members with fewer restrictions. Non-preferred drugs require a prior authorization. To get a non-preferred drug, your doctor or health care provider must get prior authorization. The PDL is included as part of Blue Plus’ list of covered drugs. Blue Plus’ complete list of covered drugs includes other drugs in addition to those on the PDL. The PDL is available on DHS’s website at <http://minnesota.magellanmedicaid.com/pdl.asp>.

What are generic or biosimilar drugs?

A generic drug is approved by the Food and Drug Administration (FDA) and has the same active ingredients as the brand name drug. It produces the same clinical effect as the brand name drug.

A biosimilar drug is an FDA-approved biologic drug (most often an injectable prescription drug) that is highly similar to an already-approved biological product. It has no clinically meaningful differences in terms of safety and effectiveness. Biosimilar drugs are not the same as generic drugs, but like generics, biosimilar drugs may offer more affordable treatment options.

Generic or biosimilar substitution means a generic version or biosimilar version of a drug is given instead of the brand name or non-biosimilar version of the drug.

Blue Plus will cover the brand name or non-biosimilar version of the drug only when:

1. Your prescriber informs Blue Plus in writing that the brand name or non-biosimilar version of the drug is medically necessary; OR
2. Blue Plus may prefer the dispensing of certain brand name versions over the generic or non-biosimilar version over the biosimilar version of the drug; OR
3. Minnesota law requires the dispensing of the brand name or non-biosimilar version of the drug.

Within the list of covered drugs, brand name drugs are capitalized (e.g., ZYTIGA) and generic drugs are listed in lowercase boldface (e.g., **valproic acid**).

What are over-the-counter drugs?

Drugs and products that are available for purchase without a prescription are referred to as over-the-counter (OTC). Although an OTC product is available without a prescription, if a doctor writes a prescription for an OTC product, Blue Plus may cover it. Within the list of covered drugs, OTC drugs and products are identified by the abbreviation OTC-C in the Drug Status column in the list.

What are specialty drugs?

Specialty drugs are used by people with complex or chronic diseases. These drugs often require special handling, dispensing, or monitoring by a specially trained pharmacist.

If you are prescribed a drug that is on the Blue Plus Specialty Drug List, your prescriber will need to send the prescription to one of Blue Plus' specialty pharmacies listed here.

Accredo Health Group, Inc.

Toll free: **1-866-470-2245**, TTY **1-800-716-3231**

Fax: **888-302-1028**

24 hours a day, seven days a week

Children's Home Care (for hemophilia medications only)

Toll free: **1-866-656-1020**, TTY **711**

Fax: **877-828-3939**

Monday through Friday from 8 a.m. to 5 p.m. Central time

Fairview Specialty Pharmacy Service

Toll free: **1-800-595-7140**, TTY **711**

Fax: **877-828-3939**

Monday through Friday from 8 a.m. to 7 p.m.; Saturday from 8 a.m. to 4 p.m. Central time

North Memorial Health Pharmacy — Specialty Center

3435 W. Broadway Ave.

Robbinsdale, MN 55422

Pharmacists available by phone 24/7 at **877-520-5307**, TTY **711** or **763-581-6333**

Fax: **763-581-2814**

Monday through Friday from 8 a.m. to 5 p.m. Central time

Thrifty White Specialty Pharmacy

Pharmacists Available 24/7/365 by phone at **855-611-3399**, TTY **711**

Fax: **855-423-8300**

Monday through Friday from 8 a.m. to 8 p.m.; Saturday from 9 a.m. to 5 p.m. Central time;

Sunday: Closed

You will also need to call the specialty pharmacy to set up an account. You will need to have your Blue Plus member identification card when you call the specialty pharmacy.

What if a drug is not on the list of covered drugs?

Not all drugs are covered. If a drug you want to take is not listed in the list of covered drugs, you can call Member Services at **800-711-9862** (toll free), TTY **711** and ask if the drug is covered. If not, it is considered a "non-formulary" drug. If you need a drug that is not included in the list of covered drugs, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Blue Plus. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Blue Plus.

- You can ask Blue Plus to make an exception and cover your drug. See below for information about how to request an exception.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include the following:

Prior authorization: Blue Plus requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Blue Plus before you fill your prescription. If you don't get approval, Blue Plus may not cover the drug.

Quantity limits: For certain drugs, Blue Plus limits the amount of the drug that we will cover.

Age requirements: Some drugs have age requirements. A prior authorization may be needed depending on your age and the specific drug prescribed.

You can find out if your drug requires prior authorization, has quantity limits, or has an age requirement by looking in this list of covered drugs. An exception to a drug restriction or limit can be made if your doctor submits a statement or documentation supporting the request. Go to *Prescription Drugs* in Section 7: Covered Services of your Member Handbook for more information. You can also get more information about the restrictions applied to specific covered drugs by calling Member Services at **800-711-9862** (toll free), TTY **711** or by visiting our website at bluecrossmn.com/publicprograms. Also go to "Can I ask for an exception to the coverage restrictions?"

• **Excluded drugs:** Some drugs are excluded from the list of covered drugs. This means they are not covered. Excluded drugs include the following:

- Drugs used to treat sexual or erectile dysfunction
- Drugs used to enhance fertility
- Drugs used for cosmetic purposes, including drugs to treat hair loss
- Drugs excluded from coverage by federal or state law
- Experimental drugs, investigational drugs, or drugs not approved by the FDA
- Medical cannabis

Can I ask for an exception to the coverage restrictions?

Yes. You or your health care provider can get the Formulary exception prescriber fax form from covermymeds.com or by calling Member Services at **800-711-9862** (toll free), TTY **711**. Your provider must return this form to the fax number or address listed on the document. To allow for a thorough review and to ensure that you or your health care provider gets a response within 24 hours, all information requested in the form should be provided, including documentation of which medications have been tried and failed, including the dosages used and the reason for failure (e.g., side effects).

What will a prescription cost?

All copay information for prescriptions is listed in the Member Handbook in Section 6: Cost-Sharing. If you have additional questions, call Member Services at **800-711-9862** (toll free), TTY **711** or visit our website at **bluecrossmn.com/publicprograms**.

List of Covered Drugs

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Below is the key for abbreviations within the drug list:

| | | | |
|-----------|-------------------------------|------|-------------------------------|
| AL | Age limit | | |
| caps | Capsules | liq | Liquid |
| chew tabs | Chewable tablets | lotn | Lotion |
| conc | Concentrate | NP | Non-preferred drug |
| C | Covered drug | ODT | Orally disintegrating tablets |
| crm | Cream | oint | Ointment |
| DR | Delayed-release | P | Preferred drug |
| ER | Extended-release | SL | Sublingual |
| IM | Intramuscular | soln | Solution |
| inhal | Inhalation | supp | Suppositories |
| inj | Injection | susp | Suspension |
| IR | Immediate release | tabs | Tablets |
| IV | Intravenous | | |
| OTC-C | Covered over-the-counter drug | | |
| PA | Prior authorization | | |
| QL | Quantity limit | | |
| SF | Split fill program drug | | |
| SP | Specialty drug | | |
| ST | Step therapy | | |

NOTE: All non-preferred (NP) drugs require a prior authorization and will reject at the pharmacy if a prior approval has not been granted.

The information in the prior authorization, quantity limits and step therapy columns identify if Blue Plus has any special requirements for coverage of your drug.

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| ANTI-INFECTIVE AGENTS | | |
| PENICILLINS | | |
| amoxicillin (trihydrate) cap 250 mg | C | |
| amoxicillin (trihydrate) cap 500 mg | C | |
| amoxicillin (trihydrate) for susp 125 mg/5ml | C | |
| amoxicillin (trihydrate) for susp 200 mg/5ml | C | |
| amoxicillin (trihydrate) for susp 250 mg/5ml | C | |
| amoxicillin (trihydrate) for susp 400 mg/5ml | C | |
| amoxicillin (trihydrate) tab 500 mg | C | |
| amoxicillin (trihydrate) tab 875 mg | C | |
| amoxicillin & k clavulanate for susp 200-28.5 mg/5ml | P | |
| amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin) | P | |
| amoxicillin & k clavulanate for susp 400-57 mg/5ml | P | |
| amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600) | P | |
| amoxicillin & k clavulanate tab 250-125 mg | P | |
| amoxicillin & k clavulanate tab 500-125 mg (Augmentin) | P | |
| amoxicillin & k clavulanate tab 875-125 mg | P | |
| AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg | NP | PA |
| AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 200-28.5 mg | NP | PA |
| AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 400-57 mg | NP | PA |
| AMPICILLIN - ampicillin cap 500 mg | C | |
| dicloxacillin sodium cap 250 mg | C | |
| dicloxacillin sodium cap 500 mg | C | |
| PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml | C | |
| PENICILLIN V POTASSIUM - penicillin v potassium for soln 250 mg/5ml | C | |
| penicillin v potassium tab 250 mg | C | |
| penicillin v potassium tab 500 mg | C | |
| CEPHALOSPORINS | | |
| CEFACLOR - cefaclor cap 250 mg | P | |
| CEFACLOR - cefaclor cap 500 mg | P | |
| CEFACLOR - cefaclor for susp 125 mg/5ml | P | |
| CEFACLOR - cefaclor for susp 250 mg/5ml | P | |
| CEFACLOR - cefaclor for susp 375 mg/5ml | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| CEFACLOR ER - cefaclor monohydrate tab er 12hr 500 mg | NP | PA |
| CEFADROXIL - cefadroxil tab 1 gm | NP | PA |
| cefadroxil cap 500 mg | P | |
| cefadroxil for susp 250 mg/5ml | P | |
| cefadroxil for susp 500 mg/5ml | P | |
| cefdinir cap 300 mg | P | |
| cefdinir for susp 125 mg/5ml | P | |
| cefdinir for susp 250 mg/5ml | P | |
| cefixime cap 400 mg (Suprax) | NP | PA |
| cefixime for susp 100 mg/5ml (Suprax) | NP | PA |
| cefixime for susp 200 mg/5ml (Suprax) | NP | PA |
| cefpodoxime proxetil for susp 50 mg/5ml | NP | PA |
| cefpodoxime proxetil for susp 100 mg/5ml | NP | PA |
| cefpodoxime proxetil tab 100 mg | NP | PA |
| cefpodoxime proxetil tab 200 mg | NP | PA |
| cefprozil for susp 125 mg/5ml | P | |
| cefprozil for susp 250 mg/5ml | P | |
| cefprozil tab 250 mg | P | |
| cefprozil tab 500 mg | P | |
| cefuroxime axetil tab 250 mg | P | |
| cefuroxime axetil tab 500 mg | P | |
| CEPHALEXIN - cephalixin tab 250 mg | NP | PA |
| CEPHALEXIN - cephalixin tab 500 mg | NP | PA |
| cephalexin cap 250 mg (Keflex) | P | |
| cephalexin cap 500 mg (Keflex) | P | |
| cephalexin cap 750 mg (Keflex) | P | |
| cephalexin for susp 125 mg/5ml | P | |
| cephalexin for susp 250 mg/5ml | P | |
| KEFLEX - cephalixin cap 750 mg | NP | PA |
| SUPRAX - cefixime cap 400 mg | P | |
| SUPRAX - cefixime chew tab 100 mg | NP | PA |
| SUPRAX - cefixime chew tab 200 mg | NP | PA |
| SUPRAX - cefixime for susp 100 mg/5ml | NP | PA |
| SUPRAX - cefixime for susp 200 mg/5ml | NP | PA |
| SUPRAX - cefixime for susp 500 mg/5ml | NP | PA |
| MACROLIDES | | |
| AZITHROMYCIN - azithromycin powd pack for susp 1 gm | P | |
| azithromycin for susp 100 mg/5ml (Zithromax) | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| azithromycin for susp 200 mg/5ml (Zithromax) | P | |
| azithromycin tab 250 mg (Zithromax) | P | |
| azithromycin tab 500 mg (Zithromax) | P | |
| azithromycin tab 600 mg (Zithromax) | P | |
| CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml | NP | PA |
| CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml | NP | PA |
| clarithromycin tab er 24hr 500 mg | NP | PA |
| clarithromycin tab 250 mg | P | |
| clarithromycin tab 500 mg | P | |
| E.E.S. GRANULES - erythromycin ethylsuccinate for susp 200 mg/5ml | NP | PA |
| E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg | P | |
| ERYPED 200 - erythromycin ethylsuccinate for susp 200 mg/5ml | NP | PA |
| ERYPED 400 - erythromycin ethylsuccinate for susp 400 mg/5ml | NP | PA |
| ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg | NP | PA |
| ERYTHROMYCIN - erythromycin w/ delayed release particles cap 250 mg | P | |
| ERYTHROMYCIN ETHYLSUCCINATE - erythromycin ethylsuccinate tab 400 mg | NP | PA |
| erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules) | NP | PA |
| erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400) | NP | PA |
| erythromycin tab delayed release 250 mg | NP | PA |
| erythromycin tab delayed release 333 mg | NP | PA |
| erythromycin tab delayed release 500 mg | NP | PA |
| erythromycin tab 250 mg | NP | PA |
| erythromycin tab 500 mg | NP | PA |
| ZITHROMAX - azithromycin tab 250 mg | NP | PA |
| ZITHROMAX - azithromycin tab 500 mg | NP | PA |
| ZITHROMAX - azithromycin for susp 100 mg/5ml | NP | PA |
| ZITHROMAX - azithromycin for susp 200 mg/5ml | NP | PA |
| ZITHROMAX - azithromycin powd pack for susp 1 gm | NP | PA |
| ZITHROMAX TRI-PAK - azithromycin tab 500 mg | NP | PA |
| ZITHROMAX Z-PAK - azithromycin tab 250 mg | NP | PA |
| TETRACYCLINES | | |
| demeclocycline hcl tab 150 mg | C | |
| demeclocycline hcl tab 300 mg | C | |
| doxycycline hyclate cap 50 mg | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| doxycycline hyclate cap 100 mg (Vibramycin) | C | |
| doxycycline hyclate tab 20 mg | C | |
| doxycycline hyclate tab 100 mg | C | |
| doxycycline monohydrate cap 50 mg | C | |
| doxycycline monohydrate cap 100 mg | C | |
| doxycycline monohydrate for susp 25 mg/5ml (Vibramycin) | C | |
| doxycycline monohydrate tab 75 mg | C | |
| doxycycline monohydrate tab 100 mg | C | |
| minocycline hcl cap 50 mg (Minocin) | C | |
| minocycline hcl cap 75 mg | C | |
| minocycline hcl cap 100 mg | C | |
| FLUOROQUINOLONES | | |
| BAXDELA - delafloxacin meglumine tab 450 mg (base equiv) | NP | PA |
| CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml) | NP | PA |
| CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml) | NP | PA |
| CIPRO - ciprofloxacin hcl tab 250 mg (base equiv) | NP | PA |
| CIPRO - ciprofloxacin hcl tab 500 mg (base equiv) | NP | PA |
| CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg (base equiv) | P | |
| ciprofloxacin hcl tab 250 mg (base equiv) (Cipro) | P | |
| ciprofloxacin hcl tab 500 mg (base equiv) (Cipro) | P | |
| ciprofloxacin hcl tab 750 mg (base equiv) | P | |
| levofloxacin oral soln 25 mg/ml | P | |
| levofloxacin tab 250 mg | P | |
| levofloxacin tab 500 mg (Levaquin) | P | |
| levofloxacin tab 750 mg (Levaquin) | P | |
| moxifloxacin hcl tab 400 mg (base equiv) (Avelox) | NP | PA |
| OFLOXACIN - ofloxacin tab 300 mg | NP | PA |
| ofloxacin tab 400 mg | NP | PA |
| AMINOGLYCOSIDES | | |
| ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq) | C | PA, QL (28 vials/28 days), SP |
| BETHKIS - tobramycin nebu soln 300 mg/4ml | P | SP |
| KITABIS PAK - tobramycin nebu soln 300 mg/5ml | P | SP |
| neomycin sulfate tab 500 mg | C | |
| paromomycin sulfate cap 250 mg | C | |
| TOBI - tobramycin nebu soln 300 mg/5ml | NP | PA, SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| TOBI PODHALER - tobramycin inhal cap 28 mg | NP | PA, SP |
| TOBRAMYCIN - tobramycin nebu soln 300 mg/5ml | NP | PA, SP |
| tobramycin nebu soln 300 mg/5ml (Tobi) | NP | PA, SP |
| tobramycin nebu soln 300 mg/4ml (Bethkis) | NP | PA, SP |
| TUBERCULOSIS | | |
| ethambutol hcl tab 100 mg (Myambutol) | C | |
| ethambutol hcl tab 400 mg (Myambutol) | C | |
| ISONIAZID - isoniazid tab 100 mg | C | |
| ISONIAZID - isoniazid syrup 50 mg/5ml | C | |
| isoniazid tab 300 mg | C | |
| PRIFTIN - rifapentine tab 150 mg | C | |
| pyrazinamide tab 500 mg | C | |
| rifabutin cap 150 mg (Mycobutin) | C | |
| rifampin cap 150 mg (Rifadin) | C | |
| rifampin cap 300 mg (Rifadin) | C | |
| FUNGAL INFECTIONS | | |
| ANCOBON - flucytosine cap 250 mg | NP | PA |
| ANCOBON - flucytosine cap 500 mg | NP | PA |
| CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg) | NP | PA |
| DIFLUCAN - fluconazole tab 50 mg | NP | PA |
| DIFLUCAN - fluconazole tab 100 mg | NP | PA |
| DIFLUCAN - fluconazole tab 150 mg | NP | PA |
| DIFLUCAN - fluconazole tab 200 mg | NP | PA |
| DIFLUCAN - fluconazole for susp 10 mg/ml | NP | PA |
| DIFLUCAN - fluconazole for susp 40 mg/ml | NP | PA |
| fluconazole for susp 10 mg/ml (Diflucan) | P | |
| fluconazole for susp 40 mg/ml (Diflucan) | P | |
| fluconazole tab 50 mg (Diflucan) | P | |
| fluconazole tab 100 mg (Diflucan) | P | |
| fluconazole tab 150 mg (Diflucan) | P | |
| fluconazole tab 200 mg (Diflucan) | P | |
| flucytosine cap 250 mg (Ancobon) | NP | PA |
| flucytosine cap 500 mg (Ancobon) | NP | PA |
| griseofulvin microsize susp 125 mg/5ml | NP | PA |
| griseofulvin microsize tab 500 mg | NP | PA |
| griseofulvin ultramicrosize tab 125 mg | NP | PA |
| griseofulvin ultramicrosize tab 250 mg | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| itraconazole cap 100 mg (Sporanox) | NP | PA, QL (120 capsules/30 days) |
| itraconazole oral soln 10 mg/ml (Sporanox) | NP | PA, QL (1200 mls/30 days) |
| ketoconazole tab 200 mg | NP | PA |
| NOXAFIL - posaconazole tab delayed release 100 mg | NP | PA |
| NOXAFIL - posaconazole susp 40 mg/ml | NP | PA |
| nystatin tab 500000 unit | NP | PA |
| posaconazole tab delayed release 100 mg (Noxafil) | NP | PA |
| SPORANOX - itraconazole oral soln 10 mg/ml | NP | PA, QL (1200 mls/30 days) |
| SPORANOX - itraconazole cap 100 mg | NP | PA, QL (120 capsules/30 days) |
| SPORANOX PULSEPAK - itraconazole cap 100 mg | NP | PA, QL (120 capsules/30 days) |
| terbinafine hcl tab 250 mg | P | QL (30 tablets/30 days) |
| TOLSURA - itraconazole cap 65 mg | NP | PA, QL (120 capsules/30 days) |
| voriconazole for susp 40 mg/ml (Vfend) | C | PA |
| voriconazole tab 50 mg (Vfend) | C | PA |
| voriconazole tab 200 mg (Vfend) | C | PA |
| VIRAL INFECTIONS | | |
| CYTOMEGALOVIRUS | | |
| valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte) | C | |
| valganciclovir hcl tab 450 mg (base equivalent) (Valcyte) | C | |
| HEPATITIS | | |
| adefovir dipivoxil tab 10 mg (Hepsera) | NP | PA |
| BARACLUDE - entecavir oral soln 0.05 mg/ml | P | |
| BARACLUDE - entecavir tab 0.5 mg | NP | PA |
| BARACLUDE - entecavir tab 1 mg | NP | PA |
| entecavir tab 0.5 mg (Baraclude) | P | |
| entecavir tab 1 mg (Baraclude) | P | |
| EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg | NP | PA, SP |
| EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg | NP | PA, SP |
| EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg | NP | PA, SP |
| EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg | NP | PA, SP |
| EPIVIR HBV - lamivudine tab 100 mg (hbv) | P | |
| EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv) | P | |
| HARVONI - ledipasvir-sofosbuvir tab 45-200 mg | NP | PA, SP |
| HARVONI - ledipasvir-sofosbuvir tab 90-400 mg | NP | PA, SP |
| HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg | NP | PA, SP |
| HARVONI - ledipasvir-sofosbuvir pellet pack 45-200 mg | NP | PA, SP |
| HEPSERA - adefovir dipivoxil tab 10 mg | P | |
| lamivudine tab 100 mg (hbv) (EpiVir hbv) | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg | NP | PA, SP |
| MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg | P | PA, SP |
| MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg | P | PA, SP |
| PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml | P | SP |
| PEGASYS - peginterferon alfa-2a inj 180 mcg/ml | P | SP |
| ribavirin cap 200 mg | P | SP |
| ribavirin tab 200 mg | P | SP |
| SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg | NP | PA, SP |
| SOVALDI - sofosbuvir tab 200 mg | NP | PA, SP |
| SOVALDI - sofosbuvir tab 400 mg | NP | PA, SP |
| SOVALDI - sofosbuvir pellet pack 150 mg | NP | PA, SP |
| SOVALDI - sofosbuvir pellet pack 200 mg | NP | PA, SP |
| VEMLIDY - tenofovir alafenamide fumarate tab 25 mg | NP | PA |
| VIEKIRA PAK - ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg | NP | PA, SP |
| VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg | P | PA, SP |
| ZEPATIER - elbasvir-grazoprevir tab 50-100 mg | NP | PA, SP |
| HERPES | | |
| acyclovir cap 200 mg (Zovirax) | P | |
| acyclovir susp 200 mg/5ml (Zovirax) | P | |
| acyclovir tab 400 mg (Zovirax) | P | |
| acyclovir tab 800 mg (Zovirax) | P | |
| famciclovir tab 125 mg | NP | PA |
| famciclovir tab 250 mg | NP | PA |
| famciclovir tab 500 mg | NP | PA |
| SITAVIG - acyclovir buccal tab 50 mg | NP | PA |
| valacyclovir hcl tab 500 mg (Valtrex) | P | |
| valacyclovir hcl tab 1 gm (Valtrex) | P | |
| VALTREX - valacyclovir hcl tab 500 mg | NP | PA |
| VALTREX - valacyclovir hcl tab 1 gm | NP | PA |
| ZOVIRAX - acyclovir susp 200 mg/5ml | NP | PA |
| HIV/AIDS | | |
| abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen) | C | QL (4 bottles/30 days) |
| abacavir sulfate tab 300 mg (base equiv) (Ziagen) | C | QL (60 tablets/30 days) |
| abacavir sulfate-lamivudine tab 600-300 mg (Epzicom) | C | QL (30 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (Trizivir) | C | QL (60 tablets/30 days) |
| APTIVUS - tipranavir cap 250 mg | C | QL (120 capsules/30 days) |
| atazanavir sulfate cap 150 mg (base equiv) (Reyataz) | C | QL (30 capsules/30 days) |
| atazanavir sulfate cap 200 mg (base equiv) (Reyataz) | C | QL (60 capsules/30 days) |
| atazanavir sulfate cap 300 mg (base equiv) (Reyataz) | C | QL (30 capsules/30 days) |
| BIKTARVY - bictegrovir-emtricitabine-tenofovir af tab 50-200-25 mg | C | QL (30 tablets/30 days) |
| COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg | C | QL (30 tablets/30 days) |
| CRIXIVAN - indinavir sulfate cap 400 mg | C | QL (180 capsules/30 days) |
| DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg | C | QL (30 tablets/30 days) |
| DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg | C | QL (30 tablets/30 days) |
| DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq) | C | QL (30 tablets/30 days) |
| EDURANT - rilpivirine hcl tab 25 mg (base equivalent) | C | QL (30 tablets/30 days) |
| efavirenz cap 50 mg (Sustiva) | C | QL (90 capsules/30 days) |
| efavirenz cap 200 mg (Sustiva) | C | QL (60 capsules/30 days) |
| efavirenz tab 600 mg (Sustiva) | C | QL (30 tablets/30 days) |
| efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla) | C | QL (30 tablets/30 days) |
| efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo) | C | QL (30 tablets/30 days) |
| efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi) | C | QL (30 tablets/30 days) |
| emtricitabine caps 200 mg (Emtriva) | C | QL (30 capsules/30 days) |
| emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Truvada) | C | QL (30 tablets/30 days) |
| emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Truvada) | C | QL (30 tablets/30 days) |
| emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Truvada) | C | QL (30 tablets/30 days) |
| emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada) | C | QL (30 tablets/30 days) |
| EMTRIVA - emtricitabine soln 10 mg/ml | C | QL (680 mls/28 days) |
| etravirine tab 100 mg (Intelence) | C | QL (60 tablets/30 days) |
| etravirine tab 200 mg (Intelence) | C | QL (60 tablets/30 days) |
| EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv) | C | QL (30 tablets/30 days) |
| fosamprenavir calcium tab 700 mg (base equiv) (Lexiva) | C | QL (120 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| FUZEON - enfuvirtide for inj 90 mg | C | QL (60 vials/30 days), SP |
| GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg | C | QL (30 tablets/30 days) |
| INTELENCE - etravirine tab 25 mg | C | QL (120 tablets/30 days) |
| INVIRASE - saquinavir mesylate tab 500 mg | C | QL (120 tablets/30 days) |
| ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv) | C | QL (60 packets/30 days) |
| ISENTRESS - raltegravir potassium tab 400 mg (base equiv) | C | QL (60 tablets/30 days) |
| ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv) | C | QL (180 tablets/30 days) |
| ISENTRESS - raltegravir potassium chew tab 100 mg (base equiv) | C | QL (180 tablets/30 days) |
| ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv) | C | QL (60 tablets/30 days) |
| JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq) | C | QL (30 tablets/30 days) |
| lamivudine oral soln 10 mg/ml (Epivir) | C | QL (960 mls/30 days) |
| lamivudine tab 150 mg (Epivir) | C | QL (60 tablets/30 days) |
| lamivudine tab 300 mg (Epivir) | C | QL (30 tablets/30 days) |
| lamivudine-zidovudine tab 150-300 mg (Combivir) | C | QL (60 tablets/30 days) |
| LEXIVA - fosamprenavir calcium susp 50 mg/ml (base equiv) | C | QL (1800 mls/30 days) |
| lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra) | C | QL (480 mls/30 days) |
| lopinavir-ritonavir tab 100-25 mg (Kaletra) | C | QL (180 tablets/30 days) |
| lopinavir-ritonavir tab 200-50 mg (Kaletra) | C | QL (120 tablets/30 days) |
| NEVIRAPINE - nevirapine susp 50 mg/5ml | C | QL (1200 mls/30 days) |
| NEVIRAPINE ER - nevirapine tab er 24hr 100 mg | C | QL (90 tablets/30 days) |
| nevirapine tab er 24hr 400 mg (Viramune xr) | C | QL (30 tablets/30 days) |
| nevirapine tab 200 mg (Viramune) | C | QL (60 tablets/30 days) |
| NORVIR - ritonavir oral soln 80 mg/ml | C | QL (480 mls/30 days) |
| ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg | C | QL (30 tablets/30 days) |
| PREZCOBIX - darunavir-cobicistat tab 800-150 mg | C | QL (30 tablets/30 days) |
| PREZISTA - darunavir ethanolate susp 100 mg/ml (base equiv) | C | QL (400 mls/30 days) |
| PREZISTA - darunavir ethanolate tab 75 mg (base equiv) | C | QL (300 tablets/30 days) |
| PREZISTA - darunavir ethanolate tab 150 mg (base equiv) | C | QL (180 tablets/30 days) |
| PREZISTA - darunavir ethanolate tab 600 mg (base equiv) | C | QL (60 tablets/30 days) |
| PREZISTA - darunavir ethanolate tab 800 mg (base equiv) | C | QL (30 tablets/30 days) |
| REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv) | C | QL (240 packets/30 days) |
| ritonavir tab 100 mg (Norvir) | C | QL (360 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg | C | QL (60 tablets/30 days) |
| SELZENTRY - maraviroc oral soln 20 mg/ml | C | QL (1840 mls/30 days) |
| SELZENTRY - maraviroc tab 25 mg | C | QL (240 tablets/30 days) |
| SELZENTRY - maraviroc tab 75 mg | C | QL (60 tablets/30 days) |
| SELZENTRY - maraviroc tab 150 mg | C | QL (60 tablets/30 days) |
| SELZENTRY - maraviroc tab 300 mg | C | QL (120 tablets/30 days) |
| STAVUDINE - stavudine cap 15 mg | C | QL (60 capsules/30 days) |
| STAVUDINE - stavudine cap 20 mg | C | QL (60 capsules/30 days) |
| STAVUDINE - stavudine cap 30 mg | C | QL (60 capsules/30 days) |
| STAVUDINE - stavudine cap 40 mg | C | QL (60 capsules/30 days) |
| STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg | C | QL (30 tablets/30 days) |
| SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg | C | QL (30 tablets/30 days) |
| TEMIXYS - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg | C | QL (30 tablets/30 days) |
| tenofovir disoproxil fumarate tab 300 mg (Viread) | C | QL (30 tablets/30 days) |
| TIVICAY - dolutegravir sodium tab 10 mg (base equiv) | C | QL (240 tablets/30 days) |
| TIVICAY - dolutegravir sodium tab 25 mg (base equiv) | C | QL (60 tablets/30 days) |
| TIVICAY - dolutegravir sodium tab 50 mg (base equiv) | C | QL (60 tablets/30 days) |
| TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv) | C | QL (360 tablets/30 days) |
| TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg | C | QL (30 tablets/30 days) |
| TYBOST - cobicistat tab 150 mg | C | QL (30 tablets/30 days) |
| VIRACEPT - nelfinavir mesylate tab 250 mg | C | QL (270 tablets/30 days) |
| VIRACEPT - nelfinavir mesylate tab 625 mg | C | QL (120 tablets/30 days) |
| VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm | C | QL (4 bottles/30 days) |
| VIREAD - tenofovir disoproxil fumarate tab 150 mg | C | QL (30 tablets/30 days) |
| VIREAD - tenofovir disoproxil fumarate tab 200 mg | C | QL (30 tablets/30 days) |
| VIREAD - tenofovir disoproxil fumarate tab 250 mg | C | QL (30 tablets/30 days) |
| zidovudine cap 100 mg (Retrovir) | C | QL (180 capsules/30 days) |
| zidovudine syrup 10 mg/ml (Retrovir) | C | QL (1920 mls/30 days) |
| zidovudine tab 300 mg | C | QL (60 tablets/30 days) |
| INFLUENZA | | |
| oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu) | P | |
| oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu) | P | |
| oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu) | P | |
| oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu) | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| RELENZA DISKHALER - zanamivir aero powder breath activated 5 mg/blister | P | |
| TAMIFLU - oseltamivir phosphate for susp 6 mg/ml (base equiv) | NP | PA |
| TAMIFLU - oseltamivir phosphate cap 30 mg (base equiv) | NP | PA |
| TAMIFLU - oseltamivir phosphate cap 45 mg (base equiv) | NP | PA |
| TAMIFLU - oseltamivir phosphate cap 75 mg (base equiv) | NP | PA |
| XOFLUZA - baloxavir marboxil tab therapy pack 2 x 20 mg (40 mg dose) | NP | PA |
| XOFLUZA - baloxavir marboxil tab therapy pack 2 x 40 mg (80 mg dose) | NP | PA |
| XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose) | NP | PA |
| XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose) | NP | PA |
| MALARIA | | |
| atovaquone-proguanil hcl tab 62.5-25 mg (Malarone) | C | |
| atovaquone-proguanil hcl tab 250-100 mg (Malarone) | C | |
| CHLOROQUINE PHOSPHATE - chloroquine phosphate tab 500 mg | C | |
| chloroquine phosphate tab 250 mg | C | |
| hydroxychloroquine sulfate tab 200 mg (Plaquenil) | C | |
| KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent) | C | |
| mefloquine hcl tab 250 mg | C | |
| primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate) | C | |
| pyrimethamine tab 25 mg (Daraprim) | C | |
| WORM INFECTIONS | | |
| albendazole tab 200 mg (Albenza) | C | |
| BENZNIDAZOLE - benznidazole tab 12.5 mg | C | |
| BENZNIDAZOLE - benznidazole tab 100 mg | C | |
| ivermectin tab 3 mg (Stromectol) | C | |
| praziquantel tab 600 mg (Biltricide) | C | |
| OTHER ANTI-INFECTIVES | | |
| ALINIA - nitazoxanide for susp 100 mg/5ml | C | QL (300 mls/90 days) |
| atovaquone susp 750 mg/5ml (Mepron) | C | |
| CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent) | NP | PA, SP |
| clindamycin hcl cap 75 mg (Cleocin) | C | |
| clindamycin hcl cap 150 mg (Cleocin) | C | |
| clindamycin hcl cap 300 mg (Cleocin) | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr) | C | |
| dapsone tab 25 mg | C | |
| dapsone tab 100 mg | C | |
| IMPAVIDO - miltefosine cap 50 mg | C | |
| linezolid for susp 100 mg/5ml (Zyvox) | C | |
| linezolid tab 600 mg (Zyvox) | C | |
| metronidazole tab 250 mg (Flagyl) | C | |
| metronidazole tab 500 mg (Flagyl) | C | |
| nitazoxanide tab 500 mg (Alinia) | C | QL (360 tablets/30 days) |
| nitrofurantoin macrocrystalline cap 50 mg (Macrochantin) | C | |
| nitrofurantoin macrocrystalline cap 100 mg (Macrochantin) | C | |
| nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid) | C | |
| nitrofurantoin susp 25 mg/5ml | C | |
| SULFADIAZINE - sulfadiazine tab 500 mg | C | |
| sulfamethoxazole-trimethoprim susp 200-40 mg/5ml | C | |
| sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim) | C | |
| sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds) | C | |
| TRIMETHOPRIM - trimethoprim tab 100 mg | C | |
| vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl) | C | |
| vancomycin hcl cap 250 mg (base equivalent) (Vancocin hcl) | C | |
| XIFAXAN - rifaximin tab 550 mg | C | |
| IMMUNIZING AGENTS | | |
| IMMUNIZING AGENTS | | |
| AFLURIA QUADRIVALENT 2021-2022 - influenza virus vac split quadrivalent susp pref syr 0.25 ml | C | |
| AFLURIA QUADRIVALENT 2021-2022 - influenza virus vac split quadrivalent susp pref syr 0.5ml | C | |
| AFLURIA QUADRIVALENT 2021-2022 - influenza virus vaccine split quadrivalent im inj | C | |
| BCG VACCINE - bcg vaccine inj | C | |
| BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml | C | |
| BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml | C | |
| FLUAD QUADRIVALENT 2021-2022 - influenza vac type a&b surface ant adj quad pref syr 0.5 ml | C | |
| FLUARIX QUADRIVALENT 2021-2022 - influenza virus vac split quadrivalent susp pref syr 0.5ml | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| FLUBLOK QUADRIVALENT 2021-2022 - influenza vac recomb ha quad pf soln pref syr 0.5 ml | C | |
| FLUCELVAX QUAD PF 2021-2022 - influenza vac tiss-cult subunt quad susp pref syr 0.5 ml | C | |
| FLUCELVAX QUAD 2021-2022 - influenza vac tissue-cultured subunit quadrivalent im susp | C | |
| FLULAVAL QUADRIVALENT 2021-2022 - influenza virus vac split quadrivalent susp pref syr 0.5ml | C | |
| FLUMIST QUADRIVALENT 2021-2022 - influenza virus vaccine live quadrivalent intranasal susp | C | |
| FLUZONE HIGH-DOSE PF 2021-2022 - influenza vac split high-dose quad pf susp pref syr 0.7 ml | C | |
| FLUZONE QUADRIVALENT 2021-2022 - influenza virus vac split quadrivalent susp pref syr 0.5ml | C | |
| FLUZONE QUADRIVALENT 2021-2022 - influenza virus vaccine split quadrivalent im inj | C | |
| FLUZONE QUADRIVALENT 2021-2022 - influenza virus vaccine split quadrivalent inj 0.5 ml | C | |
| GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr | C | AL (9 yr to 45 yr) |
| GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp | C | AL (9 yr to 45 yr) |
| HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml | C | |
| PNEUMOVAX 23 - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml | C | |
| PNEUMOVAX 23/1 DOSE - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml | C | |
| SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml | C | AL (>=50 yr) |
| VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml | C | AL (>=19 yr) |
| PASSIVE IMMUNIZING AGENTS | | |
| CUTAQUIG - immune globulin (human)-hipp subcutaneous inj 1 gm/6ml | C | PA, SP |
| CUTAQUIG - immune globulin (human)-hipp subcutaneous inj 1.65 gm/10ml | C | PA, SP |
| CUTAQUIG - immune globulin (human)-hipp subcutaneous inj 2 gm/12ml | C | PA, SP |
| CUTAQUIG - immune globulin (human)-hipp subcutaneous inj 3.3 gm/20ml | C | PA, SP |
| CUTAQUIG - immune globulin (human)-hipp subcutaneous inj 4 gm/24ml | C | PA, SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| CUTAQUIG - immune globulin (human)-hipp subcutaneous inj 8 gm/48ml | C | PA, SP |
| CUVITRU - immune globulin (human) subcutaneous inj 1 gm/5ml | C | PA, SP |
| CUVITRU - immune globulin (human) subcutaneous inj 2 gm/10ml | C | PA, SP |
| CUVITRU - immune globulin (human) subcutaneous inj 4 gm/20ml | C | PA, SP |
| CUVITRU - immune globulin (human) subcutaneous inj 8 gm/40ml | C | PA, SP |
| CUVITRU - immune globulin (human) subcutaneous inj 10 gm/50ml | C | PA, SP |
| HIZENTRA - immune globulin (human) subcutaneous soln pref syr 1 gm/5ml | C | PA, SP |
| HIZENTRA - immune globulin (human) subcutaneous soln pref syr 2 gm/10ml | C | PA, SP |
| HIZENTRA - immune globulin (human) subcutaneous soln pref syr 4 gm/20ml | C | PA, SP |
| HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml | C | PA, SP |
| HIZENTRA - immune globulin (human) subcutaneous inj 2 gm/10ml | C | PA, SP |
| HIZENTRA - immune globulin (human) subcutaneous inj 4 gm/20ml | C | PA, SP |
| HIZENTRA - immune globulin (human) subcutaneous inj 10 gm/50ml | C | PA, SP |
| HYQVIA - immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit | C | PA, SP |
| HYQVIA - immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit | C | PA, SP |
| HYQVIA - immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit | C | PA, SP |
| HYQVIA - immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit | C | PA, SP |
| HYQVIA - immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit | C | PA, SP |
| XEMBIFY - immune globulin (human)-klhw subcutaneous inj 1 gm/5ml | C | PA, SP |
| XEMBIFY - immune globulin (human)-klhw subcutaneous inj 2 gm/10ml | C | PA, SP |
| XEMBIFY - immune globulin (human)-klhw subcutaneous inj 4 gm/20ml | C | PA, SP |
| XEMBIFY - immune globulin (human)-klhw subcutaneous inj 10 gm/50ml | C | PA, SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| CANCER DRUGS | | |
| CANCER DRUGS | | |
| abiraterone acetate tab 250 mg (Zytiga) | C | PA, QL (120 tablets/30 days), SF, SP |
| abiraterone acetate tab 500 mg (Zytiga) | C | PA, QL (60 tablets/30 days), SF, SP |
| ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml) | C | SP |
| AFINITOR - everolimus tab 10 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| AFINITOR DISPERZ - everolimus tab for oral susp 2 mg | C | PA, QL (60 tablets/30 days), SF, SP |
| AFINITOR DISPERZ - everolimus tab for oral susp 3 mg | C | PA, QL (90 tablets/30 days), SF, SP |
| AFINITOR DISPERZ - everolimus tab for oral susp 5 mg | C | PA, QL (60 tablets/30 days), SF, SP |
| ALECENSA - alectinib hcl cap 150 mg (base equivalent) | C | PA, QL (240 capsules/30 days), SF, SP |
| anastrozole tab 1 mg (Arimidex) | C | |
| AYVAKIT - avapritinib tab 25 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| AYVAKIT - avapritinib tab 50 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| AYVAKIT - avapritinib tab 100 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| AYVAKIT - avapritinib tab 200 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| AYVAKIT - avapritinib tab 300 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| BALVERSA - erdafitinib tab 3 mg | C | PA, QL (90 tablets/30 days), SF, SP |
| BALVERSA - erdafitinib tab 4 mg | C | PA, QL (60 tablets/30 days), SF, SP |
| BALVERSA - erdafitinib tab 5 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| bexarotene cap 75 mg (Targretin) | C | PA, SF, SP |
| bicalutamide tab 50 mg (Casodex) | C | SP |
| BOSULIF - bosutinib tab 100 mg | C | PA, QL (90 tablets/30 days), SF, SP |
| BOSULIF - bosutinib tab 500 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| BRAFTOVI - encorafenib cap 75 mg | C | PA, QL (180 capsules/30 days), SP |
| BRUKINSA - zanubrutinib cap 80 mg | C | PA, QL (120 capsules/30 days), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent) | C | PA, QL (30 tablets/30 days), SF, SP |
| CABOMETYX - cabozantinib s-malate tab 40 mg (base equivalent) | C | PA, QL (30 tablets/30 days), SF, SP |
| CABOMETYX - cabozantinib s-malate tab 60 mg (base equivalent) | C | PA, QL (30 tablets/30 days), SF, SP |
| CALQUENCE - acalabrutinib cap 100 mg | C | PA, QL (60 capsules/30 days), SP |
| capecitabine tab 150 mg (Xeloda) | C | PA, SP |
| capecitabine tab 500 mg (Xeloda) | C | PA, SP |
| CAPRELSA - vandetanib tab 100 mg | C | PA, QL (60 tablets/30 days), SP |
| CAPRELSA - vandetanib tab 300 mg | C | PA, QL (30 tablets/30 days), SP |
| COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit | C | PA, QL (1 carton/28 days), SF, SP |
| COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit | C | PA, QL (1 carton/28 days), SF, SP |
| COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit | C | PA, QL (1 carton/28 days), SF, SP |
| COPIKTRA - duvelisib cap 15 mg | C | PA, QL (56 capsules/28 days), SF, SP |
| COPIKTRA - duvelisib cap 25 mg | C | PA, QL (56 capsules/28 days), SF, SP |
| COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent) | C | PA, QL (63 tablets/28 days), SP |
| CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg | C | SP |
| CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg | C | SP |
| cyclophosphamide cap 25 mg (Cyclophosphamide) | C | SP |
| cyclophosphamide cap 50 mg (Cyclophosphamide) | C | SP |
| DAURISMO - glasdegib maleate tab 25 mg (base equivalent) | C | PA, QL (60 tablets/30 days), SF, SP |
| DAURISMO - glasdegib maleate tab 100 mg (base equivalent) | C | PA, QL (30 tablets/30 days), SF, SP |
| EMCYT - estramustine phosphate sodium cap 140 mg | C | SP |
| ERIVEDGE - vismodegib cap 150 mg | C | PA, QL (30 capsules/30 days), SF, SP |
| ERLEADA - apalutamide tab 60 mg | C | PA, QL (120 tablets/30 days), SP |
| erlotinib hcl tab 25 mg (base equivalent) (Tarceva) | C | PA, QL (60 tablets/30 days), SF, SP |
| erlotinib hcl tab 100 mg (base equivalent) (Tarceva) | C | PA, QL (30 tablets/30 days), SF, SP |
| erlotinib hcl tab 150 mg (base equivalent) (Tarceva) | C | PA, QL (30 tablets/30 days), SF, SP |
| ETOPOSIDE - etoposide cap 50 mg | C | SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| everolimus tab for oral susp 2 mg (Afinitor disperz) | C | PA, QL (60 tablets/30 days), SF, SP |
| everolimus tab for oral susp 3 mg (Afinitor disperz) | C | PA, QL (90 tablets/30 days), SF, SP |
| everolimus tab for oral susp 5 mg (Afinitor disperz) | C | PA, QL (60 tablets/30 days), SF, SP |
| everolimus tab 2.5 mg (Afinitor) | C | PA, QL (30 tablets/30 days), SF, SP |
| everolimus tab 5 mg (Afinitor) | C | PA, QL (30 tablets/30 days), SF, SP |
| everolimus tab 7.5 mg (Afinitor) | C | PA, QL (30 tablets/30 days), SF, SP |
| everolimus tab 10 mg (Afinitor) | C | PA, QL (30 tablets/30 days), SF, SP |
| exemestane tab 25 mg (Aromasin) | C | |
| FARYDAK - panobinostat lactate cap 10 mg (base equivalent) | C | PA, QL (6 capsules/21 days), SP |
| FARYDAK - panobinostat lactate cap 15 mg (base equivalent) | C | PA, QL (6 capsules/21 days), SP |
| FARYDAK - panobinostat lactate cap 20 mg (base equivalent) | C | PA, QL (6 capsules/21 days), SP |
| FIRMAGON - degarelix acetate for inj 80 mg (base equiv) | C | SP |
| FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose) | C | SP |
| FLUTAMIDE - flutamide cap 125 mg | C | SP |
| FOTIVDA - tivozanib hcl cap 890 mcg (base equivalent) | C | PA, QL (21 capsules/28 days), SP |
| FOTIVDA - tivozanib hcl cap 1340 mcg (base equivalent) | C | PA, QL (21 tablets/28 days), SP |
| fulvestrant inj 250 mg/5ml (Faslodex) | C | SP |
| GAVRETO - pralsetinib cap 100 mg | C | PA, QL (120 capsules/30 days), SF, SP |
| GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent) | C | PA, QL (30 tablets/30 days), SP |
| GILOTRIF - afatinib dimaleate tab 30 mg (base equivalent) | C | PA, QL (30 tablets/30 days), SP |
| GILOTRIF - afatinib dimaleate tab 40 mg (base equivalent) | C | PA, QL (30 tablets/30 days), SP |
| GLEOSTINE - lomustine cap 10 mg | C | SP |
| GLEOSTINE - lomustine cap 40 mg | C | SP |
| GLEOSTINE - lomustine cap 100 mg | C | SP |
| HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv) | C | PA, SP |
| HYCAMTIN - topotecan hcl cap 1 mg (base equiv) | C | PA, SP |
| HYDROXYPROGESTERONE CAPROATE - hydroxyprogesterone caproate im in oil 1.25 gm/5ml | C | SP |
| hydroxyurea cap 500 mg (Hydrea) | C | SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| IBRANCE - palbociclib cap 75 mg | C | PA, QL (21 capsules/28 days), SP |
| IBRANCE - palbociclib cap 100 mg | C | PA, QL (21 capsules/28 days), SP |
| IBRANCE - palbociclib cap 125 mg | C | PA, QL (21 capsules/28 days), SP |
| IBRANCE - palbociclib tab 75 mg | C | PA, QL (21 tablets/28 days), SP |
| IBRANCE - palbociclib tab 100 mg | C | PA, QL (21 tablets/28 days), SP |
| IBRANCE - palbociclib tab 125 mg | C | PA, QL (21 tablets/28 days), SP |
| ICLUSIG - ponatinib hcl tab 10 mg (base equiv) | C | PA, QL (30 tablets/30 days), SF, SP |
| ICLUSIG - ponatinib hcl tab 15 mg (base equiv) | C | PA, QL (30 tablets/30 days), SF, SP |
| ICLUSIG - ponatinib hcl tab 30 mg (base equiv) | C | PA, QL (30 tablets/30 days), SF, SP |
| ICLUSIG - ponatinib hcl tab 45 mg (base equiv) | C | PA, QL (30 tablets/30 days), SF, SP |
| imatinib mesylate tab 100 mg (base equivalent) (Gleevec) | C | PA, QL (90 tablets/30 days), SF, SP |
| imatinib mesylate tab 400 mg (base equivalent) (Gleevec) | C | PA, QL (60 tablets/30 days), SF, SP |
| IMBRUVICA - ibrutinib cap 70 mg | C | PA, QL (30 capsules/30 days), SP |
| IMBRUVICA - ibrutinib cap 140 mg | C | PA, QL (60 capsules/30 days), SP |
| IMBRUVICA - ibrutinib tab 140 mg | C | PA, QL (30 tablets/30 days), SP |
| IMBRUVICA - ibrutinib tab 280 mg | C | PA, QL (30 tablets/30 days), SP |
| IMBRUVICA - ibrutinib tab 420 mg | C | PA, QL (30 tablets/30 days), SP |
| IMBRUVICA - ibrutinib tab 560 mg | C | PA, QL (30 tablets/30 days), SP |
| INLYTA - axitinib tab 1 mg | C | PA, QL (180 tablets/30 days), SF, SP |
| INLYTA - axitinib tab 5 mg | C | PA, QL (120 tablets/30 days), SF, SP |
| INQOVI - decitabine-cedazuridine tab 35-100 mg | C | PA, QL (5 tablets/28 days), SP |
| INREBIC - fedratinib hcl cap 100 mg | C | PA, QL (120 capsules/30 days), SF, SP |
| INTRON A - interferon alfa-2b inj 6000000 unit/ml | C | SP |
| INTRON A - interferon alfa-2b inj 10000000 unit/ml | C | SP |
| INTRON A - interferon alfa-2b for inj 10000000 unit | C | SP |
| INTRON A - interferon alfa-2b for inj 18000000 unit | C | SP |
| INTRON A - interferon alfa-2b for inj 50000000 unit | C | SP |
| IRESSA - gefitinib tab 250 mg | C | PA, QL (30 tablets/30 days), SF, SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent) | C | PA, QL (60 tablets/30 days), SF, SP |
| JAKAFI - ruxolitinib phosphate tab 10 mg (base equivalent) | C | PA, QL (60 tablets/30 days), SF, SP |
| JAKAFI - ruxolitinib phosphate tab 15 mg (base equivalent) | C | PA, QL (60 tablets/30 days), SF, SP |
| JAKAFI - ruxolitinib phosphate tab 20 mg (base equivalent) | C | PA, QL (60 tablets/30 days), SF, SP |
| JAKAFI - ruxolitinib phosphate tab 25 mg (base equivalent) | C | PA, QL (60 tablets/30 days), SF, SP |
| KISQALI - ribociclib succinate tab pack 200 mg daily dose | C | PA, QL (21 tablets/28 days), SP |
| KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab) | C | PA, QL (42 tablets/28 days), SP |
| KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab) | C | PA, QL (63 tablets/28 days), SP |
| KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk | C | PA, QL (49 tablets/28 days), SP |
| KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk | C | PA, QL (70 tablets/28 days), SP |
| KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk | C | PA, QL (91 tablets/28 days), SP |
| KOSELUGO - selumetinib sulfate cap 10 mg | C | PA, QL (240 capsules/30 days), SP |
| KOSELUGO - selumetinib sulfate cap 25 mg | C | PA, QL (120 capsules/30 days), SP |
| lapatinib ditosylate tab 250 mg (base equiv) (Tykerb) | C | PA, QL (180 tablets/30 days), SP |
| LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose) | C | PA, QL (30 capsules/30 days), SF, SP |
| LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose) | C | PA, QL (90 capsules/30 days), SF, SP |
| LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose) | C | PA, QL (60 capsules/30 days), SF, SP |
| LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose) | C | PA, QL (90 capsules/30 days), SF, SP |
| LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose) | C | PA, QL (60 capsules/30 days), SF, SP |
| LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose) | C | PA, QL (90 capsules/30 days), SF, SP |
| LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose) | C | PA, QL (30 capsules/30 days), SF, SP |
| LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose) | C | PA, QL (60 capsules/30 days), SF, SP |
| letrozole tab 2.5 mg (Femara) | C | |
| leucovorin calcium tab 5 mg | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| leucovorin calcium tab 10 mg | C | |
| leucovorin calcium tab 15 mg | C | |
| leucovorin calcium tab 25 mg | C | |
| LEUKERAN - chlorambucil tab 2 mg | C | SP |
| LONSURF - trifluridine-tipiracil tab 15-6.14 mg | C | PA, QL (60 tablets/28 days), SP |
| LONSURF - trifluridine-tipiracil tab 20-8.19 mg | C | PA, QL (80 tablets/28 days), SP |
| LORBRENA - lorlatinib tab 25 mg | C | PA, QL (90 tablets/30 days), SF, SP |
| LORBRENA - lorlatinib tab 100 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| LUMAKRAS - sotorasib tab 120 mg | C | PA, QL (240 tablets/30 days), SP |
| LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg | C | SP |
| LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg | C | SP |
| LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg | C | SP |
| LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 22.5 mg | C | SP |
| LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg | C | SP |
| LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg | C | SP |
| LYNPARZA - olaparib tab 100 mg | C | PA, QL (120 tablets/30 days), SF, SP |
| LYNPARZA - olaparib tab 150 mg | C | PA, QL (120 tablets/30 days), SF, SP |
| LYSODREN - mitotane tab 500 mg | C | PA, SP |
| MATULANE - procarbazine hcl cap 50 mg | C | PA, SP |
| megestrol acetate susp 40 mg/ml | P | |
| megestrol acetate tab 20 mg | P | |
| megestrol acetate tab 40 mg | P | |
| MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) | C | PA, QL (90 tablets/30 days), SP |
| MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent) | C | PA, QL (30 tablets/30 days), SP |
| MEKTOVI - binimetinib tab 15 mg | C | PA, QL (180 tablets/30 days), SP |
| melphalan tab 2 mg (Alkeran) | C | SP |
| mercaptopurine tab 50 mg | C | SP |
| MESNEX - mesna tab 400 mg | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml) | C | |
| methotrexate sodium tab 2.5 mg (base equiv) | C | |
| MYLERAN - busulfan tab 2 mg | C | SP |
| NEXAVAR - sorafenib tosylate tab 200 mg (base equivalent) | C | PA, QL (120 tablets/30 days), SF, SP |
| nilutamide tab 150 mg (Nilandron) | C | SP |
| NINLARO - ixazomib citrate cap 2.3 mg (base equivalent) | C | PA, QL (3 capsules/28 days), SP |
| NINLARO - ixazomib citrate cap 3 mg (base equivalent) | C | PA, QL (3 capsules/28 days), SP |
| NINLARO - ixazomib citrate cap 4 mg (base equivalent) | C | PA, QL (3 capsules/28 days), SP |
| NUBEQA - darolutamide tab 300 mg | C | PA, QL (120 tablets/30 days), SP |
| ODOMZO - sonidegib phosphate cap 200 mg (base equivalent) | C | PA, QL (30 capsules/30 days), SF, SP |
| ONUREG - azacitidine tab 200 mg | C | PA, QL (14 tablets/28 days), SP |
| ONUREG - azacitidine tab 300 mg | C | PA, QL (14 tablets/28 days), SP |
| ORGOVYX - relugolix tab 120 mg | C | PA, QL (30 tablets/30 days), SP |
| PEMAZYRE - pemigatinib tab 4.5 mg | C | PA, QL (14 tablets/21 days), SP |
| PEMAZYRE - pemigatinib tab 9 mg | C | PA, QL (14 tablets/21 days), SP |
| PEMAZYRE - pemigatinib tab 13.5 mg | C | PA, QL (14 tablets/21 days), SP |
| PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose | C | PA, QL (28 tablets/28 days), SP |
| PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs) | C | PA, QL (56 tablets/28 days), SP |
| PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab) | C | PA, QL (56 tablets/28 days), SP |
| POMALYST - pomalidomide cap 1 mg | C | PA, QL (21 capsules/28 days), SP |
| POMALYST - pomalidomide cap 2 mg | C | PA, QL (21 capsules/28 days), SP |
| POMALYST - pomalidomide cap 3 mg | C | PA, QL (21 capsules/28 days), SP |
| POMALYST - pomalidomide cap 4 mg | C | PA, QL (21 capsules/28 days), SP |
| PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml) | C | SP |
| QINLOCK - ripretinib tab 50 mg | C | PA, QL (90 tablets/30 days), SP |
| RETEVMO - selpercatinib cap 40 mg | C | PA, QL (180 capsules/30 days), SF, SP |
| RETEVMO - selpercatinib cap 80 mg | C | PA, QL (120 capsules/30 days), SF, SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| REVLIMID - lenalidomide caps 2.5 mg | C | PA, QL (30 capsules/30 days), SP |
| REVLIMID - lenalidomide cap 5 mg | C | PA, QL (30 capsules/30 days), SP |
| REVLIMID - lenalidomide cap 10 mg | C | PA, QL (30 capsules/30 days), SP |
| REVLIMID - lenalidomide cap 15 mg | C | PA, QL (21 capsules/28 days), SP |
| REVLIMID - lenalidomide cap 20 mg | C | PA, QL (21 capsules/28 days), SP |
| REVLIMID - lenalidomide cap 25 mg | C | PA, QL (21 capsules/28 days), SP |
| ROZLYTREK - entrectinib cap 100 mg | C | PA, QL (30 capsules/30 days), SF, SP |
| ROZLYTREK - entrectinib cap 200 mg | C | PA, QL (90 capsules/30 days), SF, SP |
| RUBRACA - rucaparib camsylate tab 200 mg (base equivalent) | C | PA, QL (120 tablets/30 days), SF, SP |
| RUBRACA - rucaparib camsylate tab 250 mg (base equivalent) | C | PA, QL (120 tablets/30 days), SF, SP |
| RUBRACA - rucaparib camsylate tab 300 mg (base equivalent) | C | PA, QL (120 tablets/30 days), SF, SP |
| RYDAPT - midostaurin cap 25 mg | C | PA, QL (240 capsules/30 days), SP |
| SPRYCEL - dasatinib tab 20 mg | C | PA, QL (90 tablets/30 days), SF, SP |
| SPRYCEL - dasatinib tab 50 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| SPRYCEL - dasatinib tab 70 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| SPRYCEL - dasatinib tab 80 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| SPRYCEL - dasatinib tab 100 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| SPRYCEL - dasatinib tab 140 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| STIVARGA - regorafenib tab 40 mg | C | PA, QL (84 tablets/28 days), SP |
| sunitinib malate cap 12.5 mg (base equivalent) (Sutent) | C | PA, QL (90 capsules/30 days), SF, SP |
| sunitinib malate cap 25 mg (base equivalent) (Sutent) | C | PA, QL (30 capsules/30 days), SF, SP |
| sunitinib malate cap 37.5 mg (base equivalent) (Sutent) | C | PA, QL (30 capsules/30 days), SF, SP |
| sunitinib malate cap 50 mg (base equivalent) (Sutent) | C | PA, QL (30 capsules/30 days), SF, SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| SUTENT - sunitinib malate cap 12.5 mg (base equivalent) | C | PA, QL (90 capsules/30 days), SF, SP |
| SUTENT - sunitinib malate cap 25 mg (base equivalent) | C | PA, QL (30 capsules/30 days), SF, SP |
| SUTENT - sunitinib malate cap 37.5 mg (base equivalent) | C | PA, QL (30 capsules/30 days), SF, SP |
| SUTENT - sunitinib malate cap 50 mg (base equivalent) | C | PA, QL (30 capsules/30 days), SF, SP |
| SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg | C | SP |
| TABLOID - thioguanine tab 40 mg | C | SP |
| TABRECTA - capmatinib hcl tab 150 mg | C | PA, QL (112 tablets/28 days), SP |
| TABRECTA - capmatinib hcl tab 200 mg | C | PA, QL (112 tablets/28 days), SP |
| TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent) | C | PA, QL (120 capsules/30 days), SP |
| TAFINLAR - dabrafenib mesylate cap 75 mg (base equivalent) | C | PA, QL (120 capsules/30 days), SP |
| TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent) | C | PA, QL (30 tablets/30 days), SF, SP |
| TAGRISSO - osimertinib mesylate tab 80 mg (base equivalent) | C | PA, QL (30 tablets/30 days), SF, SP |
| TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent) | C | PA, QL (90 capsules/30 days), SF, SP |
| TALZENNA - talazoparib tosylate cap 1 mg (base equivalent) | C | PA, QL (30 capsules/30 days), SF, SP |
| tamoxifen citrate tab 10 mg (base equivalent) | C | |
| tamoxifen citrate tab 20 mg (base equivalent) | C | |
| TASIGNA - nilotinib hcl cap 50 mg (base equivalent) | C | PA, QL (120 capsules/30 days), SF, SP |
| TASIGNA - nilotinib hcl cap 150 mg (base equivalent) | C | PA, QL (120 capsules/30 days), SF, SP |
| TASIGNA - nilotinib hcl cap 200 mg (base equivalent) | C | PA, QL (120 capsules/30 days), SF, SP |
| TAZVERIK - tazemetostat hbr tab 200 mg | C | PA, QL (240 tablets/30 days), SP |
| temozolomide cap 5 mg (Temodar) | C | PA, SP |
| temozolomide cap 20 mg (Temodar) | C | PA, SP |
| temozolomide cap 100 mg (Temodar) | C | PA, SP |
| temozolomide cap 140 mg (Temodar) | C | PA, SP |
| temozolomide cap 180 mg (Temodar) | C | PA, SP |
| temozolomide cap 250 mg (Temodar) | C | PA, SP |
| TEPMETKO - tepotinib hcl tab 225 mg | C | PA, QL (60 tablets/30 days), SF, SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| THALOMID - thalidomide cap 50 mg | C | PA, QL (30 capsules/30 days), SP |
| THALOMID - thalidomide cap 100 mg | C | PA, QL (30 capsules/30 days), SP |
| THALOMID - thalidomide cap 150 mg | C | PA, QL (60 capsules/30 days), SP |
| THALOMID - thalidomide cap 200 mg | C | PA, QL (60 capsules/30 days), SP |
| TIBSOVO - ivosidenib tab 250 mg | C | PA, QL (60 tablets/30 days), SP |
| TICE BCG - bcg live intravesical for susp 50 mg | C | |
| toremifene citrate tab 60 mg (base equivalent) (Fareston) | C | SP |
| TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg | C | SP |
| TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg | C | SP |
| TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg | C | SP |
| tretinoin cap 10 mg | C | PA, SP |
| TREXALL - methotrexate sodium tab 5 mg (base equiv) | C | |
| TREXALL - methotrexate sodium tab 7.5 mg (base equiv) | C | |
| TREXALL - methotrexate sodium tab 10 mg (base equiv) | C | |
| TREXALL - methotrexate sodium tab 15 mg (base equiv) | C | |
| TRUSELTIQ - infgratinib phos cap ther pack 2 x 25 mg (50 mg daily dose) | C | PA, QL (1 pack/28 days), SP |
| TRUSELTIQ - infgratinib phos cap ther pack 3 x 25 mg (75 mg daily dose) | C | PA, QL (1 pack/28 days), SP |
| TRUSELTIQ - infgratinib phos cap ther pack 100 mg (100 mg daily dose) | C | PA, QL (1 pack/28 days), SP |
| TRUSELTIQ - infgratinib phos cap pack 100 & 25 mg (125 mg daily dose) | C | PA, QL (1 pack/28 days), SP |
| TUKYSA - tucatinib tab 50 mg | C | PA, QL (300 tablets/30 days), SP |
| TUKYSA - tucatinib tab 150 mg | C | PA, QL (120 tablets/30 days), SP |
| TURALIO - pexidartinib hcl cap 200 mg (base equivalent) | C | PA, QL (120 capsules/30 days), SP |
| UKONIQ - umbralisib tosylate tab 200 mg | C | PA, QL (120 tablets/30 days), SF, SP |
| valrubicin soln for intravesical instillation 40 mg/ml (Valstar) | C | SP |
| VENCLEXTA - venetoclax tab 10 mg | C | PA, QL (60 tablets/30 days), SP |
| VENCLEXTA - venetoclax tab 50 mg | C | PA, QL (30 tablets/30 days), SP |
| VENCLEXTA - venetoclax tab 100 mg | C | PA, QL (180 tablets/30 days), SP |
| VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg | C | PA, QL (1 pack/180 days), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|--------------------|--|
| VERZENIO - abemaciclib tab 50 mg | C | PA, QL (60 tablets/30 days), SF, SP |
| VERZENIO - abemaciclib tab 100 mg | C | PA, QL (60 tablets/30 days), SF, SP |
| VERZENIO - abemaciclib tab 150 mg | C | PA, QL (60 tablets/30 days), SF, SP |
| VERZENIO - abemaciclib tab 200 mg | C | PA, QL (60 tablets/30 days), SF, SP |
| VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent) | C | PA, QL (300 mls/30 days), SF, SP |
| VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent) | C | PA, QL (180 capsules/30 days), SF, SP |
| VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent) | C | PA, QL (60 capsules/30 days), SF, SP |
| VIZIMPRO - dacomitinib tab 15 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| VIZIMPRO - dacomitinib tab 30 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| VIZIMPRO - dacomitinib tab 45 mg | C | PA, QL (30 tablets/30 days), SF, SP |
| VOTRIENT - pazopanib hcl tab 200 mg (base equiv) | C | PA, QL (120 tablets/30 days), SF, SP |
| XALKORI - crizotinib cap 200 mg | C | PA, QL (120 capsules/30 days), SF, SP |
| XALKORI - crizotinib cap 250 mg | C | PA, QL (120 capsules/30 days), SF, SP |
| XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent) | C | PA, QL (90 tablets/30 days), SP |
| XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly) | C | PA, QL (1 box/28 days), SF, SP |
| XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly) | C | PA, QL (1 box/28 days), SF, SP |
| XPOVIO - selinexor tab therapy pack 40 mg (80 mg once weekly) | C | PA, QL (1 box/28 days), SF, SP |
| XPOVIO - selinexor tab therapy pack 50 mg (100 mg once weekly) | C | PA, QL (1 box/28 days), SF, SP |
| XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly) | C | PA, QL (1 box/28 days), SF, SP |
| XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly) | C | PA, QL (24 tablets/28 days), SF, SP |
| XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly) | C | PA, QL (32 tablets/28 days), SF, SP |
| XTANDI - enzalutamide cap 40 mg | C | PA, QL (120 capsules/30 days), SF, SP |
| XTANDI - enzalutamide tab 40 mg | C | PA, QL (120 tablets/30 days), SF, SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| XTANDI - enzalutamide tab 80 mg | C | PA, QL (60 tablets/30 days), SF, SP |
| YONSA - abiraterone acetate tab 125 mg | C | PA, QL (120 tablets/30 days), SF, SP |
| ZEJULA - niraparib tosylate cap 100 mg (base equivalent) | C | PA, QL (90 capsules/30 days), SF, SP |
| ZELBORAF - vemurafenib tab 240 mg | C | PA, QL (240 tablets/30 days), SP |
| ZOLINZA - vorinostat cap 100 mg | C | PA, QL (120 capsules/30 days), SF, SP |
| ZYDELIG - idelalisib tab 100 mg | C | PA, QL (60 tablets/30 days), SP |
| ZYDELIG - idelalisib tab 150 mg | C | PA, QL (60 tablets/30 days), SP |
| ZYKADIA - ceritinib tab 150 mg | C | PA, QL (90 tablets/30 days), SF, SP |
| HORMONES, DIABETES AND RELATED DRUGS | | |
| CORTICOSTEROIDS | | |
| budesonide delayed release particles cap 3 mg (Entocort ec) | C | |
| budesonide tab er 24hr 9 mg (Uceris) | NP | PA |
| DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml | C | |
| DEXAMETHASONE - dexamethasone tab 1 mg | C | |
| DEXAMETHASONE - dexamethasone tab 2 mg | C | |
| dexamethasone elixir 0.5 mg/5ml | C | |
| dexamethasone tab 0.5 mg | C | |
| dexamethasone tab 0.75 mg | C | |
| dexamethasone tab 1.5 mg | C | |
| dexamethasone tab 4 mg | C | |
| dexamethasone tab 6 mg | C | |
| fludrocortisone acetate tab 0.1 mg | C | |
| hydrocortisone tab 5 mg (Cortef) | C | |
| hydrocortisone tab 10 mg (Cortef) | C | |
| hydrocortisone tab 20 mg (Cortef) | C | |
| methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak) | C | |
| methylprednisolone tab 4 mg (Medrol) | C | |
| methylprednisolone tab 8 mg (Medrol) | C | |
| methylprednisolone tab 16 mg (Medrol) | C | |
| methylprednisolone tab 32 mg (Medrol) | C | |
| PREDNISOLONE - prednisolone syrup 15 mg/5ml (usp solution equivalent) | C | |
| prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred) | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) | C | |
| PREDNISONONE - prednisone oral soln 5 mg/5ml | C | |
| prednisone tab 1 mg | C | |
| prednisone tab 2.5 mg | C | |
| prednisone tab 5 mg | C | |
| prednisone tab 10 mg | C | |
| prednisone tab 20 mg | C | |
| prednisone tab 50 mg | C | |
| UCERIS - budesonide tab er 24hr 9 mg | NP | PA |
| MALE HORMONES | | |
| ANDRODERM - testosterone td patch 24hr 2 mg/24hr | P | PA, QL (30 patches/30 days) |
| ANDRODERM - testosterone td patch 24hr 4 mg/24hr | P | PA, QL (30 patches/30 days) |
| ANDROGEL - testosterone td gel 25 mg/2.5gm (1%) | P | PA, QL (60 packets/30 days) |
| ANDROGEL - testosterone td gel 50 mg/5gm (1%) | P | PA, QL (60 packets/30 days) |
| ANDROGEL - testosterone td gel 20.25 mg/1.25gm (1.62%) | P | PA, QL (30 packets/30 days) |
| ANDROGEL - testosterone td gel 40.5 mg/2.5gm (1.62%) | P | PA, QL (60 packets/30 days) |
| ANDROGEL PUMP - testosterone td gel 20.25 mg/act (1.62%) | P | PA, QL (2 pump bottles/30 days) |
| danazol cap 50 mg | C | |
| danazol cap 100 mg | C | |
| danazol cap 200 mg | C | |
| FORTESTA - testosterone td gel 10mg/act (2%) | NP | PA, QL (2 pump bottles/30 days) |
| NATESTO - testosterone nasal gel 5.5 mg/act | NP | PA, QL (3 pump bottles/30 days) |
| TESTIM - testosterone td gel 50 mg/5gm (1%) | NP | PA, QL (60 packets/30 days) |
| TESTOSTERONE - testosterone td gel 50 mg/5gm (1%) | NP | PA, QL (60 packets/30 days) |
| testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone) | C | |
| testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone) | C | |
| TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml | C | |
| TESTOSTERONE PUMP - testosterone td gel 12.5 mg/act (1%) | NP | PA, QL (4 pump bottles/30 days) |
| testosterone td gel 25 mg/2.5gm (1%) (Androgel) | NP | PA, QL (60 packets/30 days) |
| testosterone td gel 50 mg/5gm (1%) (Androgel) | NP | PA, QL (60 packets/30 days) |
| testosterone td gel 12.5 mg/act (1%) | NP | PA, QL (4 pump bottles/30 days) |
| testosterone td gel 20.25 mg/1.25gm (1.62%) (Androgel) | NP | PA, QL (30 packets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| testosterone td gel 40.5 mg/2.5gm (1.62%) (Androgel) | NP | PA, QL (60 packets/30 days) |
| testosterone td gel 20.25 mg/act (1.62%) (Androgel pump) | NP | PA, QL (2 pump bottles/30 days) |
| testosterone td gel 10mg/act (2%) (Fortesta) | NP | PA, QL (2 pump bottles/30 days) |
| testosterone td soln 30 mg/act | NP | PA, QL (2 pump bottles/30 days) |
| VOGELXO - testosterone td gel 50 mg/5gm (1%) | NP | PA, QL (60 packets/30 days) |
| VOGELXO PUMP - testosterone td gel 12.5 mg/act (1%) | NP | PA, QL (4 pump bottles/30 days) |
| ESTROGENS | | |
| COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day | C | QL (8 patches/28 days) |
| COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.25 mg/day | C | QL (8 patches/28 days) |
| DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml | C | |
| estradiol & norethindrone acetate tab 0.5-0.1 mg (Activella) | C | |
| estradiol & norethindrone acetate tab 1-0.5 mg (Activella) | C | |
| estradiol tab 0.5 mg (Estrace) | C | |
| estradiol tab 1 mg (Estrace) | C | |
| estradiol tab 2 mg (Estrace) | C | |
| estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot) | C | QL (8 patches/28 days) |
| estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot) | C | QL (8 patches/28 days) |
| estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot) | C | QL (8 patches/28 days) |
| estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot) | C | QL (8 patches/28 days) |
| estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot) | C | QL (8 patches/28 days) |
| estradiol td patch weekly 0.025 mg/24hr (Climara) | C | QL (4 patches/28 days) |
| estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara) | C | QL (4 patches/28 days) |
| estradiol td patch weekly 0.05 mg/24hr (Climara) | C | QL (4 patches/28 days) |
| estradiol td patch weekly 0.06 mg/24hr (Climara) | C | QL (4 patches/28 days) |
| estradiol td patch weekly 0.075 mg/24hr (Climara) | C | QL (4 patches/28 days) |
| estradiol td patch weekly 0.1 mg/24hr (Climara) | C | QL (4 patches/28 days) |
| estradiol valerate im in oil 20 mg/ml (Delestrogen) | C | |
| estradiol valerate im in oil 40 mg/ml (Delestrogen) | C | |
| ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) | C | QL (1 pump/30 days) |
| PROGESTINS | | |
| medroxyprogesterone acetate tab 2.5 mg (Provera) | C | |
| medroxyprogesterone acetate tab 5 mg (Provera) | C | |
| medroxyprogesterone acetate tab 10 mg (Provera) | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| megestrol acetate susp 625 mg/5ml (Megace es) | NP | PA |
| norethindrone acetate tab 5 mg (Aygestin) | C | |
| progesterone cap 100 mg (Prometrium) | C | |
| progesterone cap 200 mg (Prometrium) | C | |
| progesterone im in oil 50 mg/ml | C | |
| BIRTH CONTROL | | |
| CAYA - diaphragm arc-spring | C | |
| CONDOMS - VARIOUS | OTC-C | |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette) | C | QL (28 tablets/21 days) |
| desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg | C | QL (28 tablets/21 days) |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg | C | QL (28 tablets/21 days) |
| drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz) | C | QL (28 tablets/21 days) |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz) | C | QL (28 tablets/21 days) |
| drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28) | C | QL (28 tablets/21 days) |
| ELLA - ulipristal acetate tab 30 mg | C | |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg | C | QL (28 tablets/21 days) |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg | C | QL (28 tablets/21 days) |
| etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring) | C | QL (1 ring/21 days) |
| FC FEMALE CONDOM - condoms - female | OTC-C | |
| FC2 FEMALE CONDOM - condoms - female | OTC-C | |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg | C | QL (28 tablets/21 days) |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg | C | QL (28 tablets/21 days) |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg | C | QL (28 tablets/21 days) |
| levonorgestrel tab 1.5 mg | OTC-C | |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg | C | QL (28 tablets/21 days) |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr | C | QL (3 patches/21 days) |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg | C | QL (28 tablets/21 days) |
| norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg | C | QL (28 tablets/21 days) |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Ortho-novum 1/35) | C | QL (28 tablets/21 days) |
| norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg | C | QL (28 tablets/21 days) |
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe) | C | QL (28 tablets/21 days) |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21) | C | QL (28 tablets/21 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21) | C | QL (28 tablets/21 days) |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20) | C | QL (28 tablets/21 days) |
| norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30) | C | QL (28 tablets/21 days) |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe) | C | QL (28 tablets/21 days) |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) | C | QL (28 tablets/21 days) |
| norethindrone tab 0.35 mg (Ortho micronor) | C | QL (28 tablets/21 days) |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7) | C | QL (28 tablets/21 days) |
| norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg | C | QL (28 tablets/21 days) |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen) | C | QL (28 tablets/21 days) |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo) | C | QL (28 tablets/21 days) |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg | C | QL (28 tablets/21 days) |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg | C | QL (28 tablets/21 days) |
| OMNIFLEX DIAPHRAGM - diaphragms | C | |
| WIDE-SEAL SILICONE DIAPHRAGMS - VARIOUS SIZES | C | |
| DIABETES | | |
| acarbose tab 25 mg (Precose) | P | |
| acarbose tab 50 mg (Precose) | P | |
| acarbose tab 100 mg (Precose) | P | |
| ADLYXIN - lixisenatide soln pen-injector 20 mcg/0.2ml (100 mcg/ml) | NP | PA, QL (2 pens/28 days) |
| ADLYXIN STARTER PACK - lixisenatide pen-inj starter kit 10 mcg/0.2ml & 20 mcg/0.2ml | NP | PA, QL (2 pens/180 days) |
| ALOGLIPTIN - alogliptin benzoate tab 6.25 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| ALOGLIPTIN - alogliptin benzoate tab 12.5 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| ALOGLIPTIN - alogliptin benzoate tab 25 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| ALOGLIPTIN/METFORMIN HCL - alogliptin-metformin hcl tab 12.5-500 mg | NP | PA, QL (60 tablets/30 days) |
| ALOGLIPTIN/METFORMIN HCL - alogliptin-metformin hcl tab 12.5-1000 mg | NP | PA, QL (60 tablets/30 days) |
| ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 12.5-15 mg | NP | PA, QL (30 tablets/30 days) |
| ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 12.5-30 mg | NP | PA, QL (30 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 12.5-45 mg | NP | PA, QL (30 tablets/30 days) |
| ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 25-15 mg | NP | PA, QL (30 tablets/30 days) |
| ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 25-30 mg | NP | PA, QL (30 tablets/30 days) |
| ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 25-45 mg | NP | PA, QL (30 tablets/30 days) |
| AMARYL - glimepiride tab 1 mg | NP | PA |
| AMARYL - glimepiride tab 2 mg | NP | PA |
| AMARYL - glimepiride tab 4 mg | NP | PA |
| BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml | P | QL (4 injection devices/28 days), ST |
| BYETTA - exenatide soln pen-injector 5 mcg/0.02ml | P | QL (1 pen/30 days), ST |
| BYETTA - exenatide soln pen-injector 10 mcg/0.04ml | P | QL (1 pen/30 days), ST |
| diazoxide susp 50 mg/ml (Proglycem) | C | |
| DUETACT - pioglitazone hcl-glimepiride tab 30-2 mg | NP | PA |
| DUETACT - pioglitazone hcl-glimepiride tab 30-4 mg | NP | PA |
| FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent) | P | QL (30 tablets/30 days), ST |
| FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent) | P | QL (30 tablets/30 days), ST |
| glimepiride tab 1 mg (Amaryl) | P | |
| glimepiride tab 2 mg (Amaryl) | P | |
| glimepiride tab 4 mg (Amaryl) | P | |
| glipizide tab er 24hr 2.5 mg (Glucotrol xl) | P | |
| glipizide tab er 24hr 5 mg (Glucotrol xl) | P | |
| glipizide tab er 24hr 10 mg (Glucotrol xl) | P | |
| glipizide tab 5 mg (Glucotrol) | P | |
| glipizide tab 10 mg (Glucotrol) | P | |
| glipizide-metformin hcl tab 2.5-250 mg | C | |
| glipizide-metformin hcl tab 2.5-500 mg | C | |
| glipizide-metformin hcl tab 5-500 mg | C | |
| glucagon (rdna) for inj kit 1 mg (Glucagon emergency kit) | C | |
| glucose gel 40% | OTC-C | |
| GLUCOSE TABLETS - VARIOUS | OTC-C | |
| GLUCOTROL XL - glipizide tab er 24hr 2.5 mg | NP | PA |
| GLUCOTROL XL - glipizide tab er 24hr 5 mg | NP | PA |
| GLUCOTROL XL - glipizide tab er 24hr 10 mg | NP | PA |
| glyburide micronized tab 1.5 mg (Glynase) | P | |
| glyburide micronized tab 3 mg (Glynase) | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| glyburide micronized tab 6 mg (Glynase) | P | |
| glyburide tab 1.25 mg | P | |
| glyburide tab 2.5 mg | P | |
| glyburide tab 5 mg | P | |
| GLYNASE - glyburide micronized tab 1.5 mg | NP | PA |
| GLYNASE - glyburide micronized tab 3 mg | NP | PA |
| GLYNASE - glyburide micronized tab 6 mg | NP | PA |
| GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg | NP | PA, QL (30 tablets/30 days) |
| GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg | NP | PA, QL (30 tablets/30 days) |
| GOODSENSE GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg | OTC-C | |
| GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml | C | |
| GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml | C | |
| GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml | C | |
| GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml | C | |
| GVOKE PFS - glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml | C | |
| GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml | C | |
| INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg | NP | PA, QL (60 tablets/30 days) |
| INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg | NP | PA, QL (60 tablets/30 days) |
| INVOKAMET - canagliflozin-metformin hcl tab 150-500 mg | NP | PA, QL (60 tablets/30 days) |
| INVOKAMET - canagliflozin-metformin hcl tab 150-1000 mg | NP | PA, QL (60 tablets/30 days) |
| INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg | NP | PA, QL (60 tablets/30 days) |
| INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-1000 mg | NP | PA, QL (60 tablets/30 days) |
| INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-500 mg | NP | PA, QL (60 tablets/30 days) |
| INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-1000 mg | NP | PA, QL (60 tablets/30 days) |
| INVOKANA - canagliflozin tab 100 mg | P | QL (30 tablets/30 days), ST |
| INVOKANA - canagliflozin tab 300 mg | P | QL (30 tablets/30 days), ST |
| JANUMET - sitagliptin-metformin hcl tab 50-500 mg | P | QL (60 tablets/30 days), ST |
| JANUMET - sitagliptin-metformin hcl tab 50-1000 mg | P | QL (60 tablets/30 days), ST |
| JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg | NP | PA, QL (30 tablets/30 days) |
| JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg | NP | PA, QL (60 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg | NP | PA, QL (30 tablets/30 days) |
| JANUVIA - sitagliptin phosphate tab 25 mg (base equiv) | P | QL (30 tablets/30 days), ST |
| JANUVIA - sitagliptin phosphate tab 50 mg (base equiv) | P | QL (30 tablets/30 days), ST |
| JANUVIA - sitagliptin phosphate tab 100 mg (base equiv) | P | QL (30 tablets/30 days), ST |
| JARDIANCE - empagliflozin tab 10 mg | P | QL (30 tablets/30 days), ST |
| JARDIANCE - empagliflozin tab 25 mg | P | QL (30 tablets/30 days), ST |
| JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg | P | QL (60 tablets/30 days), ST |
| JENTADUETO - linagliptin-metformin hcl tab 2.5-850 mg | P | QL (60 tablets/30 days), ST |
| JENTADUETO - linagliptin-metformin hcl tab 2.5-1000 mg | P | QL (60 tablets/30 days), ST |
| JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg | NP | PA, QL (60 tablets/30 days) |
| JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg | NP | PA, QL (30 tablets/30 days) |
| KAZANO - alogliptin-metformin hcl tab 12.5-500 mg | NP | PA, QL (60 tablets/30 days) |
| KAZANO - alogliptin-metformin hcl tab 12.5-1000 mg | NP | PA, QL (60 tablets/30 days) |
| KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg | P | QL (60 tablets/30 days), ST |
| KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-500 mg | P | QL (30 tablets/30 days), ST |
| KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-1000 mg | P | QL (30 tablets/30 days), ST |
| metformin hcl tab er 24hr 500 mg (Glucophage xr) | C | QL (120 tablets/30 days) |
| metformin hcl tab er 24hr 750 mg (Glucophage xr) | C | QL (60 tablets/30 days) |
| metformin hcl tab 500 mg (Glucophage) | C | |
| metformin hcl tab 850 mg (Glucophage) | C | |
| metformin hcl tab 1000 mg (Glucophage) | C | |
| miglitol tab 25 mg | NP | PA |
| miglitol tab 50 mg | NP | PA |
| miglitol tab 100 mg | NP | PA |
| nateglinide tab 60 mg (Starlix) | C | |
| nateglinide tab 120 mg (Starlix) | C | |
| NESINA - alogliptin benzoate tab 6.25 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| NESINA - alogliptin benzoate tab 12.5 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| NESINA - alogliptin benzoate tab 25 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| ONGLYZA - saxagliptin hcl tab 2.5 mg (base equiv) | P | QL (30 tablets/30 days), ST |
| ONGLYZA - saxagliptin hcl tab 5 mg (base equiv) | P | QL (30 tablets/30 days), ST |
| OSENI - alogliptin-pioglitazone tab 12.5-15 mg | NP | PA, QL (30 tablets/30 days) |
| OSENI - alogliptin-pioglitazone tab 12.5-30 mg | NP | PA, QL (30 tablets/30 days) |
| OSENI - alogliptin-pioglitazone tab 12.5-45 mg | NP | PA, QL (30 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| OSENI - alogliptin-pioglitazone tab 25-15 mg | NP | PA, QL (30 tablets/30 days) |
| OSENI - alogliptin-pioglitazone tab 25-30 mg | NP | PA, QL (30 tablets/30 days) |
| OSENI - alogliptin-pioglitazone tab 25-45 mg | NP | PA, QL (30 tablets/30 days) |
| OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml) | NP | PA, QL (1 pen/28 days) |
| OZEMPIC - semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml) | NP | PA, QL (2 pens/28 days) |
| OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml) | NP | PA, QL (1 pen/28 days) |
| pioglitazone hcl tab 15 mg (base equiv) (Actos) | P | |
| pioglitazone hcl tab 30 mg (base equiv) (Actos) | P | |
| pioglitazone hcl tab 45 mg (base equiv) (Actos) | P | |
| pioglitazone hcl-glimepiride tab 30-2 mg (Duetact) | NP | PA |
| pioglitazone hcl-glimepiride tab 30-4 mg (Duetact) | NP | PA |
| pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met) | NP | PA |
| pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met) | NP | PA |
| PRECOSE - acarbose tab 25 mg | NP | PA |
| PRECOSE - acarbose tab 50 mg | NP | PA |
| PRECOSE - acarbose tab 100 mg | NP | PA |
| QTERN - dapagliflozin-saxagliptin tab 5-5 mg | NP | PA, QL (30 tablets/30 days) |
| QTERN - dapagliflozin-saxagliptin tab 10-5 mg | NP | PA, QL (30 tablets/30 days) |
| repaglinide tab 0.5 mg | C | |
| repaglinide tab 1 mg (Prandin) | C | |
| repaglinide tab 2 mg (Prandin) | C | |
| RYBELSUS - semaglutide tab 3 mg | NP | PA, QL (30 tablets/180 days) |
| RYBELSUS - semaglutide tab 7 mg | NP | PA, QL (30 tablets/30 days) |
| RYBELSUS - semaglutide tab 14 mg | NP | PA, QL (30 tablets/30 days) |
| SEGLUROMET - ertugliflozin-metformin hcl tab 2.5-500 mg | NP | PA, QL (120 tablets/30 days) |
| SEGLUROMET - ertugliflozin-metformin hcl tab 2.5-1000 mg | NP | PA, QL (60 tablets/30 days) |
| SEGLUROMET - ertugliflozin-metformin hcl tab 7.5-500 mg | NP | PA, QL (60 tablets/30 days) |
| SEGLUROMET - ertugliflozin-metformin hcl tab 7.5-1000 mg | NP | PA, QL (60 tablets/30 days) |
| SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml | NP | PA, QL (6 pens/30 days) |
| STEGLATRO - ertugliflozin l-pyroglutamic acid tab 5 mg (base equiv) | NP | PA, QL (60 tablets/30 days) |
| STEGLATRO - ertugliflozin l-pyroglutamic acid tab 15 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| STEGLUJAN - ertugliflozin-sitagliptin tab 5-100 mg | NP | PA, QL (30 tablets/30 days) |
| STEGLUJAN - ertugliflozin-sitagliptin tab 15-100 mg | NP | PA, QL (30 tablets/30 days) |
| SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml) | P | QL (4 pens/30 days), ST |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml) | P | QL (4 pens/30 days), ST |
| SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg | NP | PA, QL (60 tablets/30 days) |
| SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg | NP | PA, QL (60 tablets/30 days) |
| SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg | NP | PA, QL (60 tablets/30 days) |
| SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg | NP | PA, QL (60 tablets/30 days) |
| SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg | NP | PA, QL (60 tablets/30 days) |
| SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg | NP | PA, QL (60 tablets/30 days) |
| SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg | NP | PA, QL (60 tablets/30 days) |
| SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg | NP | PA, QL (30 tablets/30 days) |
| TRADJENTA - linagliptin tab 5 mg | P | QL (30 tablets/30 days), ST |
| TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg | NP | PA, QL (60 tablets/30 days) |
| TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg | NP | PA, QL (30 tablets/30 days) |
| TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg | NP | PA, QL (60 tablets/30 days) |
| TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg | NP | PA, QL (30 tablets/30 days) |
| TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml | NP | PA, QL (4 pens/28 days) |
| TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml | NP | PA, QL (4 pens/28 days) |
| TRULICITY - dulaglutide soln pen-injector 3 mg/0.5ml | NP | PA, QL (4 pens/28 days) |
| TRULICITY - dulaglutide soln pen-injector 4.5 mg/0.5ml | NP | PA, QL (4 pens/28 days) |
| VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml) | P | QL (3 pens/30 days), ST |
| XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg | NP | PA, QL (60 tablets/30 days) |
| XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 5-500 mg | NP | PA, QL (30 tablets/30 days) |
| XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 5-1000 mg | NP | PA, QL (60 tablets/30 days) |
| XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 10-500 mg | NP | PA, QL (30 tablets/30 days) |
| XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 10-1000 mg | NP | PA, QL (30 tablets/30 days) |
| XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml | NP | PA, QL (5 pens/30 days) |
| DIABETES - INSULINS | | |
| RAPID-ACTING INSULINS | | |
| ADMELOG - insulin lispro inj 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| ADMELOG SOLOSTAR - insulin lispro soln pen-injector 100 unit/ml (1 unit dial) | NP | PA, QL (45 mls/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| APIDRA - insulin glulisine inj 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| APIDRA SOLOSTAR - insulin glulisine soln pen-injector inj 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| FIASP - insulin aspart (with niacinamide) inj 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| HUMALOG - insulin lispro soln cartridge 100 unit/ml | P | QL (45 mls/30 days) |
| HUMALOG - insulin lispro inj 100 unit/ml | P | QL (45 mls/30 days) |
| HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial) | P | QL (45 mls/30 days) |
| HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial) | P | QL (45 mls/30 days) |
| HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml | NP | PA, QL (45 mls/30 days) |
| INSULIN ASPART - insulin aspart inj 100 unit/ml | P | QL (45 mls/30 days) |
| INSULIN ASPART FLEXPEN - insulin aspart soln pen-injector 100 unit/ml | P | QL (45 mls/30 days) |
| INSULIN ASPART PENFILL - insulin aspart soln cartridge 100 unit/ml | P | QL (45 mls/30 days) |
| INSULIN LISPRO - insulin lispro inj 100 unit/ml | P | QL (45 mls/30 days) |
| INSULIN LISPRO JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial) | P | QL (45 mls/30 days) |
| INSULIN LISPRO KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial) | P | QL (45 mls/30 days) |
| LYUMJEV - insulin lispro-aabc inj 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial) | NP | PA, QL (45 mls/30 days) |
| LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml | NP | PA, QL (45 mls/30 days) |
| NOVOLOG - insulin aspart inj 100 unit/ml | P | QL (45 mls/30 days) |
| NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml | P | QL (45 mls/30 days) |
| NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml | P | QL (45 mls/30 days) |
| NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml | P | QL (45 mls/30 days) |
| NOVOLOG RELION - insulin aspart inj 100 unit/ml | P | QL (45 mls/30 days) |
| SHORT-ACTING INSULINS | | |
| AFREZZA - insulin regular (human) inhalation powder 4 unit/cartridge | NP | PA, QL (2520 cartridges/30 days) |
| AFREZZA - insulin regular (human) inhalation powder 8 unit/cartridge | NP | PA, QL (1260 cartridges/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| AFREZZA - insulin regular (human) inhalation powder 12 unit/ cartridge | NP | PA, QL (900 cartridges/30 days) |
| AFREZZA - insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit | NP | PA, QL (1800 cartridges/30 days) |
| AFREZZA - insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit | NP | PA, QL (1080 cartridges/30 days) |
| AFREZZA - insulin regular (human) inh powd 4 & 8 & 12 unit/ cart (60) | NP | PA, QL (1260 cartridges/30 days) |
| HUMULIN R - insulin regular (human) inj 100 unit/ml | P | QL (45 mls/30 days) |
| HUMULIN R U-500 (CONCENTRATED) - insulin regular (human) inj 500 unit/ml | P | QL (45 mls/30 days) |
| HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml | P | QL (45 mls/30 days) |
| NOVOLIN R - insulin regular (human) inj 100 unit/ml | P | QL (45 mls/30 days) |
| NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml | P | QL (45 mls/30 days) |
| RELION R - insulin regular (human) inj 100 unit/ml | OTC-C | QL (45 mls/30 days) |
| INTERMEDIATE-ACTING INSULINS | | |
| HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50) | P | QL (45 mls/30 days) |
| HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50) | P | QL (45 mls/30 days) |
| HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25) | P | QL (45 mls/30 days) |
| HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25) | P | QL (45 mls/30 days) |
| HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml | P | QL (45 mls/30 days) |
| HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30) | P | QL (45 mls/30 days) |
| HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30) | P | QL (45 mls/30 days) |
| INSULIN ASPART PROTAMINE/INSULIN ASPART - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30) | P | QL (45 mls/30 days) |
| INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30) | P | QL (45 mls/30 days) |
| INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25) | P | QL (45 mls/30 days) |
| NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml | P | QL (45 mls/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml | P | QL (45 mls/30 days) |
| NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30) | NP | PA, QL (45 mls/30 days) |
| NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30) | NP | PA, QL (45 mls/30 days) |
| NOVOLIN 70/30 FLEXPEN RELION - insulin nph & regular susp pen-inj 100 unit/ml (70-30) | NP | PA, QL (45 mls/30 days) |
| NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30) | NP | PA, QL (45 mls/30 days) |
| NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30) | P | QL (45 mls/30 days) |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30) | P | QL (45 mls/30 days) |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30) | P | QL (45 mls/30 days) |
| NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30) | P | QL (45 mls/30 days) |
| BASAL INSULINS | | |
| BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| INSULIN GLARGINE - insulin glargine-yfgn soln pen-injector 100 unit/ml | C | QL (45 ml/30 days) |
| INSULIN GLARGINE - insulin glargine-yfgn inj 100 unit/ml | C | QL (45 ml/30 days) |
| LANTUS - insulin glargine inj 100 unit/ml | P | QL (45 mls/30 days) |
| LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml | P | QL (45 mls/30 days) |
| LEVEMIR - insulin detemir inj 100 unit/ml | P | QL (45 mls/30 days) |
| LEVEMIR FLEXTOUCH - insulin detemir soln pen-injector 100 unit/ml | P | QL (45 mls/30 days) |
| SEMGLEE - insulin glargine soln pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| SEMGLEE - insulin glargine inj 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml | NP | PA, QL (45 ml/30 days) |
| SEMGLEE - insulin glargine-yfgn inj 100 unit/ml | NP | PA, QL (45 ml/30 days) |
| TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial) | NP | PA, QL (45 mls/30 days) |
| TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial) | NP | PA, QL (45 mls/30 days) |
| TRESIBA - insulin degludec inj 100 unit/ml | NP | PA, QL (45 mls/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days) |
| TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 200 unit/ml | NP | PA, QL (45 mls/30 days) |
| THYROID REGULATION | | |
| levothyroxine sodium tab 25 mcg (Synthroid) | C | |
| levothyroxine sodium tab 50 mcg (Synthroid) | C | |
| levothyroxine sodium tab 75 mcg (Synthroid) | C | |
| levothyroxine sodium tab 88 mcg (Synthroid) | C | |
| levothyroxine sodium tab 100 mcg (Synthroid) | C | |
| levothyroxine sodium tab 112 mcg (Synthroid) | C | |
| levothyroxine sodium tab 125 mcg (Synthroid) | C | |
| levothyroxine sodium tab 137 mcg (Synthroid) | C | |
| levothyroxine sodium tab 150 mcg (Synthroid) | C | |
| levothyroxine sodium tab 175 mcg (Synthroid) | C | |
| levothyroxine sodium tab 200 mcg (Synthroid) | C | |
| levothyroxine sodium tab 300 mcg (Synthroid) | C | |
| liothyronine sodium tab 5 mcg (Cytomel) | C | |
| liothyronine sodium tab 25 mcg (Cytomel) | C | |
| liothyronine sodium tab 50 mcg (Cytomel) | C | |
| methimazole tab 5 mg (Tapazole) | C | |
| methimazole tab 10 mg (Tapazole) | C | |
| propylthiouracil tab 50 mg | C | |
| GROWTH HORMONE | | |
| GENOTROPIN - somatropin for subcutaneous inj 5 mg | NP | PA, SP |
| GENOTROPIN - somatropin for inj 12 mg (13.8 mg overfill) | NP | PA, SP |
| GENOTROPIN MINIQUICK - somatropin for inj 0.2 mg | NP | PA, SP |
| GENOTROPIN MINIQUICK - somatropin for inj 0.4 mg | NP | PA, SP |
| GENOTROPIN MINIQUICK - somatropin for inj 0.6 mg | NP | PA, SP |
| GENOTROPIN MINIQUICK - somatropin for inj 0.8 mg | NP | PA, SP |
| GENOTROPIN MINIQUICK - somatropin for inj 1 mg | NP | PA, SP |
| GENOTROPIN MINIQUICK - somatropin for inj 1.2 mg | NP | PA, SP |
| GENOTROPIN MINIQUICK - somatropin for inj 1.4 mg | NP | PA, SP |
| GENOTROPIN MINIQUICK - somatropin for inj 1.6 mg | NP | PA, SP |
| GENOTROPIN MINIQUICK - somatropin for inj 1.8 mg | NP | PA, SP |
| GENOTROPIN MINIQUICK - somatropin for inj 2 mg | NP | PA, SP |
| HUMATROPE - somatropin for inj 6 mg (18 unit) | NP | PA, SP |
| HUMATROPE - somatropin for inj 12 mg (36 unit) | NP | PA, SP |
| HUMATROPE - somatropin for inj 24 mg | NP | PA, SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| INCRELEX - mecaseimerin inj 40 mg/4ml (10 mg/ml) | C | SP |
| NORDITROPIN FLEXPPO - somatropin solution pen-injector 5 mg/1.5ml | P | PA, SP |
| NORDITROPIN FLEXPPO - somatropin solution pen-injector 10 mg/1.5ml | P | PA, SP |
| NORDITROPIN FLEXPPO - somatropin solution pen-injector 15 mg/1.5ml | P | PA, SP |
| NORDITROPIN FLEXPPO - somatropin solution pen-injector 30 mg/3ml | P | PA, SP |
| NUTROPIN AQ NUSPIN 10 - somatropin solution pen-injector 10 mg/2ml | P | PA, SP |
| NUTROPIN AQ NUSPIN 20 - somatropin solution pen-injector 20 mg/2ml | P | PA, SP |
| NUTROPIN AQ NUSPIN 5 - somatropin solution pen-injector 5 mg/2ml | P | PA, SP |
| OMNITROPE - somatropin solution cartridge 5 mg/1.5ml | NP | PA, SP |
| OMNITROPE - somatropin solution cartridge 10 mg/1.5ml | NP | PA, SP |
| OMNITROPE - somatropin for inj 5.8 mg | NP | PA, SP |
| SAIZEN - somatropin (non-refrigerated) for inj 5 mg | NP | PA, SP |
| SAIZEN - somatropin (non-refrigerated) for inj 8.8 mg | NP | PA, SP |
| SAIZENPREP RECONSTITUTION - somatropin (non-refrigerated) for inj 8.8 mg | NP | PA, SP |
| SEROSTIM - somatropin (non-refrigerated) for subcutaneous inj 4 mg | NP | PA, SP |
| SEROSTIM - somatropin (non-refrigerated) for subcutaneous inj 5 mg | NP | PA, SP |
| SEROSTIM - somatropin (non-refrigerated) for subcutaneous inj 6 mg | NP | PA, SP |
| ZOMACTON - somatropin for subcutaneous inj 5 mg | NP | PA, SP |
| ZOMACTON - somatropin for inj 10 mg | NP | PA, SP |
| ZORBTIVE - somatropin (non-refrigerated) for subcutaneous inj 8.8 mg | NP | PA, SP |
| OTHER HORMONES AND RELATED DRUGS | | |
| ACTONEL - risedronate sodium tab 35 mg | NP | PA, QL (4 tablets/28 days) |
| ACTONEL - risedronate sodium tab 150 mg | NP | PA, QL (1 tablet/30 days) |
| ALENDRONATE SODIUM - alendronate sodium tab 5 mg | P | QL (30 tablets/30 days) |
| alendronate sodium oral soln 70 mg/75ml | P | QL (75 ml/7 days) |
| alendronate sodium tab 10 mg | P | QL (30 tablets/30 days) |
| alendronate sodium tab 35 mg | P | QL (4 tablets/28 days) |
| alendronate sodium tab 70 mg (Fosamax) | P | QL (4 tablets/28 days) |
| AELVIA - risedronate sodium tab delayed release 35 mg | NP | PA, QL (4 tablets/28 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| BINOSTO - alendronate sodium effervescent tab 70 mg | NP | PA, QL (4 tablets/28 days) |
| BONIVA - ibandronate sodium tab 150 mg (base equivalent) | NP | PA, QL (1 tablet/30 days) |
| cabergoline tab 0.5 mg | C | |
| calcitonin (salmon) nasal soln 200 unit/act | P | |
| calcitriol cap 0.25 mcg (Rocaltrol) | C | |
| calcitriol cap 0.5 mcg (Rocaltrol) | C | |
| calcitriol oral soln 1 mcg/ml (Rocaltrol) | C | |
| CARBAGLU - carglumic acid tab 200 mg | C | PA, SP |
| cinacalcet hcl tab 30 mg (base equiv) (Sensipar) | C | PA, SP |
| cinacalcet hcl tab 60 mg (base equiv) (Sensipar) | C | PA, SP |
| cinacalcet hcl tab 90 mg (base equiv) (Sensipar) | C | PA, SP |
| CYSTADANE - betaine powder for oral solution | C | SP |
| desmopressin acetate inj 4 mcg/ml (Ddavp) | C | |
| desmopressin acetate nasal spray soln 0.01% (Ddavp) | C | |
| desmopressin acetate nasal spray soln 0.01% (refrigerated) | C | |
| desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp) | C | |
| desmopressin acetate tab 0.1 mg (Ddavp) | C | |
| desmopressin acetate tab 0.2 mg (Ddavp) | C | |
| EVISTA - raloxifene hcl tab 60 mg | NP | PA |
| FORTEO - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml | NP | PA, QL (1 pen/28 days), SP |
| FOSAMAX - alendronate sodium tab 70 mg | NP | PA, QL (4 tablets/28 days) |
| FOSAMAX PLUS D - alendronate sodium-cholecalciferol tab 70-2800 mg-unit | NP | PA, QL (4 tablets/28 days) |
| FOSAMAX PLUS D - alendronate sodium-cholecalciferol tab 70-5600 mg-unit | NP | PA, QL (4 tablets/28 days) |
| ibandronate sodium tab 150 mg (base equivalent) (Boniva) | P | QL (1 tablet/30 days) |
| JYNARQUE - tolvaptan tab therapy pack 15 mg | C | PA, QL (56 tablets/28 days), SP |
| JYNARQUE - tolvaptan tab therapy pack 30 & 15 mg | C | PA, QL (56 tablets/28 days), SP |
| JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg | C | PA, QL (56 tablets/28 days), SP |
| JYNARQUE - tolvaptan tab therapy pack 60 & 30 mg | C | PA, QL (56 tablets/28 days), SP |
| JYNARQUE - tolvaptan tab therapy pack 90 & 30 mg | C | PA, QL (56 tablets/28 days), SP |
| JYNARQUE - tolvaptan tab 15 mg | C | PA, QL (60 tablets/30 days), SP |
| JYNARQUE - tolvaptan tab 30 mg | C | PA, QL (30 tablets/30 days), SP |
| levocarnitine oral soln 1 gm/10ml (10%) (Carnitor) | C | |
| levocarnitine tab 330 mg (Carnitor) | C | |
| LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg | C | SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 11.25 mg | C | SP |
| LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 15 mg | C | SP |
| LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg | C | SP |
| LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 30 mg | C | SP |
| methylergonovine maleate tab 0.2 mg | C | |
| NITYR - nitisinone tab 2 mg | C | SP |
| NITYR - nitisinone tab 5 mg | C | SP |
| NITYR - nitisinone tab 10 mg | C | SP |
| OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml | C | SP |
| OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 100 mcg/ml | C | SP |
| OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 500 mcg/ml | C | SP |
| octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin) | C | SP |
| octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin) | C | SP |
| octreotide acetate inj 200 mcg/ml (0.2 mg/ml) (Sandostatin) | C | SP |
| octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin) | C | SP |
| octreotide acetate inj 1000 mcg/ml (1 mg/ml) (Sandostatin) | C | SP |
| ORLISSA - elagolix sodium tab 150 mg (base equiv) | C | PA, QL (30 tablets/30 days) |
| ORLISSA - elagolix sodium tab 200 mg (base equiv) | C | PA, QL (60 tablets/30 days) |
| PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml | C | PA, SP |
| PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml | C | PA, SP |
| PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml | C | PA, SP |
| raloxifene hcl tab 60 mg (Evista) | P | |
| REVCovi - elapegamase-ivlr im soln 2.4 mg/1.5ml (1.6 mg/ml) | C | SP |
| risedronate sodium tab delayed release 35 mg (Atelvia) | NP | PA, QL (4 tablets/28 days) |
| risedronate sodium tab 5 mg (Actonel) | NP | PA, QL (30 tablets/30 days) |
| risedronate sodium tab 30 mg (Actonel) | NP | PA, QL (30 tablets/30 days) |
| risedronate sodium tab 35 mg (Actonel) | NP | PA, QL (4 tablets/28 days) |
| risedronate sodium tab 150 mg (Actonel) | NP | PA, QL (1 tablet/30 days) |
| SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 10 mg | C | SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 20 mg | C | SP |
| SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 30 mg | C | SP |
| sapropterin dihydrochloride powder packet 100 mg (Kuvan) | C | PA, SP |
| sapropterin dihydrochloride powder packet 500 mg (Kuvan) | C | PA, SP |
| sapropterin dihydrochloride tab 100 mg (Kuvan) | C | PA, SP |
| STIMATE - desmopressin acetate nasal soln 1.5 mg/ml | C | |
| STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml | C | SP |
| STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml | C | SP |
| STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml | C | SP |
| STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml | C | SP |
| TERIPARATIDE - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml | P | QL (1 pen/28 days), SP |
| TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml | NP | PA, QL (1 pen/30 days), SP |
| HEART AND CIRCULATORY DRUGS | | |
| ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATI | | |
| ACCUPRIL - quinapril hcl tab 5 mg | NP | PA |
| ACCUPRIL - quinapril hcl tab 10 mg | NP | PA |
| ACCUPRIL - quinapril hcl tab 20 mg | NP | PA |
| ACCUPRIL - quinapril hcl tab 40 mg | NP | PA |
| ACCURETIC - quinapril-hydrochlorothiazide tab 10-12.5 mg | NP | PA |
| ACCURETIC - quinapril-hydrochlorothiazide tab 20-12.5 mg | NP | PA |
| ACCURETIC - quinapril-hydrochlorothiazide tab 20-25 mg | NP | PA |
| ALTACE - ramipril cap 1.25 mg | NP | PA |
| ALTACE - ramipril cap 2.5 mg | NP | PA |
| ALTACE - ramipril cap 5 mg | NP | PA |
| ALTACE - ramipril cap 10 mg | NP | PA |
| benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct) | P | |
| benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct) | P | |
| benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct) | P | |
| benazepril hcl tab 5 mg | P | |
| benazepril hcl tab 10 mg (Lotensin) | P | |
| benazepril hcl tab 20 mg (Lotensin) | P | |
| benazepril hcl tab 40 mg (Lotensin) | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE - benazepril & hydrochlorothiazide tab 5-6.25 mg | P | |
| captopril tab 12.5 mg | P | |
| captopril tab 25 mg | P | |
| captopril tab 50 mg | P | |
| captopril tab 100 mg | P | |
| enalapril maleate & hydrochlorothiazide tab 5-12.5 mg | P | |
| enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic) | P | |
| enalapril maleate oral soln 1 mg/ml (Epaned) | C | |
| enalapril maleate tab 2.5 mg (Vasotec) | P | |
| enalapril maleate tab 5 mg (Vasotec) | P | |
| enalapril maleate tab 10 mg (Vasotec) | P | |
| enalapril maleate tab 20 mg (Vasotec) | P | |
| EPANED - enalapril maleate oral soln 1 mg/ml | NP | PA |
| fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg | P | |
| fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg | P | |
| fosinopril sodium tab 10 mg | P | |
| fosinopril sodium tab 20 mg | P | |
| fosinopril sodium tab 40 mg | P | |
| lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic) | P | |
| lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic) | P | |
| lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic) | P | |
| lisinopril tab 2.5 mg (Zestril) | P | |
| lisinopril tab 5 mg (Prinivil) | P | |
| lisinopril tab 10 mg (Prinivil) | P | |
| lisinopril tab 20 mg (Prinivil) | P | |
| lisinopril tab 30 mg (Zestril) | P | |
| lisinopril tab 40 mg (Zestril) | P | |
| LOTENSIN - benazepril hcl tab 10 mg | NP | PA |
| LOTENSIN - benazepril hcl tab 20 mg | NP | PA |
| LOTENSIN - benazepril hcl tab 40 mg | NP | PA |
| LOTENSIN HCT - benazepril & hydrochlorothiazide tab 10-12.5 mg | NP | PA |
| LOTENSIN HCT - benazepril & hydrochlorothiazide tab 20-12.5 mg | NP | PA |
| LOTENSIN HCT - benazepril & hydrochlorothiazide tab 20-25 mg | NP | PA |
| moexipril hcl tab 7.5 mg | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| moexipril hcl tab 15 mg | P | |
| perindopril erbumine tab 2 mg | P | |
| perindopril erbumine tab 4 mg | P | |
| perindopril erbumine tab 8 mg | P | |
| PRINIVIL - lisinopril tab 20 mg | NP | PA |
| QBRELIS - lisinopril oral soln 1 mg/ml | NP | PA |
| quinapril hcl tab 5 mg (Accupril) | P | |
| quinapril hcl tab 10 mg (Accupril) | P | |
| quinapril hcl tab 20 mg (Accupril) | P | |
| quinapril hcl tab 40 mg (Accupril) | P | |
| quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic) | P | |
| quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic) | P | |
| quinapril-hydrochlorothiazide tab 20-25 mg (Accuretic) | P | |
| ramipril cap 1.25 mg (Altace) | P | |
| ramipril cap 2.5 mg (Altace) | P | |
| ramipril cap 5 mg (Altace) | P | |
| ramipril cap 10 mg (Altace) | P | |
| trandolapril tab 1 mg | P | |
| trandolapril tab 2 mg | P | |
| trandolapril tab 4 mg | P | |
| VASERETIC - enalapril maleate & hydrochlorothiazide tab 10-25 mg | NP | PA |
| VASOTEC - enalapril maleate tab 2.5 mg | NP | PA |
| VASOTEC - enalapril maleate tab 5 mg | NP | PA |
| VASOTEC - enalapril maleate tab 10 mg | NP | PA |
| VASOTEC - enalapril maleate tab 20 mg | NP | PA |
| ZESTORETIC - lisinopril & hydrochlorothiazide tab 10-12.5 mg | NP | PA |
| ZESTORETIC - lisinopril & hydrochlorothiazide tab 20-12.5 mg | NP | PA |
| ZESTORETIC - lisinopril & hydrochlorothiazide tab 20-25 mg | NP | PA |
| ZESTRIL - lisinopril tab 2.5 mg | NP | PA |
| ZESTRIL - lisinopril tab 5 mg | NP | PA |
| ZESTRIL - lisinopril tab 10 mg | NP | PA |
| ZESTRIL - lisinopril tab 20 mg | NP | PA |
| ZESTRIL - lisinopril tab 30 mg | NP | PA |
| ZESTRIL - lisinopril tab 40 mg | NP | PA |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBS) AND COMBINATIONS | | |
| amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct) | P | QL (30 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct) | P | QL (30 tablets/30 days) |
| amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct) | P | QL (30 tablets/30 days) |
| amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct) | P | QL (30 tablets/30 days) |
| amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct) | P | QL (30 tablets/30 days) |
| ATACAND - candesartan cilexetil tab 4 mg | NP | PA, QL (60 tablets/30 days) |
| ATACAND - candesartan cilexetil tab 8 mg | NP | PA, QL (60 tablets/30 days) |
| ATACAND - candesartan cilexetil tab 16 mg | NP | PA, QL (60 tablets/30 days) |
| ATACAND - candesartan cilexetil tab 32 mg | NP | PA, QL (30 tablets/30 days) |
| ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 32-25 mg | NP | PA, QL (30 tablets/30 days) |
| AVALIDE - irbesartan-hydrochlorothiazide tab 150-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| AVALIDE - irbesartan-hydrochlorothiazide tab 300-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| AVAPRO - irbesartan tab 75 mg | NP | PA, QL (30 tablets/30 days) |
| AVAPRO - irbesartan tab 150 mg | NP | PA, QL (30 tablets/30 days) |
| AVAPRO - irbesartan tab 300 mg | NP | PA, QL (30 tablets/30 days) |
| BENICAR - olmesartan medoxomil tab 5 mg | NP | PA, QL (60 tablets/30 days) |
| BENICAR - olmesartan medoxomil tab 20 mg | NP | PA, QL (30 tablets/30 days) |
| BENICAR - olmesartan medoxomil tab 40 mg | NP | PA, QL (30 tablets/30 days) |
| BENICAR HCT - olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| BENICAR HCT - olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| BENICAR HCT - olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg | NP | PA, QL (30 tablets/30 days) |
| candesartan cilexetil tab 4 mg (Atacand) | NP | PA, QL (60 tablets/30 days) |
| candesartan cilexetil tab 8 mg (Atacand) | NP | PA, QL (60 tablets/30 days) |
| candesartan cilexetil tab 16 mg (Atacand) | NP | PA, QL (60 tablets/30 days) |
| candesartan cilexetil tab 32 mg (Atacand) | NP | PA, QL (30 tablets/30 days) |
| candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct) | NP | PA, QL (30 tablets/30 days) |
| candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct) | NP | PA, QL (30 tablets/30 days) |
| candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct) | NP | PA, QL (30 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| COZAAR - losartan potassium tab 25 mg | NP | PA, QL (60 tablets/30 days) |
| COZAAR - losartan potassium tab 50 mg | NP | PA, QL (60 tablets/30 days) |
| COZAAR - losartan potassium tab 100 mg | NP | PA, QL (30 tablets/30 days) |
| DIOVAN - valsartan tab 40 mg | NP | PA, QL (60 tablets/30 days) |
| DIOVAN - valsartan tab 80 mg | NP | PA, QL (60 tablets/30 days) |
| DIOVAN - valsartan tab 160 mg | NP | PA, QL (60 tablets/30 days) |
| DIOVAN - valsartan tab 320 mg | NP | PA, QL (30 tablets/30 days) |
| DIOVAN HCT - valsartan-hydrochlorothiazide tab 80-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| DIOVAN HCT - valsartan-hydrochlorothiazide tab 160-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| DIOVAN HCT - valsartan-hydrochlorothiazide tab 160-25 mg | NP | PA, QL (30 tablets/30 days) |
| DIOVAN HCT - valsartan-hydrochlorothiazide tab 320-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| DIOVAN HCT - valsartan-hydrochlorothiazide tab 320-25 mg | NP | PA, QL (30 tablets/30 days) |
| EDARBI - azilsartan medoxomil tab 40 mg | NP | PA, QL (30 tablets/30 days) |
| EDARBI - azilsartan medoxomil tab 80 mg | NP | PA, QL (30 tablets/30 days) |
| EDARBYCLOR - azilsartan medoxomil-chlorthalidone tab 40-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| EDARBYCLOR - azilsartan medoxomil-chlorthalidone tab 40-25 mg | NP | PA, QL (30 tablets/30 days) |
| EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg | NP | PA, QL (30 tablets/30 days) |
| EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg | NP | PA, QL (30 tablets/30 days) |
| EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg | NP | PA, QL (30 tablets/30 days) |
| HYZAAR - losartan potassium & hydrochlorothiazide tab 50-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| HYZAAR - losartan potassium & hydrochlorothiazide tab 100-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| HYZAAR - losartan potassium & hydrochlorothiazide tab 100-25 mg | NP | PA, QL (30 tablets/30 days) |
| irbesartan tab 75 mg (Avapro) | P | QL (30 tablets/30 days) |
| irbesartan tab 150 mg (Avapro) | P | QL (30 tablets/30 days) |
| irbesartan tab 300 mg (Avapro) | P | QL (30 tablets/30 days) |
| irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide) | P | QL (30 tablets/30 days) |
| irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide) | P | QL (30 tablets/30 days) |
| losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar) | P | QL (30 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar) | P | QL (30 tablets/30 days) |
| losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar) | P | QL (30 tablets/30 days) |
| losartan potassium tab 25 mg (Cozaar) | P | QL (60 tablets/30 days) |
| losartan potassium tab 50 mg (Cozaar) | P | QL (60 tablets/30 days) |
| losartan potassium tab 100 mg (Cozaar) | P | QL (30 tablets/30 days) |
| MICARDIS - telmisartan tab 20 mg | NP | PA, QL (30 tablets/30 days) |
| MICARDIS - telmisartan tab 40 mg | NP | PA, QL (30 tablets/30 days) |
| MICARDIS - telmisartan tab 80 mg | NP | PA, QL (30 tablets/30 days) |
| MICARDIS HCT - telmisartan-hydrochlorothiazide tab 40-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| MICARDIS HCT - telmisartan-hydrochlorothiazide tab 80-12.5 mg | NP | PA, QL (60 tablets/30 days) |
| MICARDIS HCT - telmisartan-hydrochlorothiazide tab 80-25 mg | NP | PA, QL (30 tablets/30 days) |
| olmesartan medoxomil tab 5 mg (Benicar) | NP | PA, QL (60 tablets/30 days) |
| olmesartan medoxomil tab 20 mg (Benicar) | NP | PA, QL (30 tablets/30 days) |
| olmesartan medoxomil tab 40 mg (Benicar) | NP | PA, QL (30 tablets/30 days) |
| olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct) | NP | PA, QL (30 tablets/30 days) |
| olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct) | NP | PA, QL (30 tablets/30 days) |
| olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct) | NP | PA, QL (30 tablets/30 days) |
| olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor) | NP | PA, QL (30 tablets/30 days) |
| olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor) | NP | PA, QL (30 tablets/30 days) |
| olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor) | NP | PA, QL (30 tablets/30 days) |
| olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor) | NP | PA, QL (30 tablets/30 days) |
| olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor) | NP | PA, QL (30 tablets/30 days) |
| telmisartan tab 20 mg (Micardis) | NP | PA, QL (30 tablets/30 days) |
| telmisartan tab 40 mg (Micardis) | NP | PA, QL (30 tablets/30 days) |
| telmisartan tab 80 mg (Micardis) | NP | PA, QL (30 tablets/30 days) |
| telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct) | NP | PA, QL (30 tablets/30 days) |
| telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct) | NP | PA, QL (60 tablets/30 days) |
| telmisartan-hydrochlorothiazide tab 80-25 mg (Micardis hct) | NP | PA, QL (30 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg | NP | PA, QL (30 tablets/30 days) |
| TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg | NP | PA, QL (30 tablets/30 days) |
| TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg | NP | PA, QL (30 tablets/30 days) |
| valsartan tab 40 mg (Diovan) | P | QL (60 tablets/30 days) |
| valsartan tab 80 mg (Diovan) | P | QL (60 tablets/30 days) |
| valsartan tab 160 mg (Diovan) | P | QL (60 tablets/30 days) |
| valsartan tab 320 mg (Diovan) | P | QL (30 tablets/30 days) |
| valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct) | P | QL (30 tablets/30 days) |
| valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct) | P | QL (30 tablets/30 days) |
| valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct) | P | QL (30 tablets/30 days) |
| valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct) | P | QL (30 tablets/30 days) |
| valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct) | P | QL (30 tablets/30 days) |
| BETA BLOCKERS AND COMBINATIONS | | |
| acebutolol hcl cap 200 mg | NP | PA |
| acebutolol hcl cap 400 mg | NP | PA |
| atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50) | NP | PA |
| atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100) | NP | PA |
| atenolol tab 25 mg (Tenormin) | P | |
| atenolol tab 50 mg (Tenormin) | P | |
| atenolol tab 100 mg (Tenormin) | P | |
| betaxolol hcl tab 10 mg | NP | PA |
| betaxolol hcl tab 20 mg | NP | PA |
| bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac) | NP | PA |
| bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac) | NP | PA |
| bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac) | NP | PA |
| bisoprolol fumarate tab 5 mg | P | |
| bisoprolol fumarate tab 10 mg | P | |
| BYSTOLIC - nebivolol hcl tab 2.5 mg (base equivalent) | NP | PA |
| BYSTOLIC - nebivolol hcl tab 5 mg (base equivalent) | NP | PA |
| BYSTOLIC - nebivolol hcl tab 10 mg (base equivalent) | NP | PA |
| BYSTOLIC - nebivolol hcl tab 20 mg (base equivalent) | NP | PA |
| carvedilol phosphate cap er 24hr 10 mg (Coreg cr) | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| carvedilol phosphate cap er 24hr 20 mg (Coreg cr) | NP | PA |
| carvedilol phosphate cap er 24hr 40 mg (Coreg cr) | NP | PA |
| carvedilol phosphate cap er 24hr 80 mg (Coreg cr) | NP | PA |
| carvedilol tab 3.125 mg (Coreg) | P | |
| carvedilol tab 6.25 mg (Coreg) | P | |
| carvedilol tab 12.5 mg (Coreg) | P | |
| carvedilol tab 25 mg (Coreg) | P | |
| COREG - carvedilol tab 3.125 mg | NP | PA |
| COREG - carvedilol tab 6.25 mg | NP | PA |
| COREG - carvedilol tab 12.5 mg | NP | PA |
| COREG - carvedilol tab 25 mg | NP | PA |
| COREG CR - carvedilol phosphate cap er 24hr 10 mg | NP | PA |
| COREG CR - carvedilol phosphate cap er 24hr 20 mg | NP | PA |
| COREG CR - carvedilol phosphate cap er 24hr 40 mg | NP | PA |
| COREG CR - carvedilol phosphate cap er 24hr 80 mg | NP | PA |
| CORGARD - nadolol tab 20 mg | NP | PA |
| CORGARD - nadolol tab 40 mg | NP | PA |
| CORGARD - nadolol tab 80 mg | NP | PA |
| DUTOPROL - metoprolol & hydrochlorothiazide tab er 24hr 25-12.5 mg | NP | PA |
| DUTOPROL - metoprolol & hydrochlorothiazide tab er 24hr 50-12.5 mg | NP | PA |
| DUTOPROL - metoprolol & hydrochlorothiazide tab er 24hr 100-12.5 mg | NP | PA |
| HEMANGEOL - propranolol hcl oral soln 4.28 mg/ml (3.75 mg/ml base equiv) | NP | PA |
| INDERAL LA - propranolol hcl cap er 24hr 60 mg | NP | PA |
| INDERAL LA - propranolol hcl cap er 24hr 80 mg | NP | PA |
| INDERAL LA - propranolol hcl cap er 24hr 120 mg | NP | PA |
| INDERAL LA - propranolol hcl cap er 24hr 160 mg | NP | PA |
| INDERAL XL - propranolol hcl sustained-release beads cap er 24hr 80 mg | NP | PA |
| INDERAL XL - propranolol hcl sustained-release beads cap er 24hr 120 mg | NP | PA |
| INNOPRAN XL - propranolol hcl sustained-release beads cap er 24hr 80 mg | NP | PA |
| INNOPRAN XL - propranolol hcl sustained-release beads cap er 24hr 120 mg | NP | PA |
| KAPSPARGO SPRINKLE - metoprolol succ cap er 24hr sprinkle 25 mg (tartrate equiv) | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| KAPSPARGO SPRINKLE - metoprolol succ cap er 24hr sprinkle 50 mg (tartrate equiv) | NP | PA |
| KAPSPARGO SPRINKLE - metoprolol succ cap er 24hr sprinkle 100 mg (tartrate equiv) | NP | PA |
| KAPSPARGO SPRINKLE - metoprolol succ cap er 24hr sprinkle 200 mg (tartrate equiv) | NP | PA |
| labetalol hcl tab 100 mg | P | |
| labetalol hcl tab 200 mg | P | |
| labetalol hcl tab 300 mg | P | |
| LOPRESSOR - metoprolol tartrate tab 50 mg | NP | PA |
| LOPRESSOR - metoprolol tartrate tab 100 mg | NP | PA |
| metoprolol & hydrochlorothiazide tab 50-25 mg | NP | PA |
| metoprolol & hydrochlorothiazide tab 100-25 mg | NP | PA |
| metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl) | P | |
| metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl) | P | |
| metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl) | P | |
| metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl) | P | |
| metoprolol tartrate tab 25 mg | P | |
| metoprolol tartrate tab 37.5 mg | P | |
| metoprolol tartrate tab 50 mg (Lopressor) | P | |
| metoprolol tartrate tab 75 mg | P | |
| metoprolol tartrate tab 100 mg (Lopressor) | P | |
| METOPROLOL/HYDROCHLOROTHI - metoprolol & hydrochlorothiazide tab 100-50 mg | NP | PA |
| nadolol tab 20 mg (Corgard) | P | |
| nadolol tab 40 mg (Corgard) | P | |
| nadolol tab 80 mg (Corgard) | P | |
| nebivolol hcl tab 2.5 mg (base equivalent) (Bystolic) | C | |
| nebivolol hcl tab 5 mg (base equivalent) (Bystolic) | C | |
| nebivolol hcl tab 10 mg (base equivalent) (Bystolic) | C | |
| nebivolol hcl tab 20 mg (base equivalent) (Bystolic) | C | |
| pindolol tab 5 mg | P | |
| pindolol tab 10 mg | P | |
| PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml | P | |
| propranolol hcl cap er 24hr 60 mg (Inderal la) | P | |
| propranolol hcl cap er 24hr 80 mg (Inderal la) | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| propranolol hcl cap er 24hr 120 mg (Inderal la) | P | |
| propranolol hcl cap er 24hr 160 mg (Inderal la) | P | |
| propranolol hcl oral soln 20 mg/5ml | P | |
| propranolol hcl tab 10 mg | P | |
| propranolol hcl tab 20 mg | P | |
| propranolol hcl tab 40 mg | P | |
| propranolol hcl tab 60 mg | P | |
| propranolol hcl tab 80 mg | P | |
| TENORETIC 100 - atenolol & chlorthalidone tab 100-25 mg | NP | PA |
| TENORETIC 50 - atenolol & chlorthalidone tab 50-25 mg | NP | PA |
| TENORMIN - atenolol tab 25 mg | NP | PA |
| TENORMIN - atenolol tab 50 mg | NP | PA |
| TENORMIN - atenolol tab 100 mg | NP | PA |
| TIMOLOL MALEATE - timolol maleate tab 5 mg | NP | PA |
| TIMOLOL MALEATE - timolol maleate tab 10 mg | NP | PA |
| timolol maleate tab 20 mg | NP | PA |
| TOPROL XL - metoprolol succinate tab er 24hr 25 mg (tartrate equiv) | NP | PA |
| TOPROL XL - metoprolol succinate tab er 24hr 50 mg (tartrate equiv) | NP | PA |
| TOPROL XL - metoprolol succinate tab er 24hr 100 mg (tartrate equiv) | NP | PA |
| TOPROL XL - metoprolol succinate tab er 24hr 200 mg (tartrate equiv) | NP | PA |
| ZIAC - bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg | NP | PA |
| ZIAC - bisoprolol & hydrochlorothiazide tab 5-6.25 mg | NP | PA |
| ZIAC - bisoprolol & hydrochlorothiazide tab 10-6.25 mg | NP | PA |
| CALCIUM CHANNEL BLOCKERS AND COMBINATIONS | | |
| amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc) | P | |
| amlodipine besylate tab 5 mg (base equivalent) (Norvasc) | P | |
| amlodipine besylate tab 10 mg (base equivalent) (Norvasc) | P | |
| amlodipine besylate-atorvastatin calcium tab 2.5-10 mg | NP | PA |
| amlodipine besylate-atorvastatin calcium tab 2.5-20 mg | NP | PA |
| amlodipine besylate-atorvastatin calcium tab 2.5-40 mg | NP | PA |
| amlodipine besylate-atorvastatin calcium tab 5-10 mg (Caduet) | NP | PA |
| amlodipine besylate-atorvastatin calcium tab 5-20 mg (Caduet) | NP | PA |
| amlodipine besylate-atorvastatin calcium tab 5-40 mg (Caduet) | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| amlodipine besylate-atorvastatin calcium tab 5-80 mg (Caduet) | NP | PA |
| amlodipine besylate-atorvastatin calcium tab 10-10 mg (Caduet) | NP | PA |
| amlodipine besylate-atorvastatin calcium tab 10-20 mg (Caduet) | NP | PA |
| amlodipine besylate-atorvastatin calcium tab 10-40 mg (Caduet) | NP | PA |
| amlodipine besylate-atorvastatin calcium tab 10-80 mg (Caduet) | NP | PA |
| amlodipine besylate-benazepril hcl cap 2.5-10 mg | P | |
| amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel) | P | |
| amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel) | P | |
| amlodipine besylate-benazepril hcl cap 5-40 mg | P | |
| amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel) | P | |
| amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel) | P | |
| amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor) | NP | PA, QL (30 tablets/30 days) |
| amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor) | NP | PA, QL (30 tablets/30 days) |
| amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor) | NP | PA, QL (30 tablets/30 days) |
| amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor) | NP | PA, QL (30 tablets/30 days) |
| amlodipine besylate-valsartan tab 5-160 mg (Exforge) | P | QL (30 tablets/30 days) |
| amlodipine besylate-valsartan tab 5-320 mg (Exforge) | P | QL (30 tablets/30 days) |
| amlodipine besylate-valsartan tab 10-160 mg (Exforge) | P | QL (30 tablets/30 days) |
| amlodipine besylate-valsartan tab 10-320 mg (Exforge) | P | QL (30 tablets/30 days) |
| AZOR - amlodipine besylate-olmesartan medoxomil tab 5-20 mg | NP | PA, QL (30 tablets/30 days) |
| AZOR - amlodipine besylate-olmesartan medoxomil tab 5-40 mg | NP | PA, QL (30 tablets/30 days) |
| AZOR - amlodipine besylate-olmesartan medoxomil tab 10-20 mg | NP | PA, QL (30 tablets/30 days) |
| AZOR - amlodipine besylate-olmesartan medoxomil tab 10-40 mg | NP | PA, QL (30 tablets/30 days) |
| CADUET - amlodipine besylate-atorvastatin calcium tab 5-10 mg | NP | PA |
| CADUET - amlodipine besylate-atorvastatin calcium tab 5-20 mg | NP | PA |
| CADUET - amlodipine besylate-atorvastatin calcium tab 5-40 mg | NP | PA |
| CADUET - amlodipine besylate-atorvastatin calcium tab 5-80 mg | NP | PA |
| CADUET - amlodipine besylate-atorvastatin calcium tab 10-10 mg | NP | PA |
| CADUET - amlodipine besylate-atorvastatin calcium tab 10-20 mg | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|--------------------|--|
| CADUET - amlodipine besylate-atorvastatin calcium tab 10-40 mg | NP | PA |
| CADUET - amlodipine besylate-atorvastatin calcium tab 10-80 mg | NP | PA |
| CALAN SR - verapamil hcl tab er 120 mg | NP | PA |
| CALAN SR - verapamil hcl tab er 180 mg | NP | PA |
| CALAN SR - verapamil hcl tab er 240 mg | NP | PA |
| CARDIZEM - diltiazem hcl tab 30 mg | NP | PA |
| CARDIZEM - diltiazem hcl tab 60 mg | NP | PA |
| CARDIZEM - diltiazem hcl tab 120 mg | NP | PA |
| CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 120 mg | NP | PA |
| CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 180 mg | NP | PA |
| CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 240 mg | NP | PA |
| CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 300 mg | NP | PA |
| CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 360 mg | NP | PA |
| CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 120 mg | NP | PA |
| CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 180 mg | NP | PA |
| CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 240 mg | NP | PA |
| CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 300 mg | NP | PA |
| CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 360 mg | NP | PA |
| CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 420 mg | NP | PA |
| diltiazem hcl cap er 12hr 60 mg | P | |
| diltiazem hcl cap er 12hr 90 mg | P | |
| diltiazem hcl cap er 12hr 120 mg | P | |
| diltiazem hcl cap er 24hr 120 mg | P | |
| diltiazem hcl cap er 24hr 180 mg | P | |
| diltiazem hcl cap er 24hr 240 mg | P | |
| diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd) | P | |
| diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd) | P | |
| diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd) | P | |
| diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd) | P | |
| diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd) | P | |
| diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la) | NP | PA |
| diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la) | NP | PA |
| diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la) | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la) | NP | PA |
| diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la) | NP | PA |
| diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac) | P | |
| diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac) | P | |
| diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac) | P | |
| diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac) | P | |
| diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac) | P | |
| diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac) | P | |
| diltiazem hcl tab 30 mg (Cardizem) | P | |
| diltiazem hcl tab 60 mg (Cardizem) | P | |
| diltiazem hcl tab 90 mg | P | |
| diltiazem hcl tab 120 mg (Cardizem) | P | |
| ENTRESTO - sacubitril-valsartan tab 24-26 mg | P | |
| ENTRESTO - sacubitril-valsartan tab 49-51 mg | P | |
| ENTRESTO - sacubitril-valsartan tab 97-103 mg | P | |
| EXFORGE - amlodipine besylate-valsartan tab 5-160 mg | NP | PA, QL (30 tablets/30 days) |
| EXFORGE - amlodipine besylate-valsartan tab 5-320 mg | NP | PA, QL (30 tablets/30 days) |
| EXFORGE - amlodipine besylate-valsartan tab 10-160 mg | NP | PA, QL (30 tablets/30 days) |
| EXFORGE - amlodipine besylate-valsartan tab 10-320 mg | NP | PA, QL (30 tablets/30 days) |
| felodipine tab er 24hr 2.5 mg | P | |
| felodipine tab er 24hr 5 mg | P | |
| felodipine tab er 24hr 10 mg | P | |
| isradipine cap 2.5 mg | P | |
| isradipine cap 5 mg | P | |
| LOTREL - amlodipine besylate-benazepril hcl cap 5-10 mg | NP | PA |
| LOTREL - amlodipine besylate-benazepril hcl cap 5-20 mg | NP | PA |
| LOTREL - amlodipine besylate-benazepril hcl cap 10-20 mg | NP | PA |
| LOTREL - amlodipine besylate-benazepril hcl cap 10-40 mg | NP | PA |
| nicardipine hcl cap 20 mg | P | |
| nicardipine hcl cap 30 mg | P | |
| nifedipine cap 10 mg (Procardia) | P | |
| nifedipine cap 20 mg | P | |
| nifedipine tab er 24hr 30 mg (Adalat cc) | P | |
| nifedipine tab er 24hr 60 mg (Adalat cc) | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| nifedipine tab er 24hr 90 mg (Adalat cc) | P | |
| nifedipine tab er 24hr osmotic release 30 mg (Procardia xl) | P | |
| nifedipine tab er 24hr osmotic release 60 mg (Procardia xl) | P | |
| nifedipine tab er 24hr osmotic release 90 mg (Procardia xl) | P | |
| nimodipine cap 30 mg | NP | PA |
| NISOLDIPINE ER - nisoldipine tab er 24hr 20 mg | NP | PA |
| NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg | NP | PA |
| NISOLDIPINE ER - nisoldipine tab er 24hr 30 mg | NP | PA |
| NISOLDIPINE ER - nisoldipine tab er 24hr 40 mg | NP | PA |
| nisoldipine tab er 24hr 8.5 mg (Sular) | NP | PA |
| nisoldipine tab er 24hr 17 mg (Sular) | NP | PA |
| nisoldipine tab er 24hr 34 mg (Sular) | NP | PA |
| NORVASC - amlodipine besylate tab 2.5 mg (base equivalent) | NP | PA |
| NORVASC - amlodipine besylate tab 5 mg (base equivalent) | NP | PA |
| NORVASC - amlodipine besylate tab 10 mg (base equivalent) | NP | PA |
| NYMALIZE - nimodipine oral soln 6 mg/ml | NP | PA |
| PROCARDIA XL - nifedipine tab er 24hr osmotic release 30 mg | NP | PA |
| PROCARDIA XL - nifedipine tab er 24hr osmotic release 60 mg | NP | PA |
| PROCARDIA XL - nifedipine tab er 24hr osmotic release 90 mg | NP | PA |
| SULAR - nisoldipine tab er 24hr 8.5 mg | NP | PA |
| SULAR - nisoldipine tab er 24hr 17 mg | NP | PA |
| SULAR - nisoldipine tab er 24hr 34 mg | NP | PA |
| telmisartan-amlodipine tab 40-5 mg (Twynsta) | NP | PA, QL (30 tablets/30 days) |
| telmisartan-amlodipine tab 40-10 mg (Twynsta) | NP | PA, QL (30 tablets/30 days) |
| telmisartan-amlodipine tab 80-5 mg (Twynsta) | NP | PA, QL (30 tablets/30 days) |
| telmisartan-amlodipine tab 80-10 mg (Twynsta) | NP | PA, QL (30 tablets/30 days) |
| TIAZAC - diltiazem hcl extended release beads cap er 24hr 120 mg | NP | PA |
| TIAZAC - diltiazem hcl extended release beads cap er 24hr 180 mg | NP | PA |
| TIAZAC - diltiazem hcl extended release beads cap er 24hr 240 mg | NP | PA |
| TIAZAC - diltiazem hcl extended release beads cap er 24hr 300 mg | NP | PA |
| TIAZAC - diltiazem hcl extended release beads cap er 24hr 360 mg | NP | PA |
| TIAZAC - diltiazem hcl extended release beads cap er 24hr 420 mg | NP | PA |
| TRANDOLAPRIL/VERAPAMIL HCL ER - trandolapril-verapamil hcl tab er 1-240 mg | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| TRANDOLAPRIL/VERAPAMIL HCL ER - trandolapril-verapamil hcl tab er 2-180 mg | NP | PA |
| TRANDOLAPRIL/VERAPAMIL HCL ER - trandolapril-verapamil hcl tab er 2-240 mg | NP | PA |
| TRANDOLAPRIL/VERAPAMIL HCL ER - trandolapril-verapamil hcl tab er 4-240 mg | NP | PA |
| verapamil hcl cap er 24hr 120 mg (Verelan) | P | |
| verapamil hcl cap er 24hr 180 mg (Verelan) | P | |
| verapamil hcl cap er 24hr 240 mg (Verelan) | P | |
| verapamil hcl cap er 24hr 300 mg (Verelan pm) | P | |
| VERAPAMIL HCL SR - verapamil hcl cap er 24hr 360 mg | P | |
| verapamil hcl tab er 120 mg (Calan sr) | P | |
| verapamil hcl tab er 180 mg (Calan sr) | P | |
| verapamil hcl tab er 240 mg (Calan sr) | P | |
| verapamil hcl tab 40 mg | P | |
| verapamil hcl tab 80 mg | P | |
| verapamil hcl tab 120 mg (Calan) | P | |
| VERAPAMIL HYDROCHLORIDE ER - verapamil hcl cap er 24hr 100 mg | P | |
| VERAPAMIL HYDROCHLORIDE ER - verapamil hcl cap er 24hr 200 mg | P | |
| VERELAN - verapamil hcl cap er 24hr 120 mg | NP | PA |
| VERELAN - verapamil hcl cap er 24hr 180 mg | NP | PA |
| VERELAN - verapamil hcl cap er 24hr 240 mg | NP | PA |
| VERELAN - verapamil hcl cap er 24hr 360 mg | NP | PA |
| VERELAN PM - verapamil hcl cap er 24hr 100 mg | NP | PA |
| VERELAN PM - verapamil hcl cap er 24hr 200 mg | NP | PA |
| VERELAN PM - verapamil hcl cap er 24hr 300 mg | NP | PA |
| CHEST PAIN | | |
| isosorbide dinitrate tab 5 mg (Isordil titradose) | C | |
| isosorbide dinitrate tab 10 mg | C | |
| isosorbide dinitrate tab 20 mg | C | |
| isosorbide dinitrate tab 30 mg | C | |
| isosorbide mononitrate tab er 24hr 30 mg | C | |
| isosorbide mononitrate tab er 24hr 60 mg | C | |
| isosorbide mononitrate tab er 24hr 120 mg | C | |
| isosorbide mononitrate tab 10 mg | C | |
| isosorbide mononitrate tab 20 mg | C | |
| nitroglycerin sl tab 0.3 mg (Nitrostat) | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| nitroglycerin sl tab 0.4 mg (Nitrostat) | C | |
| nitroglycerin sl tab 0.6 mg (Nitrostat) | C | |
| nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur) | C | |
| nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur) | C | |
| nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur) | C | |
| nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur) | C | |
| CHOLESTEROL LOWERING | | |
| ALTOPREV - lovastatin tab er 24hr 20 mg | NP | PA |
| ALTOPREV - lovastatin tab er 24hr 40 mg | NP | PA |
| ALTOPREV - lovastatin tab er 24hr 60 mg | NP | PA |
| ANTARA - fenofibrate micronized cap 30 mg | NP | PA, QL (60 capsules/30 days) |
| ANTARA - fenofibrate micronized cap 90 mg | NP | PA, QL (30 capsules/30 days) |
| atorvastatin calcium tab 10 mg (base equivalent) (Lipitor) | P | |
| atorvastatin calcium tab 20 mg (base equivalent) (Lipitor) | P | |
| atorvastatin calcium tab 40 mg (base equivalent) (Lipitor) | P | |
| atorvastatin calcium tab 80 mg (base equivalent) (Lipitor) | P | |
| cholestyramine light powder packets 4 gm | P | |
| cholestyramine light powder 4 gm/dose (Questran light) | P | |
| cholestyramine powder packets 4 gm (Questran) | P | |
| cholestyramine powder 4 gm/dose (Questran) | P | |
| choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix) | NP | PA, QL (60 tablets/30 days) |
| choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix) | NP | PA, QL (30 capsules/30 days) |
| colesevelam hcl packet for susp 3.75 gm (Welchol) | NP | PA |
| colesevelam hcl tab 625 mg (Welchol) | NP | PA |
| COLESTID - colestipol hcl tab 1 gm | NP | PA |
| COLESTID - colestipol hcl granules 5 gm | NP | PA |
| COLESTID FLAVORED - colestipol hcl granules 5 gm | NP | PA |
| colestipol hcl granules 5 gm (Colestid flavored) | P | |
| colestipol hcl tab 1 gm (Colestid) | P | |
| CRESTOR - rosuvastatin calcium tab 5 mg | NP | PA |
| CRESTOR - rosuvastatin calcium tab 10 mg | NP | PA |
| CRESTOR - rosuvastatin calcium tab 20 mg | NP | PA |
| CRESTOR - rosuvastatin calcium tab 40 mg | NP | PA |
| EZALLOR SPRINKLE - rosuvastatin calcium sprinkle cap 5 mg (base equivalent) | NP | PA |
| EZALLOR SPRINKLE - rosuvastatin calcium sprinkle cap 10 mg (base equivalent) | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| EZALLOR SPRINKLE - rosuvastatin calcium sprinkle cap 20 mg (base equivalent) | NP | PA |
| EZALLOR SPRINKLE - rosuvastatin calcium sprinkle cap 40 mg (base equivalent) | NP | PA |
| ezetimibe tab 10 mg (Zetia) | P | |
| ezetimibe-simvastatin tab 10-10 mg (Vytorin) | NP | PA |
| ezetimibe-simvastatin tab 10-20 mg (Vytorin) | NP | PA |
| ezetimibe-simvastatin tab 10-40 mg (Vytorin) | NP | PA |
| ezetimibe-simvastatin tab 10-80 mg (Vytorin) | NP | PA |
| FENOFIBRATE - fenofibrate cap 50 mg | NP | PA, QL (60 capsules/30 days) |
| FENOFIBRATE - fenofibrate cap 150 mg | NP | PA, QL (30 capsules/30 days) |
| FENOFIBRATE MICRONIZED - fenofibrate micronized cap 30 mg | NP | PA, QL (60 capsules/30 days) |
| FENOFIBRATE MICRONIZED - fenofibrate micronized cap 90 mg | NP | PA, QL (30 capsules/30 days) |
| fenofibrate micronized cap 43 mg | NP | PA, QL (60 capsules/30 days) |
| fenofibrate micronized cap 67 mg | P | QL (30 capsules/30 days) |
| fenofibrate micronized cap 130 mg | NP | PA, QL (30 capsules/30 days) |
| fenofibrate micronized cap 134 mg | P | QL (30 capsules/30 days) |
| fenofibrate micronized cap 200 mg | P | QL (30 capsules/30 days) |
| fenofibrate tab 40 mg (Fenoglide) | NP | PA, QL (60 tablets/30 days) |
| fenofibrate tab 48 mg (Tricor) | P | QL (60 tablets/30 days) |
| fenofibrate tab 54 mg | P | QL (60 tablets/30 days) |
| fenofibrate tab 120 mg (Fenoglide) | NP | PA, QL (30 tablets/30 days) |
| fenofibrate tab 145 mg (Tricor) | P | QL (30 tablets/30 days) |
| fenofibrate tab 160 mg | P | QL (30 tablets/30 days) |
| FENOFIBRIC ACID - fenofibric acid tab 35 mg | NP | PA, QL (60 tablets/30 days) |
| FENOFIBRIC ACID - fenofibric acid tab 105 mg | NP | PA, QL (30 tablets/30 days) |
| FENOGLIDE - fenofibrate tab 40 mg | NP | PA, QL (60 tablets/30 days) |
| FENOGLIDE - fenofibrate tab 120 mg | NP | PA, QL (30 tablets/30 days) |
| FIBRICOR - fenofibric acid tab 35 mg | NP | PA, QL (60 tablets/30 days) |
| FIBRICOR - fenofibric acid tab 105 mg | NP | PA, QL (30 tablets/30 days) |
| fluvastatin sodium cap 20 mg (base equivalent) | NP | PA |
| fluvastatin sodium cap 40 mg (base equivalent) | NP | PA |
| fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl) | NP | PA |
| gemfibrozil tab 600 mg (Lopid) | P | QL (60 tablets/30 days) |
| icosapent ethyl cap 1 gm (Vascepa) | C | PA, QL (120 capsules/30 days) |
| LESCOL XL - fluvastatin sodium tab er 24 hr 80 mg (base equivalent) | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| LIPITOR - atorvastatin calcium tab 10 mg (base equivalent) | NP | PA |
| LIPITOR - atorvastatin calcium tab 20 mg (base equivalent) | NP | PA |
| LIPITOR - atorvastatin calcium tab 40 mg (base equivalent) | NP | PA |
| LIPITOR - atorvastatin calcium tab 80 mg (base equivalent) | NP | PA |
| LIPOFEN - fenofibrate cap 50 mg | NP | PA, QL (60 capsules/30 days) |
| LIPOFEN - fenofibrate cap 150 mg | NP | PA, QL (30 capsules/30 days) |
| LIVALO - pitavastatin calcium tab 1 mg | NP | PA |
| LIVALO - pitavastatin calcium tab 2 mg | NP | PA |
| LIVALO - pitavastatin calcium tab 4 mg | NP | PA |
| LOPID - gemfibrozil tab 600 mg | NP | PA, QL (60 tablets/30 days) |
| lovastatin tab 10 mg | P | |
| lovastatin tab 20 mg | P | |
| lovastatin tab 40 mg | P | |
| LOVAZA - omega-3-acid ethyl esters cap 1 gm | NP | PA |
| NEXLETOL - bempedoic acid tab 180 mg | NP | PA, QL (30 tablets/30 days) |
| NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg | NP | PA, QL (30 tablets/30 days) |
| niacin tab er 500 mg (antihyperlipidemic) (Niaspan) | P | |
| niacin tab er 750 mg (antihyperlipidemic) (Niaspan) | P | |
| niacin tab er 1000 mg (antihyperlipidemic) (Niaspan) | P | |
| NIACOR - niacin (antihyperlipidemic) tab 500 mg | NP | PA |
| NIASPAN - niacin tab er 500 mg (antihyperlipidemic) | P | |
| NIASPAN - niacin tab er 750 mg (antihyperlipidemic) | P | |
| NIASPAN - niacin tab er 1000 mg (antihyperlipidemic) | P | |
| omega-3-acid ethyl esters cap 1 gm (Lovaza) | NP | PA |
| PRALUENT - alirocumab subcutaneous solution auto-injector 75 mg/ml | NP | PA, QL (2 pens/28 days) |
| PRALUENT - alirocumab subcutaneous solution auto-injector 150 mg/ml | NP | PA, QL (2 pens/28 days) |
| pravastatin sodium tab 10 mg | P | |
| pravastatin sodium tab 20 mg (Pravachol) | P | |
| pravastatin sodium tab 40 mg (Pravachol) | P | |
| pravastatin sodium tab 80 mg (Pravachol) | P | |
| QUESTRAN - cholestyramine powder 4 gm/dose | NP | PA |
| QUESTRAN - cholestyramine powder packets 4 gm | NP | PA |
| QUESTRAN LIGHT - cholestyramine light powder 4 gm/dose | NP | PA |
| REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml | NP | PA, QL (2 syringes/28 days) |
| REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml | NP | PA, QL (2 systems/28 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml | NP | PA, QL (2 pens/28 days) |
| rosuvastatin calcium tab 5 mg (Crestor) | P | |
| rosuvastatin calcium tab 10 mg (Crestor) | P | |
| rosuvastatin calcium tab 20 mg (Crestor) | P | |
| rosuvastatin calcium tab 40 mg (Crestor) | P | |
| simvastatin tab 5 mg (Zocor) | P | |
| simvastatin tab 10 mg (Zocor) | P | |
| simvastatin tab 20 mg (Zocor) | P | |
| simvastatin tab 40 mg (Zocor) | P | |
| simvastatin tab 80 mg (Zocor) | P | |
| TRICOR - fenofibrate tab 48 mg | NP | PA, QL (60 tablets/30 days) |
| TRICOR - fenofibrate tab 145 mg | NP | PA, QL (30 tablets/30 days) |
| TRILIPIX - choline fenofibrate cap dr 45 mg (fenofibric acid equiv) | NP | PA, QL (60 tablets/30 days) |
| TRILIPIX - choline fenofibrate cap dr 135 mg (fenofibric acid equiv) | NP | PA, QL (30 capsules/30 days) |
| VASCEPA - icosapent ethyl cap 0.5 gm | NP | PA, QL (240 capsules/30 days) |
| VASCEPA - icosapent ethyl cap 1 gm | NP | PA, QL (120 capsules/30 days) |
| VYTORIN - ezetimibe-simvastatin tab 10-10 mg | NP | PA |
| VYTORIN - ezetimibe-simvastatin tab 10-20 mg | NP | PA |
| VYTORIN - ezetimibe-simvastatin tab 10-40 mg | NP | PA |
| VYTORIN - ezetimibe-simvastatin tab 10-80 mg | NP | PA |
| WELCHOL - colestevlam hcl tab 625 mg | NP | PA |
| WELCHOL - colestevlam hcl packet for susp 3.75 gm | NP | PA |
| ZETIA - ezetimibe tab 10 mg | NP | PA |
| ZOCOR - simvastatin tab 10 mg | NP | PA |
| ZOCOR - simvastatin tab 20 mg | NP | PA |
| ZOCOR - simvastatin tab 40 mg | NP | PA |
| ZOCOR - simvastatin tab 80 mg | NP | PA |
| ZYPITAMAG - pitavastatin magnesium tab 2 mg (base equiv) | NP | PA |
| ZYPITAMAG - pitavastatin magnesium tab 4 mg (base equiv) | NP | PA |
| FLUID RETENTION | | |
| acetazolamide cap er 12hr 500 mg | C | |
| acetazolamide tab 125 mg | C | |
| acetazolamide tab 250 mg | C | |
| amiloride & hydrochlorothiazide tab 5-50 mg | C | |
| bumetanide tab 0.5 mg (Bumex) | C | |
| bumetanide tab 1 mg (Bumex) | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| bumetanide tab 2 mg (Bumex) | C | |
| chlorthalidone tab 25 mg | C | |
| chlorthalidone tab 50 mg | C | |
| furosemide oral soln 10 mg/ml | C | |
| furosemide tab 20 mg (Lasix) | C | |
| furosemide tab 40 mg (Lasix) | C | |
| furosemide tab 80 mg (Lasix) | C | |
| hydrochlorothiazide cap 12.5 mg | C | |
| hydrochlorothiazide tab 12.5 mg | C | |
| hydrochlorothiazide tab 25 mg | C | |
| hydrochlorothiazide tab 50 mg | C | |
| indapamide tab 1.25 mg | C | |
| indapamide tab 2.5 mg | C | |
| metolazone tab 2.5 mg | C | |
| metolazone tab 5 mg | C | |
| metolazone tab 10 mg | C | |
| spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide) | C | |
| spironolactone tab 25 mg (Aldactone) | C | |
| spironolactone tab 50 mg (Aldactone) | C | |
| spironolactone tab 100 mg (Aldactone) | C | |
| toremide tab 5 mg | C | |
| toremide tab 10 mg (Demadex) | C | |
| toremide tab 20 mg | C | |
| toremide tab 100 mg | C | |
| triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide) | C | |
| triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25) | C | |
| triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide) | C | |
| HEART RHYTHM | | |
| amiodarone hcl tab 200 mg | C | |
| BETAPACE - sotalol hcl tab 80 mg | NP | PA |
| BETAPACE - sotalol hcl tab 120 mg | NP | PA |
| BETAPACE - sotalol hcl tab 160 mg | NP | PA |
| BETAPACE AF - sotalol hcl (afib/af) tab 80 mg | NP | PA |
| BETAPACE AF - sotalol hcl (afib/af) tab 120 mg | NP | PA |
| BETAPACE AF - sotalol hcl (afib/af) tab 160 mg | NP | PA |
| disopyramide phosphate cap 100 mg (Norpace) | C | |
| disopyramide phosphate cap 150 mg (Norpace) | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| flecainide acetate tab 50 mg | C | |
| flecainide acetate tab 100 mg | C | |
| flecainide acetate tab 150 mg | C | |
| mexiletine hcl cap 150 mg | C | |
| mexiletine hcl cap 200 mg | C | |
| mexiletine hcl cap 250 mg | C | |
| propafenone hcl tab 150 mg | C | |
| propafenone hcl tab 225 mg | C | |
| propafenone hcl tab 300 mg | C | |
| sotalol hcl (afib/af) tab 80 mg (Betapace af) | P | |
| sotalol hcl (afib/af) tab 120 mg (Betapace af) | P | |
| sotalol hcl (afib/af) tab 160 mg (Betapace af) | P | |
| sotalol hcl tab 80 mg (Betapace) | P | |
| sotalol hcl tab 120 mg (Betapace) | P | |
| sotalol hcl tab 160 mg (Betapace) | P | |
| sotalol hcl tab 240 mg | P | |
| SOTYLIZE - sotalol hcl oral solution 5 mg/ml | NP | PA |
| OTHER HEART RELATED DRUGS | | |
| ADCIRCA - tadalafil tab 20 mg (PAH) | NP | PA, QL (60 tablets/30 days), SP |
| ADEMPAS - riociguat tab 0.5 mg | NP | PA, QL (90 tablets/30 days), SP |
| ADEMPAS - riociguat tab 1 mg | NP | PA, QL (90 tablets/30 days), SP |
| ADEMPAS - riociguat tab 1.5 mg | NP | PA, QL (90 tablets/30 days), SP |
| ADEMPAS - riociguat tab 2 mg | NP | PA, QL (90 tablets/30 days), SP |
| ADEMPAS - riociguat tab 2.5 mg | NP | PA, QL (90 tablets/30 days), SP |
| aliskiren fumarate tab 150 mg (base equivalent) (Tekturna) | NP | PA, QL (30 tablets/30 days) |
| aliskiren fumarate tab 300 mg (base equivalent) (Tekturna) | NP | PA, QL (30 tablets/30 days) |
| ambrisentan tab 5 mg (Letairis) | P | PA, QL (30 tablets/30 days), SP |
| ambrisentan tab 10 mg (Letairis) | P | PA, QL (30 tablets/30 days), SP |
| bosentan tab 62.5 mg (Tracleer) | NP | PA, QL (60 tablets/30 days), SP |
| bosentan tab 125 mg (Tracleer) | NP | PA, QL (60 tablets/30 days), SP |
| CARDURA - doxazosin mesylate tab 1 mg | NP | PA, QL (30 tablets/30 days) |
| CARDURA - doxazosin mesylate tab 2 mg | NP | PA, QL (30 tablets/30 days) |
| CARDURA - doxazosin mesylate tab 4 mg | NP | PA, QL (30 tablets/30 days) |
| CARDURA - doxazosin mesylate tab 8 mg | NP | PA, QL (60 tablets/30 days) |
| clonidine hcl tab 0.1 mg (Catapres) | C | |
| clonidine hcl tab 0.2 mg (Catapres) | C | |
| clonidine hcl tab 0.3 mg (Catapres) | C | |
| clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1) | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2) | C | |
| clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3) | C | |
| digoxin oral soln 0.05 mg/ml (Digoxin) | C | |
| digoxin tab 125 mcg (0.125 mg) (Lanoxin) | C | |
| digoxin tab 250 mcg (0.25 mg) (Lanoxin) | C | |
| doxazosin mesylate tab 1 mg (Cardura) | P | QL (30 tablets/30 days) |
| doxazosin mesylate tab 2 mg (Cardura) | P | QL (30 tablets/30 days) |
| doxazosin mesylate tab 4 mg (Cardura) | P | QL (30 tablets/30 days) |
| doxazosin mesylate tab 8 mg (Cardura) | P | QL (60 tablets/30 days) |
| eplerenone tab 25 mg (Inspra) | C | |
| eplerenone tab 50 mg (Inspra) | C | |
| guanfacine hcl tab 1 mg | C | |
| guanfacine hcl tab 2 mg | C | |
| hydralazine hcl tab 10 mg | C | |
| hydralazine hcl tab 25 mg | C | |
| hydralazine hcl tab 50 mg | C | |
| hydralazine hcl tab 100 mg | C | |
| LETAIRIS - ambrisentan tab 5 mg | NP | PA, QL (30 tablets/30 days), SP |
| LETAIRIS - ambrisentan tab 10 mg | NP | PA, QL (30 tablets/30 days), SP |
| METHYLDOPA - methyldopa tab 250 mg | C | |
| METHYLDOPA - methyldopa tab 500 mg | C | |
| midodrine hcl tab 2.5 mg | C | |
| midodrine hcl tab 5 mg | C | |
| midodrine hcl tab 10 mg | C | |
| minoxidil tab 2.5 mg | C | |
| minoxidil tab 10 mg | C | |
| OPSUMIT - macitentan tab 10 mg | NP | PA, QL (30 tablets/30 days), SP |
| ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv) | NP | PA, SP |
| ORENITRAM - treprostinil diolamine tab er 0.25 mg (base equiv) | NP | PA, SP |
| ORENITRAM - treprostinil diolamine tab er 1 mg (base equiv) | NP | PA, SP |
| ORENITRAM - treprostinil diolamine tab er 2.5 mg (base equiv) | NP | PA, SP |
| ORENITRAM - treprostinil diolamine tab er 5 mg (base equiv) | NP | PA, SP |
| phenoxybenzamine hcl cap 10 mg (Dibenzyline) | C | |
| prazosin hcl cap 1 mg (Minipress) | C | |
| prazosin hcl cap 2 mg (Minipress) | C | |
| prazosin hcl cap 5 mg (Minipress) | C | |
| REVATIO - sildenafil citrate tab 20 mg | NP | PA, QL (90 tablets/30 days), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| REVATIO - sildenafil citrate for suspension 10 mg/ml | NP | PA, QL (2 bottles/30 days), SP |
| sildenafil citrate for suspension 10 mg/ml (Revatio) | P | PA, QL (2 bottles/30 days), SP |
| sildenafil citrate tab 20 mg (Revatio) | P | PA, QL (90 tablets/30 days), SP |
| tadalafil tab 20 mg (PAH) (Adcirca) | NP | PA, QL (60 tablets/30 days), SP |
| TEKTURNA - aliskiren fumarate tab 150 mg (base equivalent) | NP | PA, QL (30 tablets/30 days) |
| TEKTURNA - aliskiren fumarate tab 300 mg (base equivalent) | NP | PA, QL (30 tablets/30 days) |
| TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-12.5 mg | P | QL (30 tablets/30 days) |
| TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-25 mg | P | QL (30 tablets/30 days) |
| TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-12.5 mg | P | QL (30 tablets/30 days) |
| TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-25 mg | P | QL (30 tablets/30 days) |
| terazosin hcl cap 1 mg (base equivalent) | P | QL (30 capsules/30 days) |
| terazosin hcl cap 2 mg (base equivalent) | P | QL (30 capsules/30 days) |
| terazosin hcl cap 5 mg (base equivalent) | P | QL (30 capsules/30 days) |
| terazosin hcl cap 10 mg (base equivalent) | P | QL (60 capsules/30 days) |
| TRACLEER - bosentan tab for oral susp 32 mg | NP | PA, QL (120 tablets/30 days), SP |
| TRACLEER - bosentan tab 62.5 mg | P | PA, QL (60 tablets/30 days), SP |
| TRACLEER - bosentan tab 125 mg | P | PA, QL (60 tablets/30 days), SP |
| TYVASO - treprostinil inhalation solution 0.6 mg/ml | NP | PA, QL (28 ampules/28 days), SP |
| TYVASO REFILL - treprostinil inhalation solution 0.6 mg/ml | NP | PA, QL (28 ampules/28 days), SP |
| TYVASO STARTER - treprostinil inhalation solution 0.6 mg/ml | NP | PA, QL (1 kit/180 days), SP |
| UPTRAVI - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60) | NP | PA, QL (1 pack/180 days), SP |
| UPTRAVI - selexipag tab 200 mcg | NP | PA, QL (60 tablets/30 days), SP |
| UPTRAVI - selexipag tab 400 mcg | NP | PA, QL (60 tablets/30 days), SP |
| UPTRAVI - selexipag tab 600 mcg | NP | PA, QL (60 tablets/30 days), SP |
| UPTRAVI - selexipag tab 800 mcg | NP | PA, QL (60 tablets/30 days), SP |
| UPTRAVI - selexipag tab 1000 mcg | NP | PA, QL (60 tablets/30 days), SP |
| UPTRAVI - selexipag tab 1200 mcg | NP | PA, QL (60 tablets/30 days), SP |
| UPTRAVI - selexipag tab 1400 mcg | NP | PA, QL (60 tablets/30 days), SP |
| UPTRAVI - selexipag tab 1600 mcg | NP | PA, QL (60 tablets/30 days), SP |
| VENTAVIS - iloprost inhalation solution 10 mcg/ml | NP | PA, QL (270 ampules/30 days), SP |
| VENTAVIS - iloprost inhalation solution 20 mcg/ml | NP | PA, QL (270 ampules/30 days), SP |
| VYNDAMAX - tafamidis cap 61 mg | C | PA, QL (30 capsules/30 days), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg | C | PA, QL (120 capsules/30 days), SP |
| BEE STING KITS | | |
| EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) | NP | PA |
| EPINEPHRINE - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) | NP | PA |
| epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (NDC: 00093598519 and 00093598527) (EpiPen-jr 2-pak) | NP | PA |
| epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (NDC: 49502010101 and 49502010102) (EpiPen-jr 2-pak) | P | |
| epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (NDC: 00093598619 and 00093598627) (EpiPen 2-pak) | NP | PA |
| epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (NDC: 49502010201 and 49502010202) (EpiPen 2-pak) | P | |
| EPIPEN 2-PAK - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) | NP | PA |
| EPIPEN-JR 2-PAK - epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) | NP | PA |
| SYMJEPI - epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000) | P | |
| SYMJEPI - epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000) | P | |
| RESPIRATORY AGENTS | | |
| ANTI-HISTAMINES | | |
| ALLEGRA ALLERGY CHILDRENS - fexofenadine hcl orally disintegrating tab 30 mg | OTC-C | |
| cetirizine hcl chew tab 5 mg | NP | PA |
| cetirizine hcl chew tab 10 mg | NP | PA |
| cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) | P | |
| cetirizine hcl syrup 1 mg/ml (5 mg/5ml) | P | |
| cetirizine hcl tab 5 mg | P | |
| cetirizine hcl tab 10 mg | P | |
| chlorpheniramine maleate syrup 2 mg/5ml | OTC-C | |
| chlorpheniramine maleate tab 4 mg | OTC-C | |
| CLARINEX - desloratadine tab 5 mg | NP | PA |
| CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg | C | |
| cyproheptadine hcl syrup 2 mg/5ml | C | |
| cyproheptadine hcl tab 4 mg | C | |
| DESLORATADINE ODT - desloratadine tab orally disintegrating 2.5 mg | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| DESLORATADINE ODT - desloratadine tab orally disintegrating 5 mg | NP | PA |
| desloratadine tab 5 mg (Clarinex) | NP | PA |
| diphenhydramine hcl cap 25 mg | OTC-C | |
| diphenhydramine hcl chew tab 12.5 mg | OTC-C | |
| diphenhydramine hcl elixir 12.5 mg/5ml | C | |
| diphenhydramine hcl elixir 12.5 mg/5ml | OTC-C | |
| diphenhydramine hcl liquid 12.5 mg/5ml | OTC-C | |
| diphenhydramine hcl tab disint 12.5 mg | OTC-C | |
| diphenhydramine hcl tab 25 mg | OTC-C | |
| fexofenadine hcl susp 30 mg/5ml (6 mg/ml) | OTC-C | |
| fexofenadine hcl tab 60 mg | OTC-C | |
| fexofenadine hcl tab 180 mg | OTC-C | |
| levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) | P | |
| levocetirizine dihydrochloride tab 5 mg | P | |
| loratadine rapidly-disintegrating tab 10 mg (Claritin) | P | |
| loratadine syrup 5 mg/5ml | P | |
| loratadine tab 10 mg | P | |
| promethazine hcl suppos 12.5 mg | C | |
| promethazine hcl suppos 25 mg | C | |
| promethazine hcl syrup 6.25 mg/5ml | C | |
| promethazine hcl tab 12.5 mg | C | |
| promethazine hcl tab 25 mg | C | |
| promethazine hcl tab 50 mg | C | |
| NASAL PRODUCTS | | |
| azelastine hcl nasal spray 0.1% (137 mcg/spray) | P | QL (2 bottles/30 days) |
| azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro) | P | QL (2 bottles/30 days) |
| azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (Dymista) | NP | PA, QL (1 bottle/30 days) |
| BECONASE AQ - beclomethasone dipropionate monohyd nasal susp 42 mcg/spray | NP | PA, QL (2 bottles/30 days) |
| cromolyn sodium nasal aerosol soln 5.2 mg/act (4%) | OTC-C | |
| DYMISTA - azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act | NP | PA, QL (1 bottle/30 days) |
| FLUNISOLIDE - flunisolide nasal soln 25 mcg/act (0.025%) | NP | PA, QL (3 bottles/30 days) |
| fluticasone propionate nasal susp 50 mcg/act | P | QL (1 bottle/30 days) |
| ipratropium bromide nasal soln 0.03% (21 mcg/spray) | P | QL (2 bottles/30 days) |
| ipratropium bromide nasal soln 0.06% (42 mcg/spray) | P | QL (3 bottles/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| mometasone furoate nasal susp 50 mcg/act (Nasonex) | P | QL (2 bottles/30 days) |
| NASONEX - mometasone furoate nasal susp 50 mcg/act | NP | PA, QL (2 bottles/30 days) |
| NEO-SYNEPHRINE COLD+ALLERGY MILD STRENGTH - phenylephrine hcl nasal soln 0.25% | OTC-C | |
| olopatadine hcl nasal soln 0.6% (Patanase) | NP | PA, QL (1 bottle/30 days) |
| OMNARIS - ciclesonide nasal susp 50 mcg/act | NP | PA, QL (1 bottle/30 days) |
| oxymetazoline hcl nasal soln 0.05% | OTC-C | |
| PATANASE - olopatadine hcl nasal soln 0.6% | NP | PA, QL (1 bottle/30 days) |
| phenylephrine hcl nasal soln 1% | OTC-C | |
| phenylephrine hcl tab 10 mg | OTC-C | |
| pseudoephedrine hcl tab er 12hr 120 mg | OTC-C | |
| pseudoephedrine hcl tab 30 mg | OTC-C | |
| pseudoephedrine hcl tab 60 mg | OTC-C | |
| QNASL - beclomethasone dipropionate nasal aerosol 80 mcg/act | NP | PA, QL (1 canister/30 days) |
| QNASL CHILDRENS - beclomethasone dipropionate nasal aerosol 40 mcg/act | NP | PA, QL (1 canister/30 days) |
| saline nasal spray 0.65% | OTC-C | |
| SUDAFED 24 HOUR - pseudoephedrine hcl tab er 24hr 240 mg | OTC-C | |
| triamcinolone acetonide nasal aerosol suspension 55 mcg/act | OTC-C | QL (1 inhaler/30 days) |
| XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act | NP | PA, QL (2 bottles/30 days) |
| ZETONNA - ciclesonide nasal aerosol soln 37 mcg/act (50 mcg/valve) | NP | PA, QL (1 canister/30 days) |
| COUGH/COLD/ALLERGY | | |
| acetylcysteine inhal soln 10% | C | |
| acetylcysteine inhal soln 20% | C | |
| benzonatate cap 100 mg (Tessalon perles) | C | |
| benzonatate cap 200 mg | C | |
| brompheniramine & phenylephrine elixir 1-2.5 mg/5ml | OTC-C | |
| cetirizine-pseudoephedrine tab er 12hr 5-120 mg | P | |
| CLARINEX-D 12 HOUR - desloratadine & pseudoephedrine tab er 12hr 2.5-120 mg | NP | PA |
| dextromethorphan polistirex extended release susp 30 mg/5ml | OTC-C | |
| dextromethorphan-guaifenesin liquid 10-100 mg/5ml | OTC-C | |
| dextromethorphan-guaifenesin syrup 10-100 mg/5ml | OTC-C | |
| dextromethorphan-guaifenesin tab er 12hr 30-600 mg | OTC-C | |
| dextromethorphan-guaifenesin tab er 12hr 60-1200 mg | OTC-C | |
| fexofenadine-pseudoephedrine tab er 12hr 60-120 mg | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| fexofenadine-pseudoephedrine tab er 24hr 180-240 mg | OTC-C | |
| guaifenesin liquid 100 mg/5ml | OTC-C | |
| guaifenesin syrup 100 mg/5ml | OTC-C | |
| guaifenesin tab er 12hr 600 mg | OTC-C | |
| guaifenesin tab er 12hr 1200 mg | OTC-C | |
| guaifenesin tab 200 mg | OTC-C | |
| guaifenesin tab 400 mg | OTC-C | |
| guaifenesin-codeine soln 100-10 mg/5ml | OTC-C | |
| loratadine & pseudoephedrine tab er 12hr 5-120 mg | P | |
| loratadine & pseudoephedrine tab er 24hr 10-240 mg | P | |
| MUCINEX FOR KIDS - guaifenesin granules packet 100 mg | OTC-C | |
| MUCINEX MAXIMUM STRENGTH - guaifenesin tab er 12hr 1200 mg | OTC-C | |
| promethazine-dm syrup 6.25-15 mg/5ml | C | |
| pseudoephedrine-guaifenesin tab er 12hr 60-600 mg | OTC-C | |
| pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg | OTC-C | |
| ROBITUSSIN CHILDRENS COUGH LONG-ACTING - dextromethorphan hbr syrup 7.5 mg/5ml | OTC-C | |
| sodium chloride soln nebu 0.9% | C | |
| sodium chloride soln nebu 3% | C | |
| sodium chloride soln nebu 7% (Hyper-sal) | C | |
| sodium chloride soln nebu 10% | C | |
| ASTHMA/COPD | | |
| ACCOLATE - zafirlukast tab 10 mg | NP | PA |
| ACCOLATE - zafirlukast tab 20 mg | NP | PA |
| ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose | P | QL (1 inhaler/30 days) |
| ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose | P | QL (1 inhaler/30 days) |
| ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose | P | QL (1 inhaler/30 days) |
| ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act | P | QL (1 canister/30 days) |
| ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act | P | QL (1 canister/30 days) |
| ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act | P | QL (1 canister/30 days) |
| AIRDUO RESPICLICK 113/14 - fluticasone-salmeterol aer powder ba 113-14 mcg/act | NP | PA, QL (1 inhaler/30 days) |
| AIRDUO RESPICLICK 232/14 - fluticasone-salmeterol aer powder ba 232-14 mcg/act | NP | PA, QL (1 inhaler/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| AIRDUO RESPICLICK 55/14 - fluticasone-salmeterol aer powder ba 55-14 mcg/act | NP | PA, QL (1 inhaler/30 days) |
| ALBUTEROL SULFATE HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) | NP | PA, QL (2 inhalers/30 days) |
| albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) | NP | PA, QL (2 inhalers/30 days) |
| albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) | P | |
| albuterol sulfate soln nebu 0.5% (5 mg/ml) | P | |
| albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) | P | |
| albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) | P | |
| albuterol sulfate syrup 2 mg/5ml | P | |
| albuterol sulfate tab 2 mg | NP | PA |
| albuterol sulfate tab 4 mg | NP | PA |
| ALVESCO - ciclesonide inhal aerosol 80 mcg/act | NP | PA, QL (1 canister/30 days) |
| ALVESCO - ciclesonide inhal aerosol 160 mcg/act | NP | PA, QL (2 canisters/30 days) |
| ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh | P | QL (1 inhaler/30 days) |
| arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana) | C | |
| ARNUIITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act | NP | PA, QL (1 inhaler/30 days) |
| ARNUIITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act | NP | PA, QL (30 blisters/30 days) |
| ARNUIITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act | NP | PA, QL (30 blisters/30 days) |
| ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act | NP | PA, QL (1 canister/30 days) |
| ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act | NP | PA, QL (1 canister/30 days) |
| ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act | NP | PA, QL (1 canister/30 days) |
| ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh (breath activated) | P | QL (1 canister/30 days) |
| ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh (breath activated) | P | QL (1 canister/30 days) |
| ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh (breath activated) | P | QL (1 canister/30 days) |
| ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh (breath activated) | P | QL (1 canister/30 days) |
| ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act | P | QL (2 canisters/30 days) |
| BEVESPI AEROSPHERE - glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act | NP | PA, QL (1 inhaler/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh | NP | PA, QL (1 inhaler/30 days) |
| BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh | NP | PA, QL (1 inhaler (60 blisters)/30 days) |
| BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act | NP | PA, QL (1 canister/30 days) |
| BROVANA - arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) | NP | PA |
| budesonide inhalation susp 0.25 mg/2ml (Pulmicort) | P | |
| budesonide inhalation susp 0.5 mg/2ml (Pulmicort) | P | |
| budesonide inhalation susp 1 mg/2ml (Pulmicort) | P | |
| BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act | NP | PA, QL (1 canister/30 days) |
| BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act | NP | PA, QL (1 canister/30 days) |
| COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act | P | QL (2 canisters/30 days) |
| DALIRESP - roflumilast tab 250 mcg | NP | PA |
| DALIRESP - roflumilast tab 500 mcg | NP | PA |
| DUAKLIR PRESSAIR - acclidinium br-formoterol fum aero pow br act 400-12 mcg/act | NP | PA, QL (1 inhaler/30 days) |
| DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act | P | QL (1 canister/30 days) |
| DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act | P | QL (1 canister/30 days) |
| DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act | P | QL (1 canister/30 days) |
| FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml | C | PA, QL (1 pen/56 days), SP |
| FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/blister | P | QL (1 inhaler/30 days) |
| FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/blister | P | QL (60 blisters/30 days) |
| FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/blister | P | QL (240 blisters/30 days) |
| FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve) | P | QL (1 canister/30 days) |
| FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve) | P | QL (1 canister/30 days) |
| FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve) | P | QL (2 canisters/30 days) |
| FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act | NP | PA, QL (1 inhaler/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 113-14 mcg/act | NP | PA, QL (1 inhaler/30 days) |
| FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 232-14 mcg/act | NP | PA, QL (1 inhaler/30 days) |
| fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Advair diskus) | NP | PA, QL (1 inhaler/30 days) |
| fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Advair diskus) | NP | PA, QL (1 inhaler/30 days) |
| fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Advair diskus) | NP | PA, QL (1 inhaler/30 days) |
| INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh (base eq) | NP | PA, QL (30 blisters/30 days) |
| ipratropium bromide inhal soln 0.02% | P | |
| ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml | P | |
| levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate) | NP | PA |
| levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex) | NP | PA |
| levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex) | NP | PA |
| levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex) | NP | PA |
| LONHALA MAGNAIR REFILL KIT - glycopyrrolate inhal solution 25 mcg/ml | NP | PA |
| LONHALA MAGNAIR STARTER KIT - glycopyrrolate inhal solution 25 mcg/ml | NP | PA |
| montelukast sodium chew tab 4 mg (base equiv) (Singulair) | P | |
| montelukast sodium chew tab 5 mg (base equiv) (Singulair) | P | |
| montelukast sodium oral granules packet 4 mg (base equiv) (Singulair) | NP | PA |
| montelukast sodium tab 10 mg (base equiv) (Singulair) | P | |
| NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml | C | PA, QL (1 syringe/28 days), SP |
| NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml | C | PA, QL (1 syringe/28 days), SP |
| PERFOROMIST - formoterol fumarate soln nebu 20 mcg/2ml | NP | PA |
| PROAIR DIGIHALER - albuterol sulfate aer pow ba 108 mcg/act with sensor | NP | PA, QL (2 inhalers/30 days) |
| PROAIR HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) | P | QL (2 inhalers/30 days) |
| PROAIR RESPICLICK - albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv) | NP | PA, QL (2 inhalers/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| PROVENTIL HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) | NP | PA, QL (2 inhalers/30 days) |
| PULMICORT - budesonide inhalation susp 0.25 mg/2ml | NP | PA |
| PULMICORT - budesonide inhalation susp 0.5 mg/2ml | NP | PA |
| PULMICORT - budesonide inhalation susp 1 mg/2ml | NP | PA |
| PULMICORT FLEXHALER - budesonide inhal aero powd 90 mcg/act (breath activated) | P | QL (1 canister/30 days) |
| PULMICORT FLEXHALER - budesonide inhal aero powd 180 mcg/act (breath activated) | P | QL (2 canisters/30 days) |
| QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act | NP | PA, QL (1 canister/30 days) |
| QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act | NP | PA, QL (2 canisters/30 days) |
| SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv) | P | QL (60 blisters/30 days) |
| SINGULAIR - montelukast sodium tab 10 mg (base equiv) | NP | PA |
| SINGULAIR - montelukast sodium oral granules packet 4 mg (base equiv) | NP | PA |
| SINGULAIR - montelukast sodium chew tab 4 mg (base equiv) | NP | PA |
| SINGULAIR - montelukast sodium chew tab 5 mg (base equiv) | NP | PA |
| SPIRIVA HANDHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) | P | QL (30 capsules/30 days) |
| SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act | P | QL (1 cartridge/30 days) |
| SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act | P | QL (1 inhaler/30 days) |
| STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act | P | QL (1 inhaler/30 days) |
| STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv) | NP | PA, QL (1 inhaler/30 days) |
| SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act | P | QL (1 canister/30 days) |
| SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act | P | QL (1 canister/30 days) |
| THEOPHYLLINE ER - theophylline tab er 12hr 300 mg | C | |
| THEOPHYLLINE ER - theophylline tab er 12hr 450 mg | C | |
| theophylline soln 80 mg/15ml | C | |
| theophylline tab er 24hr 400 mg | C | |
| theophylline tab er 24hr 600 mg | C | |
| TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh | NP | PA, QL (1 inhaler/30 days) |
| TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh | NP | PA, QL (1 inhaler/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| TUDORZA PRESSAIR - aclidinium bromide aerosol powd breath activated 400 mcg/act | P | QL (1 inhaler/30 days) |
| VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) | P | QL (2 inhalers/30 days) |
| XOPENEX - levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) | NP | PA |
| XOPENEX - levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) | NP | PA |
| XOPENEX - levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) | NP | PA |
| XOPENEX CONCENTRATE - levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) | NP | PA |
| XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) | P | QL (2 inhalers/30 days) |
| YUPELRI - revefenacin inhalation solution 175 mcg/3ml | NP | PA |
| zafirlukast tab 10 mg (Accolate) | P | |
| zafirlukast tab 20 mg (Accolate) | P | |
| zileuton tab er 12hr 600 mg (Zyflo cr) | NP | PA |
| ZYFLO - zileuton tab 600 mg | NP | PA |
| OTHER RESPIRATORY DRUGS | | |
| KALYDECO - ivacaftor tab 150 mg | C | PA, QL (60 tablets/30 days), SP |
| KALYDECO - ivacaftor packet 25 mg | C | PA, QL (60 packets/30 days), SP |
| KALYDECO - ivacaftor packet 50 mg | C | PA, QL (60 packets/30 days), SP |
| KALYDECO - ivacaftor packet 75 mg | C | PA, QL (60 packets/30 days), SP |
| ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg | C | PA, QL (120 tablets/30 days), SP |
| ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg | C | PA, QL (120 tablets/30 days), SP |
| ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg | C | PA, QL (60 packets/30 days), SP |
| ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg | C | PA, QL (60 packets/30 days), SP |
| PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml | C | SP |
| SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk | C | PA, QL (56 tablets/28 days), SP |
| SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk | C | PA, QL (60 tablets/30 days), SP |
| TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk | C | PA, QL (90 tablets/30 days), SP |
| TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk | C | PA, QL (90 tablets/30 days), SP |
| GASTROINTESTINAL DRUGS | | |
| LAXATIVES | | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| bisacodyl suppos 10 mg | OTC-C | |
| bisacodyl tab delayed release 5 mg | OTC-C | |
| calcium polycarbophil tab 625 mg | OTC-C | |
| docusate sodium cap 50 mg | OTC-C | |
| docusate sodium cap 100 mg | OTC-C | |
| docusate sodium cap 250 mg | OTC-C | |
| docusate sodium enema 283 mg/5ml | OTC-C | |
| docusate sodium liquid 150 mg/15ml | OTC-C | |
| docusate sodium syrup 60 mg/15ml | OTC-C | |
| GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm | C | |
| glycerin suppos 1 gm | OTC-C | |
| glycerin suppos 1.2 gm | OTC-C | |
| glycerin suppos 1.5 gm | OTC-C | |
| glycerin suppos 2 gm | OTC-C | |
| glycerin suppos 3 gm | OTC-C | |
| glycerin suppos 2.1 gm | OTC-C | |
| glycerin suppos 80.7% | OTC-C | |
| KONSYL DAILY FIBER - psyllium powder 60.3% | OTC-C | |
| KONSYL-D - psyllium powder 52.3% | OTC-C | |
| lactulose solution 10 gm/15ml | C | |
| magnesium citrate soln | OTC-C | |
| magnesium hydroxide susp 400 mg/5ml | OTC-C | |
| METAMUCIL MULTIHEALTH FIBER - psyllium powder 55.46% | OTC-C | |
| METAMUCIL MULTIHEALTH FIBER - psyllium powder 63% | OTC-C | |
| methylcellulose powder laxative | OTC-C | |
| methylcellulose tab 500 mg | OTC-C | |
| mineral oil | OTC-C | |
| NATURAL FIBER LAXATIVE - psyllium powder 30.9% | OTC-C | |
| PEDIA-LAX - glycerin suppos 1 gm | OTC-C | |
| peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack) | C | |
| peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely) | C | |
| polyethylene glycol 3350 oral powder 17 gm/scoop | OTC-C | |
| psyllium cap 400 mg | OTC-C | |
| psyllium cap 0.52 gm | OTC-C | |
| psyllium powder 28.3% | OTC-C | |
| psyllium powder 30% | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| psyllium powder 30.9% | OTC-C | |
| psyllium powder 33% | OTC-C | |
| psyllium powder 48.57% | OTC-C | |
| psyllium powder 49% | OTC-C | |
| psyllium powder 58.6% | OTC-C | |
| psyllium powder 95% | OTC-C | |
| psyllium powder 100% | OTC-C | |
| sennosides syrup 8.8 mg/5ml | OTC-C | |
| sennosides tab 8.6 mg | OTC-C | |
| sennosides-docusate sodium tab 8.6-50 mg | OTC-C | |
| sodium phosphates - enema (pediatric) | OTC-C | |
| sodium phosphates - enema | OTC-C | |
| SORBITOL - sorbitol oral solution 70% | OTC-C | |
| ANTIDIARRHEALS | | |
| ANTI-DIARRHEAL - loperamide hcl liq 1 mg/5ml (0.2 mg/ml) | OTC-C | |
| bismuth subsalicylate chew tab 262 mg | OTC-C | |
| bismuth subsalicylate susp 262 mg/15ml | OTC-C | |
| bismuth subsalicylate susp 525 mg/15ml | OTC-C | |
| bismuth subsalicylate tab 262 mg | OTC-C | |
| diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil) | C | |
| loperamide hcl cap 2 mg | C | |
| loperamide hcl cap 2 mg | OTC-C | |
| loperamide hcl liq 1 mg/5ml (0.2 mg/ml) | OTC-C | |
| loperamide hcl tab 2 mg | OTC-C | |
| ANTACIDS | | |
| alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml | OTC-C | |
| alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml | OTC-C | |
| ANTACID SOFT CHEWS - calcium carbonate (antacid) chew tab 1177 mg (471 mg ca) | OTC-C | |
| calcium carbonate (antacid) chew tab 400 mg | OTC-C | |
| calcium carbonate (antacid) chew tab 420 mg | OTC-C | |
| calcium carbonate (antacid) chew tab 500 mg | OTC-C | |
| calcium carbonate (antacid) chew tab 750 mg | OTC-C | |
| calcium carbonate (antacid) chew tab 1000 mg | OTC-C | |
| calcium carbonate (antacid) susp 1250 mg/5ml | OTC-C | |
| DI-GEL - alum & mag hydroxide-simethicone susp 282-87-25 mg/5ml | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|--|
| magnesium oxide tab 250 mg | OTC-C | |
| magnesium oxide tab 400 mg | OTC-C | |
| sodium bicarbonate tab 650 mg | OTC-C | |
| TUMS CHEWY DELIGHTS - calcium carbonate (antacid) chew tab 1177 mg (471 mg ca) | OTC-C | |
| ULCER/GERD | | |
| ACIPHEX - rabeprazole sodium ec tab 20 mg | NP | PA, QL (30 Tablets/30 Days; 120 Days Supply/365 Days) |
| ACIPHEX SPRINKLE - rabeprazole sodium capsule sprinkle dr 5 mg | NP | PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| ACIPHEX SPRINKLE - rabeprazole sodium capsule sprinkle dr 10 mg | NP | PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| cimetidine hcl soln 300 mg/5ml | C | |
| DEXILANT - dexlansoprazole cap delayed release 30 mg | NP | PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| DEXILANT - dexlansoprazole cap delayed release 60 mg | NP | PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| dicyclomine hcl cap 10 mg | C | |
| dicyclomine hcl oral soln 10 mg/5ml | C | |
| dicyclomine hcl tab 20 mg | C | |
| esomeprazole magnesium cap delayed release 20 mg (base eq) (Nexium) | P | QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium) | P | QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| esomeprazole magnesium for delayed release susp packet 10 mg (Nexium) | NP | PA, QL (30 Packets/30 Days; 120 Days Supply/365 Days) |
| esomeprazole magnesium for delayed release susp packet 20 mg (Nexium) | NP | PA, QL (30 Packets/30 Days; 120 Days Supply/365 Days) |
| esomeprazole magnesium for delayed release susp packet 40 mg (Nexium) | NP | PA, QL (30 Packets/30 Days; 120 Days Supply/365 Days) |
| famotidine for susp 40 mg/5ml | C | |
| famotidine tab 10 mg | OTC-C | |
| famotidine tab 20 mg (Pepcid) | C | |
| famotidine tab 40 mg (Pepcid) | C | |
| glycopyrrolate tab 1 mg | C | |
| glycopyrrolate tab 2 mg | C | |
| hyoscyamine sulfate elixir 0.125 mg/5ml | C | |
| hyoscyamine sulfate sl tab 0.125 mg (Levsin/sl) | C | |
| hyoscyamine sulfate soln 0.125 mg/ml | C | |
| hyoscyamine sulfate tab disint 0.125 mg (Anaspaz) | C | |
| hyoscyamine sulfate tab er 12hr 0.375 mg (Levbid) | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|--|
| hyoscyamine sulfate tab 0.125 mg (Levsin) | C | |
| lansoprazole cap delayed release 15 mg (Prevacid) | P | QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| lansoprazole cap delayed release 30 mg (Prevacid) | P | QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| lansoprazole tab delayed release orally disintegrating 15 mg (Prevacid solutab) | NP | PA, QL (30 Tablets/30 Days; 120 days Supply/365 Days) |
| lansoprazole tab delayed release orally disintegrating 30 mg (Prevacid solutab) | NP | PA, QL (30 Tablets/30 Days; 120 days Supply/365 Days) |
| misoprostol tab 100 mcg (Cytotec) | C | |
| misoprostol tab 200 mcg (Cytotec) | C | |
| NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg | P | QL (30 Packets/30 Days; 120 Days Supply/365 Days) |
| NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg | P | QL (30 Packets/30 Days; 120 Days Supply/365 Days) |
| NEXIUM - esomeprazole magnesium for delayed release susp packet 10 mg | P | QL (30 Packets/30 Days; 120 Days Supply/365 Days) |
| NEXIUM - esomeprazole magnesium for delayed release susp packet 20 mg | P | QL (30 Packets/30 Days; 120 Days Supply/365 Days) |
| NEXIUM - esomeprazole magnesium for delayed release susp packet 40 mg | P | QL (30 Packets/30 Days; 120 Days Supply/365 Days) |
| NEXIUM - esomeprazole magnesium cap delayed release 20 mg (base eq) | NP | PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| NEXIUM - esomeprazole magnesium cap delayed release 40 mg (base eq) | NP | PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| NIZATIDINE - nizatidine cap 150 mg | C | |
| NIZATIDINE - nizatidine cap 300 mg | C | |
| omeprazole cap delayed release 10 mg | P | QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| omeprazole cap delayed release 20 mg | P | QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| omeprazole cap delayed release 40 mg | P | QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| omeprazole-sodium bicarbonate cap 20-1100 mg (Zegerid) | NP | PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| omeprazole-sodium bicarbonate cap 40-1100 mg (Zegerid) | NP | PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (Zegerid) | NP | PA, QL (30 Packets/30 Days; 120 Days Supply/365 Days) |
| omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (Zegerid) | NP | PA, QL (30 Packets/30 Days; 120 Days Supply/365 Days) |
| pantoprazole sodium ec tab 20 mg (base equiv) (Protonix) | P | QL (30 Tablets/30 Days; 120 Days Supply/365 Days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|--|
| pantoprazole sodium ec tab 40 mg (base equiv) (Protonix) | P | QL (30 Tablets/30 Days; 120 Days Supply/365 Days) |
| pantoprazole sodium for delayed release susp packet 40 mg (Protonix) | NP | PA, QL (30 Packets/30 Days; 120 Days Supply/365 Days) |
| PREVACID - lansoprazole cap delayed release 30 mg | NP | PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| PREVACID SOLUTAB - lansoprazole tab delayed release orally disintegrating 15 mg | NP | PA, QL (30 Tablets/30 Days; 120 days Supply/365 Days) |
| PREVACID SOLUTAB - lansoprazole tab delayed release orally disintegrating 30 mg | NP | PA, QL (30 Tablets/30 Days; 120 days Supply/365 Days) |
| PRILOSEC - omeprazole magnesium for delayed release susp packet 2.5 mg | NP | PA, QL (60 Packets/30 Days; 120 Days Supply/365 Days) |
| PRILOSEC - omeprazole magnesium for delayed release susp packet 10 mg | NP | PA, QL (30 Packets/30 Days; 120 Days Supply/ 365 Days) |
| PROTONIX - pantoprazole sodium for delayed release susp packet 40 mg | NP | PA, QL (30 Packets/30 Days; 120 Days Supply/ 365 Days) |
| PROTONIX - pantoprazole sodium ec tab 20 mg (base equiv) | NP | PA, QL (30 Tablets/30 Days; 120 Days Supply/365 Days) |
| PROTONIX - pantoprazole sodium ec tab 40 mg (base equiv) | NP | PA, QL (30 Tablets/30 Days; 120 Days Supply/365 Days) |
| RABEPRAZOLE SODIUM DR SPRINKLE - rabeprazole sodium capsule sprinkle dr 10 mg | NP | PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| rabeprazole sodium ec tab 20 mg (Aciphex) | NP | PA, QL (30 Tablets/30 Days; 120 Days Supply/365 Days) |
| ranitidine hcl tab 75 mg | OTC-C | |
| ranitidine hcl tab 150 mg | OTC-C | |
| sucralfate tab 1 gm (Carafate) | C | |
| ZEGERID - omeprazole-sodium bicarbonate cap 20-1100 mg | NP | PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| ZEGERID - omeprazole-sodium bicarbonate cap 40-1100 mg | NP | PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days) |
| ZEGERID - omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg | NP | PA, QL (30 Packets/30 Days; 120 Days Supply/365 Days) |
| ZEGERID - omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg | NP | PA, QL (30 Packets/30 Days; 120 Days Supply/365 Days) |
| NAUSEA AND VOMITING | | |
| AKYNZEO - netupitant-palonosetron cap 300-0.5 mg | NP | PA, QL (2 capsules/30 days) |
| aprepitant capsule therapy pack 80 & 125 mg (Emend tripack) | C | QL (2 packs/30 days) |
| aprepitant capsule 40 mg (Emend) | C | |
| aprepitant capsule 80 mg (Emend) | C | QL (4 capsules/30 days) |
| aprepitant capsule 125 mg (Emend) | C | QL (2 capsules/30 days) |
| dronabinol cap 2.5 mg (Marinol) | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| dronabinol cap 5 mg (Marinol) | C | |
| dronabinol cap 10 mg (Marinol) | C | |
| granisetron hcl tab 1 mg | NP | PA, QL (14 tablets/30 days) |
| meclizine hcl chew tab 25 mg | C | |
| meclizine hcl chew tab 25 mg | OTC-C | |
| meclizine hcl tab 12.5 mg | C | |
| meclizine hcl tab 12.5 mg | OTC-C | |
| meclizine hcl tab 25 mg | C | |
| meclizine hcl tab 25 mg | OTC-C | |
| ONDANSETRON HCL - ondansetron hcl tab 24 mg | C | QL (1 tablet/30 days) |
| ondansetron hcl oral soln 4 mg/5ml | P | QL (2 bottles/30 days) |
| ondansetron hcl tab 4 mg (Zofran) | P | QL (21 tablets/30 days) |
| ondansetron hcl tab 8 mg (Zofran) | P | QL (21 tablets/30 days) |
| ondansetron orally disintegrating tab 4 mg | P | QL (21 tablets/30 days) |
| ondansetron orally disintegrating tab 8 mg | P | QL (21 tablets/30 days) |
| SANCUSO - granisetron td patch 3.1 mg/24hr (contains 34.3 mg) | NP | PA, QL (2 patches/30 days) |
| VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv) | NP | PA, QL (4 tablets/30 days) |
| ZOFRAN - ondansetron hcl tab 4 mg | NP | PA, QL (21 tablets/30 days) |
| ZUPLENZ - ondansetron oral soluble film 4 mg | NP | PA, QL (20 films/30 days) |
| DIGESTIVE ENZYMES | | |
| CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit | P | |
| CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit | P | |
| CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit | P | |
| CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit | P | |
| CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit | P | |
| CVS DAIRY RELIEF EXTRA ST - lactase tab 4500 unit | OTC-C | |
| lactase chew tab 9000 unit | OTC-C | |
| lactase tab 3000 unit | OTC-C | |
| lactase tab 9000 unit | OTC-C | |
| PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 2600-8800-15200 unit | NP | PA |
| PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 4200-14200-24600 unit | NP | PA |
| PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 10500-35500-61500 unit | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 16800-56800-98400 unit | NP | PA |
| PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 21000-54700-83900 unit | NP | PA |
| PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 37000-97300-149900 unit | NP | PA |
| PERTZYE - pancrelipase (lip-prot-amyl) dr cap 4000-14375-15125 unit | NP | PA |
| PERTZYE - pancrelipase (lip-prot-amyl) dr cap 8000-28750-30250 unit | NP | PA |
| PERTZYE - pancrelipase (lip-prot-amyl) dr cap 16000-57500-60500 unit | NP | PA |
| PERTZYE - pancrelipase (lip-prot-amyl) dr cap 24000-86250-90750 unit | NP | PA |
| VIOKACE - pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit | NP | PA |
| VIOKACE - pancrelipase (lip-prot-amyl) tab 20880-78300-78300 unit | NP | PA |
| ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit | P | |
| ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit | P | |
| ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit | P | |
| ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit | P | |
| ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit | P | |
| ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit | P | |
| ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit | P | |
| OTHER GASTROINTESTINAL DRUGS | | |
| AMITIZA - lubiprostone cap 8 mcg | C | PA, QL (120 capsules/30 days) |
| AMITIZA - lubiprostone cap 24 mcg | C | PA, QL (60 capsules/30 days) |
| APRISO - mesalamine cap er 24hr 0.375 gm | P | |
| ASACOL HD - mesalamine tab delayed release 800 mg | NP | PA |
| AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron) | NP | PA |
| AZULFIDINE - sulfasalazine tab 500 mg | NP | PA |
| AZULFIDINE EN-TABS - sulfasalazine tab delayed release 500 mg | NP | PA |
| balsalazide disodium cap 750 mg (Colazal) | P | |
| calcium acetate (phosphate binder) cap 667 mg (169 mg ca) | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| calcium acetate (phosphate binder) tab 667 mg | P | |
| CANASA - mesalamine suppos 1000 mg | P | |
| CHENODAL - chenodiol tab 250 mg | C | SP |
| CIMZIA - certolizumab pegol inj kit 2 x 200 mg/ml | NP | PA, QL (2 kits/28 days), SP |
| CIMZIA STARTER KIT - certolizumab pegol inj kit 6 x 200 mg/ml | NP | PA, QL (1 kit/180 days), SP |
| COLAZAL - balsalazide disodium cap 750 mg | NP | PA |
| DELZICOL - mesalamine cap dr 400 mg | P | |
| DIPENTUM - olsalazine sodium cap 250 mg | NP | PA |
| FOSRENOL - lanthanum carbonate chew tab 500 mg (elemental) | NP | PA |
| FOSRENOL - lanthanum carbonate chew tab 750 mg (elemental) | NP | PA |
| FOSRENOL - lanthanum carbonate chew tab 1000 mg (elemental) | NP | PA |
| FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental) | NP | PA |
| FOSRENOL - lanthanum carbonate oral powder pack 1000 mg (elemental) | NP | PA |
| GIMOTI - metoclopramide hcl nasal spray 15 mg/act | NP | PA |
| lactulose (encephalopathy) solution 10 gm/15ml | C | |
| lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol) | NP | PA |
| lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol) | NP | PA |
| lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol) | NP | PA |
| LIALDA - mesalamine tab delayed release 1.2 gm | P | |
| LINZESS - linaclotide cap 72 mcg | C | PA, QL (30 capsules/30 days) |
| LINZESS - linaclotide cap 145 mcg | C | PA, QL (30 capsules/30 days) |
| LINZESS - linaclotide cap 290 mcg | C | PA, QL (30 capsules/30 days) |
| LUBIPROSTONE - lubiprostone cap 8 mcg | C | PA, QL (120 capsules/30 days) |
| LUBIPROSTONE - lubiprostone cap 24 mcg | C | PA, QL (60 capsules/30 days) |
| mesalamine cap dr 400 mg (Delzicol) | NP | PA |
| mesalamine cap er 24hr 0.375 gm (Apriso) | NP | PA |
| mesalamine enema 4 gm | NP | PA |
| mesalamine rectal enema 4 gm & cleanser wipe kit (Rowasa) | NP | PA |
| mesalamine suppos 1000 mg (Canasa) | NP | PA |
| mesalamine tab delayed release 800 mg (Asacol hd) | NP | PA |
| mesalamine tab delayed release 1.2 gm (Lialda) | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) | C | |
| metoclopramide hcl tab 5 mg (base equivalent) (Reglan) | C | |
| metoclopramide hcl tab 10 mg (base equivalent) (Reglan) | C | |
| METOCLOPRAMIDE ODT - metoclopramide hcl orally disintegrating tab 5 mg (base eq) | NP | PA |
| METOCLOPRAMIDE ODT - metoclopramide hcl orally disintegrating tab 10 mg (base eq) | NP | PA |
| MOTEGRITY - prucalopride succinate tab 1 mg (base equivalent) | C | PA, QL (30 tablets/30 days) |
| MOTEGRITY - prucalopride succinate tab 2 mg (base equivalent) | C | PA, QL (30 tablets/30 days) |
| MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent) | C | PA, QL (30 tablets/30 days) |
| MOVANTIK - naloxegol oxalate tab 25 mg (base equivalent) | C | PA, QL (30 tablets/30 days) |
| PENTASA - mesalamine cap er 250 mg | P | |
| PENTASA - mesalamine cap er 500 mg | P | |
| PHOSLYRA - calcium acetate (phosphate binder) oral soln 667 mg/5ml | P | |
| RELISTOR - methylnaltrexone bromide tab 150 mg | C | PA, QL (90 tablets/30 days) |
| RELISTOR - methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml) | C | PA, QL (30 syringes/30 days) |
| RELISTOR - methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml) | C | PA, QL (60 vials/30 days) |
| RENAGEL - sevelamer hcl tab 800 mg | NP | PA |
| RENVELA - sevelamer carbonate tab 800 mg | NP | PA |
| RENVELA - sevelamer carbonate packet 0.8 gm | NP | PA |
| RENVELA - sevelamer carbonate packet 2.4 gm | NP | PA |
| ROWASA - mesalamine rectal enema 4 gm & cleanser wipe kit | P | |
| sevelamer carbonate packet 0.8 gm (Renvela) | NP | PA |
| sevelamer carbonate packet 2.4 gm (Renvela) | NP | PA |
| sevelamer carbonate tab 800 mg (Renvela) | P | |
| sevelamer hcl tab 800 mg (Renagel) | NP | PA |
| SEVELAMER HYDROCHLORIDE - sevelamer hcl tab 400 mg | NP | PA |
| SFROWASA - mesalamine sulfite-free (sf) enema 4 gm/60ml | P | |
| simethicone cap 125 mg | OTC-C | |
| simethicone chew tab 80 mg | OTC-C | |
| simethicone chew tab 125 mg | OTC-C | |
| simethicone susp 40 mg/0.6ml | OTC-C | |
| sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs) | P | |
| sulfasalazine tab 500 mg (Azulfidine) | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent) | C | PA, QL (30 tablets/30 days) |
| TRULANCE - plecanatide tab 3 mg | C | PA, QL (30 tablets/30 days) |
| ursodiol cap 300 mg (Actigall) | C | |
| ursodiol tab 250 mg (Urso 250) | C | |
| ursodiol tab 500 mg (Urso forte) | C | |
| VELPHORO - sucroferric oxyhydroxide chew tab 500 mg | NP | PA |
| GENITOURINARY DRUGS | | |
| URINARY TRACT SPASMS | | |
| bethanechol chloride tab 5 mg (Urecholine) | C | |
| bethanechol chloride tab 10 mg (Urecholine) | C | |
| bethanechol chloride tab 25 mg (Urecholine) | C | |
| bethanechol chloride tab 50 mg (Urecholine) | C | |
| darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (Enablex) | NP | PA, QL (30 tablets/30 days) |
| darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (Enablex) | NP | PA, QL (30 tablets/30 days) |
| DETROL - tolterodine tartrate tab 1 mg | NP | PA, QL (60 tablets/30 days) |
| DETROL - tolterodine tartrate tab 2 mg | NP | PA, QL (60 tablets/30 days) |
| DETROL LA - tolterodine tartrate cap er 24hr 2 mg | NP | PA, QL (30 capsules/30 days) |
| DETROL LA - tolterodine tartrate cap er 24hr 4 mg | NP | PA, QL (30 capsules/30 days) |
| DITROPAN XL - oxybutynin chloride tab er 24hr 5 mg | NP | PA, QL (30 tablets/30 days) |
| DITROPAN XL - oxybutynin chloride tab er 24hr 10 mg | NP | PA, QL (60 tablets/30 days) |
| flavoxate hcl tab 100 mg | NP | PA |
| GELNIQUE - oxybutynin chloride td gel 10% | NP | PA, QL (30 sachets/30 days) |
| MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml | NP | PA, QL (300 ml/28 days) |
| MYRBETRIQ - mirabegron tab er 24 hr 25 mg | NP | PA, QL (30 tablets/30 days) |
| MYRBETRIQ - mirabegron tab er 24 hr 50 mg | NP | PA, QL (30 tablets/30 days) |
| oxybutynin chloride syrup 5 mg/5ml | P | QL (600 mls/30 days) |
| oxybutynin chloride tab er 24hr 5 mg (Ditropan xl) | P | QL (30 tablets/30 days) |
| oxybutynin chloride tab er 24hr 10 mg (Ditropan xl) | P | QL (60 tablets/30 days) |
| oxybutynin chloride tab er 24hr 15 mg (Ditropan xl) | P | QL (60 tablets/30 days) |
| oxybutynin chloride tab 5 mg | P | QL (120 tablets/30 days) |
| OXYTROL - oxybutynin td patch twice weekly 3.9 mg/24hr | P | QL (8 patches/28 days) |
| solifenacin succinate tab 5 mg (Vesicare) | P | QL (30 tablets/30 days) |
| solifenacin succinate tab 10 mg (Vesicare) | P | QL (30 tablets/30 days) |
| tolterodine tartrate cap er 24hr 2 mg (Detrol la) | P | QL (30 capsules/30 days) |
| tolterodine tartrate cap er 24hr 4 mg (Detrol la) | P | QL (30 capsules/30 days) |
| tolterodine tartrate tab 1 mg (Detrol) | P | QL (60 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| tolterodine tartrate tab 2 mg (Detrol) | P | QL (60 tablets/30 days) |
| TOVIAZ - fesoterodine fumarate tab er 24hr 4 mg | P | QL (30 tablets/30 days) |
| TOVIAZ - fesoterodine fumarate tab er 24hr 8 mg | P | QL (30 tablets/30 days) |
| tropium chloride cap er 24hr 60 mg | NP | PA, QL (30 capsules/30 days) |
| tropium chloride tab 20 mg | NP | PA, QL (60 tablets/30 days) |
| VESICARE - solifenacin succinate tab 5 mg | NP | PA, QL (30 tablets/30 days) |
| VESICARE - solifenacin succinate tab 10 mg | NP | PA, QL (30 tablets/30 days) |
| VESICARE LS - solifenacin succinate susp 5 mg/5ml (1 mg/ml) | NP | PA, QL (300 ml/30 days) |
| VAGINAL PRODUCTS | | |
| clindamycin phosphate vaginal cream 2% (Cleocin) | C | |
| clotrimazole vaginal cream 1% | OTC-C | |
| clotrimazole vaginal cream 2% | OTC-C | |
| ENCARE - nonoxynol-9 vaginal suppos 100 mg | OTC-C | |
| estradiol vaginal cream 0.1 mg/gm (Estrace) | C | |
| estradiol vaginal tab 10 mcg (Vagifem) | C | |
| metronidazole vaginal gel 0.75% (Metrogel-vaginal) | C | |
| miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit | OTC-C | |
| miconazole nitrate vaginal cream 2% | OTC-C | |
| miconazole nitrate vaginal cream 4% (200 mg/5gm) | OTC-C | |
| miconazole nitrate vaginal suppos 100 mg | OTC-C | |
| miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit | OTC-C | |
| miconazole nitrate vaginal supp 1200 mg & 2% cream kit | OTC-C | |
| MONISTAT 7 COMBINATION PACK - miconazole nitrate vag app 100 mg & 2% cream 9 gm kit | OTC-C | |
| SHUR-SEAL - nonoxynol-9 gel 2% | OTC-C | |
| terconazole vaginal cream 0.4% | C | |
| terconazole vaginal cream 0.8% | C | |
| terconazole vaginal suppos 80 mg | C | |
| VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5% | OTC-C | |
| VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28% | OTC-C | |
| VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4% | OTC-C | |
| OTHER GENITOURINARY DRUGS | | |
| acetic acid irrigation soln 0.25% | C | |
| alfuzosin hcl tab er 24hr 10 mg (Uroxatral) | P | QL (30 tablets/30 days) |
| AVODART - dutasteride cap 0.5 mg | NP | PA, QL (30 capsules/30 days) |
| CARDURA XL - doxazosin mesylate tab er 24 hr 4 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| CARDURA XL - doxazosin mesylate tab er 24 hr 8 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| CYSTAGON - cysteamine bitartrate cap 50 mg | C | SP |
| CYSTAGON - cysteamine bitartrate cap 150 mg | C | SP |
| dutasteride cap 0.5 mg (Avodart) | P | QL (30 capsules/30 days) |
| dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn) | NP | PA, QL (30 capsules/30 days) |
| finasteride tab 5 mg (Proscar) | P | QL (30 tablets/30 days) |
| FLOMAX - tamsulosin hcl cap 0.4 mg | NP | PA, QL (60 capsules/30 days) |
| JALYN - dutasteride-tamsulosin hcl cap 0.5-0.4 mg | NP | PA, QL (30 capsules/30 days) |
| K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg | C | |
| NEOMYCIN/POLYMYXIN B SULFATES - neomycin-polymyxin b gu irrigation soln | C | |
| phenazopyridine hcl tab 100 mg (Pyridium) | C | |
| phenazopyridine hcl tab 200 mg (Pyridium) | C | |
| potassium citrate & citric acid soln 1100-334 mg/5ml | C | |
| potassium citrate tab er 5 meq (540 mg) (Urocit-k 5) | C | |
| potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10) | C | |
| potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15) | C | |
| PROSCAR - finasteride tab 5 mg | NP | PA, QL (30 tablets/30 days) |
| RAPAFLO - silodosin cap 4 mg | NP | PA, QL (30 capsules/30 days) |
| RAPAFLO - silodosin cap 8 mg | NP | PA, QL (30 capsules/30 days) |
| silodosin cap 4 mg (Rapaflo) | NP | PA, QL (30 capsules/30 days) |
| silodosin cap 8 mg (Rapaflo) | NP | PA, QL (30 capsules/30 days) |
| sodium chloride irrigation soln 0.9% | C | |
| sodium citrate & citric acid soln 500-334 mg/5ml | C | |
| tamsulosin hcl cap 0.4 mg (Flomax) | P | QL (60 capsules/30 days) |
| CENTRAL NERVOUS SYSTEM DRUGS | | |
| ANXIETY | | |
| alprazolam tab er 24hr 0.5 mg (Xanax xr) | C | QL (30 tablets/30 days) |
| alprazolam tab er 24hr 1 mg (Xanax xr) | C | QL (30 tablets/30 days) |
| alprazolam tab er 24hr 2 mg (Xanax xr) | C | QL (60 tablets/30 days) |
| alprazolam tab 0.25 mg (Xanax) | C | QL (120 tablets/30 days) |
| alprazolam tab 0.5 mg (Xanax) | C | QL (120 tablets/30 days) |
| alprazolam tab 1 mg (Xanax) | C | QL (120 tablets/30 days) |
| alprazolam tab 2 mg (Xanax) | C | QL (90 tablets/30 days) |
| bupirone hcl tab 5 mg | C | |
| bupirone hcl tab 7.5 mg | C | |
| bupirone hcl tab 10 mg | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| bupirone hcl tab 15 mg | C | |
| bupirone hcl tab 30 mg | C | |
| chlordiazepoxide hcl cap 5 mg | C | QL (120 capsules/30 days) |
| chlordiazepoxide hcl cap 10 mg | C | QL (120 capsules/30 days) |
| chlordiazepoxide hcl cap 25 mg | C | QL (120 capsules/30 days) |
| diazepam conc 5 mg/ml | C | QL (240 mls/30 days) |
| diazepam tab 2 mg (Valium) | C | QL (120 tablets/30 days) |
| diazepam tab 5 mg (Valium) | C | QL (120 tablets/30 days) |
| diazepam tab 10 mg (Valium) | C | QL (120 tablets/30 days) |
| hydroxyzine hcl syrup 10 mg/5ml | C | |
| hydroxyzine hcl tab 10 mg | C | |
| hydroxyzine hcl tab 25 mg | C | |
| hydroxyzine hcl tab 50 mg | C | |
| hydroxyzine pamoate cap 25 mg (Vistaril) | C | |
| hydroxyzine pamoate cap 50 mg (Vistaril) | C | |
| lorazepam conc 2 mg/ml | C | QL (150 mls/30 days) |
| lorazepam tab 0.5 mg (Ativan) | C | QL (90 tablets/30 days) |
| lorazepam tab 1 mg (Ativan) | C | QL (90 tablets/30 days) |
| lorazepam tab 2 mg (Ativan) | C | QL (150 tablets/30 days) |
| DEPRESSION | | |
| amitriptyline hcl tab 10 mg | C | |
| amitriptyline hcl tab 25 mg | C | |
| amitriptyline hcl tab 50 mg | C | |
| amitriptyline hcl tab 75 mg | C | |
| amitriptyline hcl tab 100 mg | C | |
| amitriptyline hcl tab 150 mg | C | |
| APLENZIN - bupropion hbr tab er 24hr 174 mg | NP | PA, QL (30 tablets/30 days) |
| APLENZIN - bupropion hbr tab er 24hr 348 mg | NP | PA, QL (30 tablets/30 days) |
| APLENZIN - bupropion hbr tab er 24hr 522 mg | NP | PA, QL (30 tablets/30 days) |
| bupropion hcl tab er 12hr 100 mg (Wellbutrin sr) | P | QL (60 tablets/30 days) |
| bupropion hcl tab er 12hr 150 mg (Wellbutrin sr) | P | QL (60 tablets/30 days) |
| bupropion hcl tab er 12hr 200 mg (Wellbutrin sr) | P | QL (60 tablets/30 days) |
| bupropion hcl tab er 24hr 150 mg (Wellbutrin xl) | P | QL (30 tablets/30 days) |
| bupropion hcl tab er 24hr 300 mg (Wellbutrin xl) | P | QL (30 tablets/30 days) |
| bupropion hcl tab 75 mg | P | QL (60 tablets/30 days) |
| bupropion hcl tab 100 mg | P | QL (120 tablets/30 days) |
| BUPROPION HYDROCHLORIDE ER - bupropion hcl tab er 24hr 450 mg | NP | PA, QL (30 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| CELEXA - citalopram hydrobromide tab 10 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| CELEXA - citalopram hydrobromide tab 20 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| CELEXA - citalopram hydrobromide tab 40 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| citalopram hydrobromide oral soln 10 mg/5ml | P | QL (600 mls/30 days) |
| citalopram hydrobromide tab 10 mg (base equiv) (Celexa) | P | QL (30 tablets/30 days) |
| citalopram hydrobromide tab 20 mg (base equiv) (Celexa) | P | QL (30 tablets/30 days) |
| citalopram hydrobromide tab 40 mg (base equiv) (Celexa) | P | QL (30 tablets/30 days) |
| CYMBALTA - duloxetine hcl enteric coated pellets cap 20 mg (base eq) | NP | PA, QL (60 capsules/30 days) |
| CYMBALTA - duloxetine hcl enteric coated pellets cap 30 mg (base eq) | NP | PA, QL (60 capsules/30 days) |
| CYMBALTA - duloxetine hcl enteric coated pellets cap 60 mg (base eq) | NP | PA, QL (60 capsules/30 days) |
| desipramine hcl tab 10 mg (Norpramin) | C | |
| desipramine hcl tab 25 mg (Norpramin) | C | |
| desipramine hcl tab 50 mg | C | |
| desipramine hcl tab 75 mg | C | |
| desipramine hcl tab 100 mg | C | |
| desipramine hcl tab 150 mg | C | |
| DESVENLAFAXINE ER - desvenlafaxine tab er 24hr 50 mg | NP | PA, QL (30 tablets/30 days) |
| DESVENLAFAXINE ER - desvenlafaxine tab er 24hr 100 mg | NP | PA, QL (30 tablets/30 days) |
| desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq) | NP | PA, QL (30 tablets/30 days) |
| desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq) | NP | PA, QL (30 tablets/30 days) |
| desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq) | NP | PA, QL (30 tablets/30 days) |
| DOXEPIN HCL - doxepin hcl cap 150 mg | C | |
| doxepin hcl cap 10 mg | C | |
| doxepin hcl cap 25 mg | C | |
| doxepin hcl cap 50 mg | C | |
| doxepin hcl cap 100 mg | C | |
| doxepin hcl conc 10 mg/ml | C | |
| DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg (base eq) | NP | PA, QL (60 capsules/30 days) |
| DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg (base eq) | NP | PA, QL (60 capsules/30 days) |
| DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 40 mg (base eq) | NP | PA, QL (60 capsules/30 days) |
| DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 60 mg (base eq) | NP | PA, QL (60 capsules/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta) | P | QL (60 capsules/30 days) |
| duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta) | P | QL (60 capsules/30 days) |
| duloxetine hcl enteric coated pellets cap 40 mg (base eq) | NP | PA, QL (90 capsules/30 days) |
| duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta) | P | QL (60 capsules/30 days) |
| EFFEXOR XR - venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) | NP | PA, QL (30 capsules/30 days) |
| EFFEXOR XR - venlafaxine hcl cap er 24hr 75 mg (base equivalent) | NP | PA, QL (90 capsules/30 days) |
| EFFEXOR XR - venlafaxine hcl cap er 24hr 150 mg (base equivalent) | NP | PA, QL (30 capsules/30 days) |
| escitalopram oxalate soln 5 mg/5ml (base equiv) | P | QL (600 mls/30 days) |
| escitalopram oxalate tab 5 mg (base equiv) (Lexapro) | P | QL (30 tablets/30 days) |
| escitalopram oxalate tab 10 mg (base equiv) (Lexapro) | P | QL (30 tablets/30 days) |
| escitalopram oxalate tab 20 mg (base equiv) (Lexapro) | P | QL (30 tablets/30 days) |
| FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent) | NP | PA, QL (30 capsules/30 days) |
| FETZIMA - levomilnacipran hcl cap er 24hr 40 mg (base equivalent) | NP | PA, QL (30 capsules/30 days) |
| FETZIMA - levomilnacipran hcl cap er 24hr 80 mg (base equivalent) | NP | PA, QL (30 capsules/30 days) |
| FETZIMA - levomilnacipran hcl cap er 24hr 120 mg (base equivalent) | NP | PA, QL (30 capsules/30 days) |
| FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack | NP | PA, QL (1 pack/28 days) |
| FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg | NP | PA, QL (4 capsules/28 days) |
| fluoxetine hcl cap 10 mg (Prozac) | P | QL (30 capsules/30 days) |
| fluoxetine hcl cap 20 mg (Prozac) | P | QL (120 capsules/30 days) |
| fluoxetine hcl cap 40 mg (Prozac) | P | QL (60 capsules/30 days) |
| fluoxetine hcl solution 20 mg/5ml | P | QL (600 mls/30 days) |
| fluoxetine hcl tab 10 mg | NP | PA, QL (30 tablets/30 days) |
| fluoxetine hcl tab 20 mg | NP | PA, QL (120 tablets/30 days) |
| fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo) | NP | PA, QL (30 tablets/30 days) |
| FLUOXETINE HYDROCHLORIDE - fluoxetine hcl tab 60 mg | NP | PA, QL (30 tablets/30 days) |
| fluvoxamine maleate cap er 24hr 100 mg | NP | PA, QL (60 capsules/30 days) |
| fluvoxamine maleate cap er 24hr 150 mg | NP | PA, QL (60 capsules/30 days) |
| fluvoxamine maleate tab 25 mg | P | QL (30 tablets/30 days) |
| fluvoxamine maleate tab 50 mg | P | QL (30 tablets/30 days) |
| fluvoxamine maleate tab 100 mg | P | QL (90 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| FORFIVO XL - bupropion hcl tab er 24hr 450 mg | NP | PA, QL (30 tablets/30 days) |
| imipramine hcl tab 10 mg (Tofranil) | C | |
| imipramine hcl tab 25 mg (Tofranil) | C | |
| imipramine hcl tab 50 mg (Tofranil) | C | |
| LEXAPRO - escitalopram oxalate tab 5 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| LEXAPRO - escitalopram oxalate tab 10 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| LEXAPRO - escitalopram oxalate tab 20 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| mirtazapine orally disintegrating tab 15 mg (Remeron soltab) | P | QL (30 tablets/30 days) |
| mirtazapine orally disintegrating tab 30 mg (Remeron soltab) | P | QL (30 tablets/30 days) |
| mirtazapine orally disintegrating tab 45 mg (Remeron soltab) | P | QL (30 tablets/30 days) |
| mirtazapine tab 7.5 mg | P | QL (30 tablets/30 days) |
| mirtazapine tab 15 mg (Remeron) | P | QL (30 tablets/30 days) |
| mirtazapine tab 30 mg (Remeron) | P | QL (30 tablets/30 days) |
| mirtazapine tab 45 mg | P | QL (30 tablets/30 days) |
| NEFAZODONE HCL - nefazodone hcl tab 100 mg | P | |
| NEFAZODONE HCL - nefazodone hcl tab 150 mg | P | |
| NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg | P | |
| NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg | P | |
| NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 250 mg | P | |
| nortriptyline hcl cap 10 mg (Pamelor) | C | |
| nortriptyline hcl cap 25 mg (Pamelor) | C | |
| nortriptyline hcl cap 50 mg (Pamelor) | C | |
| nortriptyline hcl cap 75 mg (Pamelor) | C | |
| paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil) | C | QL (900 ml/30 days) |
| paroxetine hcl tab er 24hr 12.5 mg (Paxil cr) | NP | PA, QL (30 tablets/30 days) |
| paroxetine hcl tab er 24hr 25 mg (Paxil cr) | NP | PA, QL (60 tablets/30 days) |
| paroxetine hcl tab er 24hr 37.5 mg (Paxil cr) | NP | PA, QL (60 tablets/30 days) |
| paroxetine hcl tab 10 mg (Paxil) | P | QL (30 tablets/30 days) |
| paroxetine hcl tab 20 mg (Paxil) | P | QL (30 tablets/30 days) |
| paroxetine hcl tab 30 mg (Paxil) | P | QL (60 tablets/30 days) |
| paroxetine hcl tab 40 mg (Paxil) | P | QL (30 tablets/30 days) |
| PAXIL - paroxetine hcl oral susp 10 mg/5ml (base equiv) | NP | PA, QL (900 mls/30 days) |
| PAXIL - paroxetine hcl tab 10 mg | NP | PA, QL (30 tablets/30 days) |
| PAXIL - paroxetine hcl tab 20 mg | NP | PA, QL (30 tablets/30 days) |
| PAXIL - paroxetine hcl tab 30 mg | NP | PA, QL (60 tablets/30 days) |
| PAXIL - paroxetine hcl tab 40 mg | NP | PA, QL (30 tablets/30 days) |
| PAXIL CR - paroxetine hcl tab er 24hr 12.5 mg | NP | PA, QL (30 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|--------------------|--|
| PAXIL CR - paroxetine hcl tab er 24hr 25 mg | NP | PA, QL (60 tablets/30 days) |
| PAXIL CR - paroxetine hcl tab er 24hr 37.5 mg | NP | PA, QL (60 tablets/30 days) |
| PEXEVA - paroxetine mesylate tab 10 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| PEXEVA - paroxetine mesylate tab 20 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| PEXEVA - paroxetine mesylate tab 30 mg (base equiv) | NP | PA, QL (60 tablets/30 days) |
| PEXEVA - paroxetine mesylate tab 40 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| PRISTIQ - desvenlafaxine succinate tab er 24hr 25 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| PRISTIQ - desvenlafaxine succinate tab er 24hr 50 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| PRISTIQ - desvenlafaxine succinate tab er 24hr 100 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| PROZAC - fluoxetine hcl cap 10 mg | NP | PA, QL (30 capsules/30 days) |
| PROZAC - fluoxetine hcl cap 20 mg | NP | PA, QL (120 capsules/30 days) |
| PROZAC - fluoxetine hcl cap 40 mg | NP | PA, QL (60 capsules/30 days) |
| REMERON - mirtazapine tab 15 mg | NP | PA, QL (30 tablets/30 days) |
| REMERON - mirtazapine tab 30 mg | NP | PA, QL (30 tablets/30 days) |
| REMERON SOLTAB - mirtazapine orally disintegrating tab 15 mg | NP | PA, QL (30 tablets/30 days) |
| REMERON SOLTAB - mirtazapine orally disintegrating tab 30 mg | NP | PA, QL (30 tablets/30 days) |
| REMERON SOLTAB - mirtazapine orally disintegrating tab 45 mg | NP | PA, QL (30 tablets/30 days) |
| sertraline hcl oral concentrate for solution 20 mg/ml | P | QL (300 mls/30 days) |
| sertraline hcl tab 25 mg (Zoloft) | P | QL (30 tablets/30 days) |
| sertraline hcl tab 50 mg (Zoloft) | P | QL (30 tablets/30 days) |
| sertraline hcl tab 100 mg (Zoloft) | P | QL (60 tablets/30 days) |
| trazodone hcl tab 50 mg | P | |
| trazodone hcl tab 100 mg | P | |
| trazodone hcl tab 150 mg | P | |
| trazodone hcl tab 300 mg | P | |
| TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| TRINTELLIX - vortioxetine hbr tab 10 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| TRINTELLIX - vortioxetine hbr tab 20 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr) | P | QL (30 capsules/30 days) |
| venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr) | P | QL (90 capsules/30 days) |
| venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr) | P | QL (30 capsules/30 days) |
| venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) | NP | PA, QL (30 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| venlafaxine hcl tab er 24hr 75 mg (base equivalent) | NP | PA, QL (90 tablets/30 days) |
| venlafaxine hcl tab er 24hr 150 mg (base equivalent) | NP | PA, QL (30 tablets/30 days) |
| venlafaxine hcl tab er 24hr 225 mg (base equivalent) | NP | PA, QL (30 tablets/30 days) |
| venlafaxine hcl tab 25 mg (base equivalent) | P | QL (90 tablets/30 days) |
| venlafaxine hcl tab 37.5 mg (base equivalent) | P | QL (90 tablets/30 days) |
| venlafaxine hcl tab 50 mg (base equivalent) | P | QL (90 tablets/30 days) |
| venlafaxine hcl tab 75 mg (base equivalent) | P | QL (90 tablets/30 days) |
| venlafaxine hcl tab 100 mg (base equivalent) | P | QL (90 tablets/30 days) |
| VIIBRYD - vilazodone hcl tab 10 mg | NP | PA, QL (30 tablets/30 days) |
| VIIBRYD - vilazodone hcl tab 20 mg | NP | PA, QL (30 tablets/30 days) |
| VIIBRYD - vilazodone hcl tab 40 mg | NP | PA, QL (30 tablets/30 days) |
| VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg | NP | PA, QL (1 kit/180 days) |
| WELLBUTRIN SR - bupropion hcl tab er 12hr 100 mg | NP | PA, QL (60 tablets/30 days) |
| WELLBUTRIN SR - bupropion hcl tab er 12hr 150 mg | NP | PA, QL (60 tablets/30 days) |
| WELLBUTRIN SR - bupropion hcl tab er 12hr 200 mg | NP | PA, QL (60 tablets/30 days) |
| WELLBUTRIN XL - bupropion hcl tab er 24hr 150 mg | NP | PA, QL (30 tablets/30 days) |
| WELLBUTRIN XL - bupropion hcl tab er 24hr 300 mg | NP | PA, QL (30 tablets/30 days) |
| ZOLOFT - sertraline hcl oral concentrate for solution 20 mg/ml | NP | PA, QL (300 mls/30 days) |
| ZOLOFT - sertraline hcl tab 25 mg | NP | PA, QL (30 tablets/30 days) |
| ZOLOFT - sertraline hcl tab 50 mg | NP | PA, QL (30 tablets/30 days) |
| ZOLOFT - sertraline hcl tab 100 mg | NP | PA, QL (60 tablets/30 days) |
| PSYCHOTIC AND BIPOLAR DISORDERS | | |
| ABILIFY - aripiprazole tab 2 mg | NP | PA, QL (30 tablets/30 days) |
| ABILIFY - aripiprazole tab 5 mg | NP | PA, QL (30 tablets/30 days) |
| ABILIFY - aripiprazole tab 10 mg | NP | PA, QL (30 tablets/30 days) |
| ABILIFY - aripiprazole tab 15 mg | NP | PA, QL (30 tablets/30 days) |
| ABILIFY - aripiprazole tab 20 mg | NP | PA, QL (30 tablets/30 days) |
| ABILIFY - aripiprazole tab 30 mg | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg | P | QL (1 injection/28 days) |
| ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 400 mg | P | QL (1 injection/28 days) |
| ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg | P | QL (1 injection/28 days) |
| ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg | P | QL (1 injection/28 days) |
| ABILIFY MYCITE - aripiprazole tab 2 mg with sensor | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE - aripiprazole tab 5 mg with sensor | NP | PA, QL (30 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| ABILIFY MYCITE - aripiprazole tab 10 mg with sensor | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE - aripiprazole tab 15 mg with sensor | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE - aripiprazole tab 20 mg with sensor | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE - aripiprazole tab 30 mg with sensor | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 2 mg with sensor&strips (for pod) maint pak | NP | PA, QL (1 kit/30 days) |
| ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 5 mg with sensor&strips (for pod) maint pak | NP | PA, QL (1 kit/30 days) |
| ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 10 mg with sensor&strips(for pod) maint pak | NP | PA, QL (1 kit/30 days) |
| ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 15 mg with sensor&strips(for pod) maint pak | NP | PA, QL (1 kit/30 days) |
| ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 20 mg with sensor&strips(for pod) maint pak | NP | PA, QL (1 kit/30 days) |
| ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 30 mg with sensor&strips(for pod) maint pak | NP | PA, QL (1 kit/30 days) |
| ABILIFY MYCITE STARTER KIT - aripiprazole tab 2 mg with sensor, strips & pod starter pak | NP | PA, QL (1 kit/30 days) |
| ABILIFY MYCITE STARTER KIT - aripiprazole tab 5 mg with sensor, strips & pod starter pak | NP | PA, QL (1 kit/30 days) |
| ABILIFY MYCITE STARTER KIT - aripiprazole tab 10 mg with sensor, strips & pod starter pak | NP | PA, QL (1 kit/30 days) |
| ABILIFY MYCITE STARTER KIT - aripiprazole tab 15 mg with sensor, strips & pod starter pak | NP | PA, QL (1 kit/30 days) |
| ABILIFY MYCITE STARTER KIT - aripiprazole tab 20 mg with sensor, strips & pod starter pak | NP | PA, QL (1 kit/30 days) |
| ABILIFY MYCITE STARTER KIT - aripiprazole tab 30 mg with sensor, strips & pod starter pak | NP | PA, QL (1 kit/30 days) |
| aripiprazole oral solution 1 mg/ml | P | QL (900 mls/30 days) |
| aripiprazole orally disintegrating tab 10 mg | NP | PA, QL (60 tablets/30 days) |
| aripiprazole orally disintegrating tab 15 mg | NP | PA, QL (60 tablets/30 days) |
| aripiprazole tab 2 mg (Abilify) | P | QL (30 tablets/30 days) |
| aripiprazole tab 5 mg (Abilify) | P | QL (30 tablets/30 days) |
| aripiprazole tab 10 mg (Abilify) | P | QL (30 tablets/30 days) |
| aripiprazole tab 15 mg (Abilify) | P | QL (30 tablets/30 days) |
| aripiprazole tab 20 mg (Abilify) | P | QL (30 tablets/30 days) |
| aripiprazole tab 30 mg (Abilify) | P | QL (30 tablets/30 days) |
| ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml | NP | PA, QL (1 syringe/30 days) |
| ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml | NP | PA, QL (1 syringe/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| ARISTADA - aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml | NP | PA, QL (1 syringe/30 days) |
| ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml | NP | PA, QL (1 syringe/56 days) |
| ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml | NP | PA, QL (1 syringe/180 days) |
| asenapine maleate sl tab 2.5 mg (base equiv) (Saphris) | NP | PA, QL (60 tablets/30 days) |
| asenapine maleate sl tab 5 mg (base equiv) (Saphris) | NP | PA, QL (60 tablets/30 days) |
| asenapine maleate sl tab 10 mg (base equiv) (Saphris) | NP | PA, QL (60 tablets/30 days) |
| CAPLYTA - lumateperone tosylate cap 42 mg | NP | PA, QL (30 capsules/30 days) |
| chlorpromazine hcl tab 10 mg | C | |
| chlorpromazine hcl tab 25 mg | C | |
| chlorpromazine hcl tab 50 mg | C | |
| chlorpromazine hcl tab 100 mg | C | |
| chlorpromazine hcl tab 200 mg | C | |
| CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg | P | QL (90 tablets/30 days) |
| CLOZAPINE ODT - clozapine orally disintegrating tab 150 mg | P | QL (180 tablets/30 days) |
| CLOZAPINE ODT - clozapine orally disintegrating tab 200 mg | P | QL (120 tablets/30 days) |
| clozapine orally disintegrating tab 25 mg (Fazaclo) | P | QL (270 tablets/30 days) |
| clozapine orally disintegrating tab 100 mg (Fazaclo) | P | QL (90 tablets/30 days) |
| clozapine tab 25 mg (Clozaril) | P | QL (90 tablets/30 days) |
| clozapine tab 50 mg | P | QL (90 tablets/30 days) |
| clozapine tab 100 mg (Clozaril) | P | QL (270 tablets/30 days) |
| clozapine tab 200 mg | P | QL (120 tablets/30 days) |
| CLOZARIL - clozapine tab 25 mg | NP | PA, QL (90 tablets/30 days) |
| CLOZARIL - clozapine tab 50 mg | NP | PA, QL (90 tablets/30 days) |
| CLOZARIL - clozapine tab 100 mg | NP | PA, QL (270 tablets/30 days) |
| CLOZARIL - clozapine tab 200 mg | NP | PA, QL (120 tablets/30 days) |
| FANAPT - iloperidone tab 1 mg | NP | PA, QL (60 tablets/30 days) |
| FANAPT - iloperidone tab 2 mg | NP | PA, QL (60 tablets/30 days) |
| FANAPT - iloperidone tab 4 mg | NP | PA, QL (60 tablets/30 days) |
| FANAPT - iloperidone tab 6 mg | NP | PA, QL (60 tablets/30 days) |
| FANAPT - iloperidone tab 8 mg | NP | PA, QL (60 tablets/30 days) |
| FANAPT - iloperidone tab 10 mg | NP | PA, QL (60 tablets/30 days) |
| FANAPT - iloperidone tab 12 mg | NP | PA, QL (60 tablets/30 days) |
| FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak | NP | PA, QL (1 pack/180 days) |
| fluphenazine hcl tab 1 mg | C | |
| fluphenazine hcl tab 2.5 mg | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| fluphenazine hcl tab 5 mg | C | |
| fluphenazine hcl tab 10 mg | C | |
| GEODON - ziprasidone mesylate for inj 20 mg (base equivalent) | NP | PA, QL (60 vials/30 days) |
| GEODON - ziprasidone hcl cap 20 mg | NP | PA, QL (60 capsules/30 days) |
| GEODON - ziprasidone hcl cap 40 mg | NP | PA, QL (60 capsules/30 days) |
| GEODON - ziprasidone hcl cap 60 mg | NP | PA, QL (60 capsules/30 days) |
| GEODON - ziprasidone hcl cap 80 mg | NP | PA, QL (60 capsules/30 days) |
| haloperidol lactate oral conc 2 mg/ml | C | |
| haloperidol tab 0.5 mg | C | |
| haloperidol tab 1 mg | C | |
| haloperidol tab 2 mg | C | |
| haloperidol tab 5 mg | C | |
| haloperidol tab 10 mg | C | |
| haloperidol tab 20 mg | C | |
| INVEGA - paliperidone tab er 24hr 1.5 mg | NP | PA, QL (30 tablets/30 days) |
| INVEGA - paliperidone tab er 24hr 3 mg | NP | PA, QL (30 tablets/30 days) |
| INVEGA - paliperidone tab er 24hr 6 mg | NP | PA, QL (60 tablets/30 days) |
| INVEGA - paliperidone tab er 24hr 9 mg | NP | PA, QL (30 tablets/30 days) |
| INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml | P | QL (1 injection/28 days) |
| INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml | P | QL (1 injection/28 days) |
| INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml | P | QL (1 injection/28 days) |
| INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml | P | QL (1 injection/28 days) |
| INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml | P | QL (1 injection/28 days) |
| INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.875ml | P | QL (1 injection/90 days) |
| INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.315ml | P | QL (1 injection/90 days) |
| INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml | P | QL (1 injection/90 days) |
| INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.625ml | P | QL (1 injection/90 days) |
| LATUDA - lurasidone hcl tab 20 mg | P | QL (30 tablets/30 days) |
| LATUDA - lurasidone hcl tab 40 mg | P | QL (30 tablets/30 days) |
| LATUDA - lurasidone hcl tab 60 mg | P | QL (30 tablets/30 days) |
| LATUDA - lurasidone hcl tab 80 mg | P | QL (60 tablets/30 days) |
| LATUDA - lurasidone hcl tab 120 mg | P | QL (30 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| LITHIUM CARBONATE - lithium carbonate cap 600 mg | C | |
| lithium carbonate cap 150 mg (Lithium carbonate) | C | |
| lithium carbonate cap 300 mg | C | |
| lithium carbonate cap 600 mg (Lithium carbonate) | C | |
| lithium carbonate tab er 300 mg (Lithobid) | C | |
| lithium carbonate tab er 450 mg | C | |
| lithium carbonate tab 300 mg | C | |
| loxapine succinate cap 5 mg | C | |
| loxapine succinate cap 10 mg | C | |
| loxapine succinate cap 25 mg | C | |
| loxapine succinate cap 50 mg | C | |
| NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent) | NP | PA, QL (30 capsules/30 days), SP |
| NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent) | NP | PA, QL (30 tablets/30 days), SP |
| olanzapine for im inj 10 mg (Zyprexa) | P | QL (90 vials/30 days) |
| olanzapine orally disintegrating tab 5 mg (Zyprexa zydis) | NP | PA, QL (30 tablets/30 days) |
| olanzapine orally disintegrating tab 10 mg (Zyprexa zydis) | NP | PA, QL (30 tablets/30 days) |
| olanzapine orally disintegrating tab 15 mg (Zyprexa zydis) | NP | PA, QL (30 tablets/30 days) |
| olanzapine orally disintegrating tab 20 mg (Zyprexa zydis) | NP | PA, QL (30 tablets/30 days) |
| olanzapine tab 2.5 mg (Zyprexa) | P | QL (30 tablets/30 days) |
| olanzapine tab 5 mg (Zyprexa) | P | QL (30 tablets/30 days) |
| olanzapine tab 7.5 mg (Zyprexa) | P | QL (30 tablets/30 days) |
| olanzapine tab 10 mg (Zyprexa) | P | QL (30 tablets/30 days) |
| olanzapine tab 15 mg (Zyprexa) | P | QL (30 tablets/30 days) |
| olanzapine tab 20 mg (Zyprexa) | P | QL (30 tablets/30 days) |
| paliperidone tab er 24hr 1.5 mg (Invega) | NP | PA, QL (30 tablets/30 days) |
| paliperidone tab er 24hr 3 mg (Invega) | NP | PA, QL (30 tablets/30 days) |
| paliperidone tab er 24hr 6 mg (Invega) | NP | PA, QL (60 tablets/30 days) |
| paliperidone tab er 24hr 9 mg (Invega) | NP | PA, QL (30 tablets/30 days) |
| perphenazine tab 2 mg | C | |
| perphenazine tab 4 mg | C | |
| perphenazine tab 8 mg | C | |
| perphenazine tab 16 mg | C | |
| prochlorperazine maleate tab 5 mg (base equivalent) | C | |
| prochlorperazine maleate tab 10 mg (base equivalent) | C | |
| prochlorperazine suppos 25 mg | C | |
| quetiapine fumarate tab er 24hr 50 mg (Seroquel xr) | P | QL (60 tablets/30 days) |
| quetiapine fumarate tab er 24hr 150 mg (Seroquel xr) | P | QL (30 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| quetiapine fumarate tab er 24hr 200 mg (Seroquel xr) | P | QL (30 tablets/30 days) |
| quetiapine fumarate tab er 24hr 300 mg (Seroquel xr) | P | QL (60 tablets/30 days) |
| quetiapine fumarate tab er 24hr 400 mg (Seroquel xr) | P | QL (60 tablets/30 days) |
| quetiapine fumarate tab 25 mg (Seroquel) | P | QL (90 tablets/30 days) |
| quetiapine fumarate tab 50 mg (Seroquel) | P | QL (90 tablets/30 days) |
| quetiapine fumarate tab 100 mg (Seroquel) | P | QL (90 tablets/30 days) |
| quetiapine fumarate tab 200 mg (Seroquel) | P | QL (90 tablets/30 days) |
| quetiapine fumarate tab 300 mg (Seroquel) | P | QL (60 tablets/30 days) |
| quetiapine fumarate tab 400 mg (Seroquel) | P | QL (60 tablets/30 days) |
| REXULTI - brexpiprazole tab 0.25 mg | NP | PA, QL (30 tablets/30 days) |
| REXULTI - brexpiprazole tab 0.5 mg | NP | PA, QL (30 tablets/30 days) |
| REXULTI - brexpiprazole tab 1 mg | NP | PA, QL (30 tablets/30 days) |
| REXULTI - brexpiprazole tab 2 mg | NP | PA, QL (30 tablets/30 days) |
| REXULTI - brexpiprazole tab 3 mg | NP | PA, QL (30 tablets/30 days) |
| REXULTI - brexpiprazole tab 4 mg | NP | PA, QL (30 tablets/30 days) |
| RISPERDAL - risperidone soln 1 mg/ml | NP | PA, QL (480 mls/30 days) |
| RISPERDAL - risperidone tab 0.5 mg | NP | PA, QL (60 tablets/30 days) |
| RISPERDAL - risperidone tab 1 mg | NP | PA, QL (60 tablets/30 days) |
| RISPERDAL - risperidone tab 2 mg | NP | PA, QL (60 tablets/30 days) |
| RISPERDAL - risperidone tab 3 mg | NP | PA, QL (60 tablets/30 days) |
| RISPERDAL - risperidone tab 4 mg | NP | PA, QL (120 tablets/30 days) |
| RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg | P | QL (2 vials/28 days) |
| RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 25 mg | P | QL (2 vials/28 days) |
| RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 37.5 mg | P | QL (2 vials/28 days) |
| RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 50 mg | P | QL (2 vials/28 days) |
| RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg | P | QL (60 tablets/30 days) |
| risperidone orally disintegrating tab 0.5 mg | P | QL (60 tablets/30 days) |
| risperidone orally disintegrating tab 1 mg | P | QL (60 tablets/30 days) |
| risperidone orally disintegrating tab 2 mg | P | QL (60 tablets/30 days) |
| risperidone orally disintegrating tab 3 mg | P | QL (60 tablets/30 days) |
| risperidone orally disintegrating tab 4 mg | P | QL (120 tablets/30 days) |
| risperidone soln 1 mg/ml (Risperdal) | P | QL (480 mls/30 days) |
| risperidone tab 0.25 mg (Risperdal) | P | QL (60 tablets/30 days) |
| risperidone tab 0.5 mg (Risperdal) | P | QL (60 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| risperidone tab 1 mg (Risperdal) | P | QL (60 tablets/30 days) |
| risperidone tab 2 mg (Risperdal) | P | QL (60 tablets/30 days) |
| risperidone tab 3 mg (Risperdal) | P | QL (60 tablets/30 days) |
| risperidone tab 4 mg (Risperdal) | P | QL (120 tablets/30 days) |
| SAPHRIS - asenapine maleate sl tab 2.5 mg (base equiv) | NP | PA, QL (60 tablets/30 days) |
| SAPHRIS - asenapine maleate sl tab 5 mg (base equiv) | NP | PA, QL (60 tablets/30 days) |
| SAPHRIS - asenapine maleate sl tab 10 mg (base equiv) | NP | PA, QL (60 tablets/30 days) |
| SECUADO - asenapine td patch 24 hr 3.8 mg/24hr | NP | PA, QL (30 patches/30 days) |
| SECUADO - asenapine td patch 24 hr 5.7 mg/24hr | NP | PA, QL (30 patches/30 days) |
| SECUADO - asenapine td patch 24 hr 7.6 mg/24hr | NP | PA, QL (30 patches/30 days) |
| SEROQUEL - quetiapine fumarate tab 25 mg | NP | PA, QL (90 tablets/30 days) |
| SEROQUEL - quetiapine fumarate tab 50 mg | NP | PA, QL (90 tablets/30 days) |
| SEROQUEL - quetiapine fumarate tab 100 mg | NP | PA, QL (90 tablets/30 days) |
| SEROQUEL - quetiapine fumarate tab 200 mg | NP | PA, QL (90 tablets/30 days) |
| SEROQUEL - quetiapine fumarate tab 300 mg | NP | PA, QL (60 tablets/30 days) |
| SEROQUEL - quetiapine fumarate tab 400 mg | NP | PA, QL (60 tablets/30 days) |
| SEROQUEL XR - quetiapine fumarate tab er 24hr 50 mg | NP | PA, QL (60 tablets/30 days) |
| SEROQUEL XR - quetiapine fumarate tab er 24hr 150 mg | NP | PA, QL (30 tablets/30 days) |
| SEROQUEL XR - quetiapine fumarate tab er 24hr 200 mg | NP | PA, QL (30 tablets/30 days) |
| SEROQUEL XR - quetiapine fumarate tab er 24hr 300 mg | NP | PA, QL (60 tablets/30 days) |
| SEROQUEL XR - quetiapine fumarate tab er 24hr 400 mg | NP | PA, QL (60 tablets/30 days) |
| thiothixene cap 1 mg | C | |
| thiothixene cap 2 mg | C | |
| thiothixene cap 5 mg | C | |
| thiothixene cap 10 mg | C | |
| VERSACLOZ - clozapine susp 50 mg/ml | NP | PA, QL (540 mls/30 days) |
| VRAYLAR - cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6) | NP | PA, QL (1 pack/180 days) |
| VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent) | NP | PA, QL (30 capsules/30 days) |
| VRAYLAR - cariprazine hcl cap 3 mg (base equivalent) | NP | PA, QL (30 capsules/30 days) |
| VRAYLAR - cariprazine hcl cap 4.5 mg (base equivalent) | NP | PA, QL (30 capsules/30 days) |
| VRAYLAR - cariprazine hcl cap 6 mg (base equivalent) | NP | PA, QL (30 capsules/30 days) |
| ziprasidone hcl cap 20 mg (Geodon) | P | QL (60 capsules/30 days) |
| ziprasidone hcl cap 40 mg (Geodon) | P | QL (60 capsules/30 days) |
| ziprasidone hcl cap 60 mg (Geodon) | P | QL (60 capsules/30 days) |
| ziprasidone hcl cap 80 mg (Geodon) | P | QL (60 capsules/30 days) |
| ziprasidone mesylate for inj 20 mg (base equivalent) (Geodon) | NP | PA, QL (60 vials/30 days) |
| ZYPREXA - olanzapine for im inj 10 mg | NP | PA, QL (90 vials/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| ZYPREXA - olanzapine tab 2.5 mg | NP | PA, QL (30 tablets/30 days) |
| ZYPREXA - olanzapine tab 5 mg | NP | PA, QL (30 tablets/30 days) |
| ZYPREXA - olanzapine tab 7.5 mg | NP | PA, QL (30 tablets/30 days) |
| ZYPREXA - olanzapine tab 10 mg | NP | PA, QL (30 tablets/30 days) |
| ZYPREXA - olanzapine tab 15 mg | NP | PA, QL (30 tablets/30 days) |
| ZYPREXA - olanzapine tab 20 mg | NP | PA, QL (30 tablets/30 days) |
| ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg (base eq) | NP | PA, QL (2 vials/28 days) |
| ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg (base eq) | NP | PA, QL (2 vials/28 days) |
| ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg (base eq) | NP | PA, QL (1 vial/28 days) |
| ZYPREXA ZYDIS - olanzapine orally disintegrating tab 5 mg | NP | PA, QL (30 tablets/30 days) |
| ZYPREXA ZYDIS - olanzapine orally disintegrating tab 10 mg | NP | PA, QL (30 tablets/30 days) |
| ZYPREXA ZYDIS - olanzapine orally disintegrating tab 15 mg | NP | PA, QL (30 tablets/30 days) |
| ZYPREXA ZYDIS - olanzapine orally disintegrating tab 20 mg | NP | PA, QL (30 tablets/30 days) |
| SLEEP AIDS | | |
| AMBIEN - zolpidem tartrate tab 5 mg | NP | PA, QL (30 tablets/30 days) |
| AMBIEN - zolpidem tartrate tab 10 mg | NP | PA, QL (30 tablets/30 days) |
| AMBIEN CR - zolpidem tartrate tab er 6.25 mg | NP | PA, QL (30 tablets/30 days) |
| AMBIEN CR - zolpidem tartrate tab er 12.5 mg | NP | PA, QL (30 tablets/30 days) |
| BELSOMRA - suvorexant tab 5 mg | NP | PA, QL (30 tablets/30 days) |
| BELSOMRA - suvorexant tab 10 mg | NP | PA, QL (30 tablets/30 days) |
| BELSOMRA - suvorexant tab 15 mg | NP | PA, QL (30 tablets/30 days) |
| BELSOMRA - suvorexant tab 20 mg | NP | PA, QL (30 tablets/30 days) |
| DAYVIGO - lemborexant tab 5 mg | NP | PA, QL (30 tablets/30 days) |
| DAYVIGO - lemborexant tab 10 mg | NP | PA, QL (30 tablets/30 days) |
| diphenhydramine hcl (sleep) tab 25 mg | OTC-C | |
| diphenhydramine-acetaminophen tab 25-500 mg (sleep) | OTC-C | |
| EDLUAR - zolpidem tartrate sl tab 5 mg | NP | PA, QL (30 tablets/30 days) |
| EDLUAR - zolpidem tartrate sl tab 10 mg | NP | PA, QL (30 tablets/30 days) |
| estazolam tab 1 mg | C | QL (30 tablets/30 days) |
| estazolam tab 2 mg | C | QL (30 tablets/30 days) |
| eszopiclone tab 1 mg (Lunesta) | P | QL (30 tablets/30 days) |
| eszopiclone tab 2 mg (Lunesta) | P | QL (30 tablets/30 days) |
| eszopiclone tab 3 mg (Lunesta) | P | QL (30 tablets/30 days) |
| HETLIOZ - tasimelteon capsule 20 mg | NP | PA, QL (30 capsules/30 days), SP |
| HETLIOZ LQ - tasimelteon oral susp 4 mg/ml | NP | PA, QL (158 ml/30 days), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| LUNESTA - eszopiclone tab 1 mg | NP | PA, QL (30 tablets/30 days) |
| LUNESTA - eszopiclone tab 2 mg | NP | PA, QL (30 tablets/30 days) |
| LUNESTA - eszopiclone tab 3 mg | NP | PA, QL (30 tablets/30 days) |
| phenobarbital elixir 20 mg/5ml | C | |
| phenobarbital tab 15 mg | C | |
| phenobarbital tab 16.2 mg | C | |
| phenobarbital tab 30 mg | C | |
| phenobarbital tab 32.4 mg | C | |
| phenobarbital tab 60 mg | C | |
| phenobarbital tab 64.8 mg | C | |
| phenobarbital tab 97.2 mg | C | |
| phenobarbital tab 100 mg | C | |
| ramelteon tab 8 mg (Rozerem) | NP | PA, QL (30 tablets/30 days) |
| ROZEREM - ramelteon tab 8 mg | P | QL (30 tablets/30 days) |
| temazepam cap 15 mg (Restoril) | C | QL (30 capsules/30 days) |
| temazepam cap 30 mg (Restoril) | C | QL (30 capsules/30 days) |
| zaleplon cap 5 mg | P | QL (30 capsules/30 days) |
| zaleplon cap 10 mg | P | QL (30 capsules/30 days) |
| zolpidem tartrate sl tab 1.75 mg (Intermezzo) | NP | PA, QL (30 tablets/30 days) |
| zolpidem tartrate sl tab 3.5 mg (Intermezzo) | NP | PA, QL (30 tablets/30 days) |
| zolpidem tartrate tab er 6.25 mg (Ambien cr) | NP | PA, QL (30 tablets/30 days) |
| zolpidem tartrate tab er 12.5 mg (Ambien cr) | NP | PA, QL (30 tablets/30 days) |
| zolpidem tartrate tab 5 mg (Ambien) | P | QL (30 tablets/30 days) |
| zolpidem tartrate tab 10 mg (Ambien) | P | QL (30 tablets/30 days) |
| HYPERACTIVITY/NARCOLEPSY | | |
| ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg | P | QL (30 capsules/30 days) |
| ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 10 mg | P | QL (30 capsules/30 days) |
| ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 15 mg | P | QL (30 capsules/30 days) |
| ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg | P | QL (30 capsules/30 days) |
| ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 25 mg | P | QL (30 capsules/30 days) |
| ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 30 mg | P | QL (30 capsules/30 days) |
| ADHANSIA XR - methylphenidate hcl cap er 24hr 25 mg | NP | PA, QL (30 capsules/30 days) |
| ADHANSIA XR - methylphenidate hcl cap er 24hr 35 mg | NP | PA, QL (30 capsules/30 days) |
| ADHANSIA XR - methylphenidate hcl cap er 24hr 45 mg | NP | PA, QL (30 capsules/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| ADHANSIA XR - methylphenidate hcl cap er 24hr 55 mg | NP | PA, QL (30 capsules/30 days) |
| ADHANSIA XR - methylphenidate hcl cap er 24hr 70 mg | NP | PA, QL (30 capsules/30 days) |
| ADHANSIA XR - methylphenidate hcl cap er 24hr 85 mg | NP | PA, QL (30 capsules/30 days) |
| ADZENYS XR-ODT - amphetamine tab extended release disintegrating 3.1 mg | NP | PA, QL (60 tablets/30 days) |
| ADZENYS XR-ODT - amphetamine tab extended release disintegrating 6.3 mg | NP | PA, QL (60 tablets/30 days) |
| ADZENYS XR-ODT - amphetamine tab extended release disintegrating 9.4 mg | NP | PA, QL (30 tablets/30 days) |
| ADZENYS XR-ODT - amphetamine tab extended release disintegrating 12.5 mg | NP | PA, QL (30 tablets/30 days) |
| ADZENYS XR-ODT - amphetamine tab extended release disintegrating 15.7 mg | NP | PA, QL (30 tablets/30 days) |
| ADZENYS XR-ODT - amphetamine tab extended release disintegrating 18.8 mg | NP | PA, QL (30 tablets/30 days) |
| AMPHETAMINE ER - amphetamine extended release susp 1.25 mg/ml | NP | PA, QL (450 mls/30 days) |
| amphetamine sulfate tab 5 mg (Evekeo) | NP | PA, QL (90 tablets/30 days) |
| amphetamine sulfate tab 10 mg (Evekeo) | NP | PA, QL (180 tablets/30 days) |
| amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr) | NP | PA, QL (30 capsules/30 days) |
| amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr) | NP | PA, QL (30 capsules/30 days) |
| amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr) | NP | PA, QL (30 capsules/30 days) |
| amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr) | NP | PA, QL (30 capsules/30 days) |
| amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr) | NP | PA, QL (30 capsules/30 days) |
| amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr) | NP | PA, QL (30 capsules/30 days) |
| amphetamine-dextroamphetamine tab 5 mg (Adderall) | P | QL (60 tablets/30 days) |
| amphetamine-dextroamphetamine tab 7.5 mg (Adderall) | P | QL (60 tablets/30 days) |
| amphetamine-dextroamphetamine tab 10 mg (Adderall) | P | QL (60 tablets/30 days) |
| amphetamine-dextroamphetamine tab 12.5 mg (Adderall) | P | QL (60 tablets/30 days) |
| amphetamine-dextroamphetamine tab 15 mg (Adderall) | P | QL (60 tablets/30 days) |
| amphetamine-dextroamphetamine tab 20 mg (Adderall) | P | QL (90 tablets/30 days) |
| amphetamine-dextroamphetamine tab 30 mg (Adderall) | P | QL (60 tablets/30 days) |
| APTENSIO XR - methylphenidate hcl cap er 24hr 10 mg (xr) | NP | PA, QL (30 capsules/30 days) |
| APTENSIO XR - methylphenidate hcl cap er 24hr 15 mg (xr) | NP | PA, QL (30 capsules/30 days) |
| APTENSIO XR - methylphenidate hcl cap er 24hr 20 mg (xr) | NP | PA, QL (30 capsules/30 days) |
| APTENSIO XR - methylphenidate hcl cap er 24hr 30 mg (xr) | NP | PA, QL (30 capsules/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| APTENSIO XR - methylphenidate hcl cap er 24hr 40 mg (xr) | NP | PA, QL (30 capsules/30 days) |
| APTENSIO XR - methylphenidate hcl cap er 24hr 50 mg (xr) | NP | PA, QL (30 capsules/30 days) |
| APTENSIO XR - methylphenidate hcl cap er 24hr 60 mg (xr) | NP | PA, QL (30 capsules/30 days) |
| armodafinil tab 50 mg (Nuvigil) | C | |
| armodafinil tab 150 mg (Nuvigil) | C | |
| armodafinil tab 200 mg (Nuvigil) | C | |
| armodafinil tab 250 mg (Nuvigil) | C | |
| atomoxetine hcl cap 10 mg (base equiv) (Strattera) | P | QL (60 capsules/30 days) |
| atomoxetine hcl cap 18 mg (base equiv) (Strattera) | P | QL (60 capsules/30 days) |
| atomoxetine hcl cap 25 mg (base equiv) (Strattera) | P | QL (60 capsules/30 days) |
| atomoxetine hcl cap 40 mg (base equiv) (Strattera) | P | QL (60 capsules/30 days) |
| atomoxetine hcl cap 60 mg (base equiv) (Strattera) | P | QL (30 capsules/30 days) |
| atomoxetine hcl cap 80 mg (base equiv) (Strattera) | P | QL (30 capsules/30 days) |
| atomoxetine hcl cap 100 mg (base equiv) (Strattera) | P | QL (30 capsules/30 days) |
| AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg | NP | PA, QL (30 capsules/30 days) |
| AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 39.2-7.8 mg | NP | PA, QL (30 capsules/30 days) |
| AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 52.3-10.4 mg | NP | PA, QL (30 capsules/30 days) |
| caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) | C | |
| clonidine hcl tab er 12hr 0.1 mg (Kapvay) | C | QL (120 tablets/30 days) |
| CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg | P | QL (30 tablets/30 days) |
| CONCERTA - methylphenidate hcl tab er osmotic release (osm) 27 mg | P | QL (30 tablets/30 days) |
| CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg | P | QL (60 tablets/30 days) |
| CONCERTA - methylphenidate hcl tab er osmotic release (osm) 54 mg | P | QL (30 tablets/30 days) |
| COTEMPLA XR-ODT - methylphenidate tab extended release disintegrating 8.6 mg | NP | PA, QL (30 tablets/30 days) |
| COTEMPLA XR-ODT - methylphenidate tab extended release disintegrating 17.3 mg | NP | PA, QL (60 tablets/30 days) |
| COTEMPLA XR-ODT - methylphenidate tab extended release disintegrating 25.9 mg | NP | PA, QL (60 tablets/30 days) |
| DAYTRANA - methylphenidate td patch 10 mg/9hr | NP | PA, QL (30 patches/30 days) |
| DAYTRANA - methylphenidate td patch 15 mg/9hr | NP | PA, QL (30 patches/30 days) |
| DAYTRANA - methylphenidate td patch 20 mg/9hr | NP | PA, QL (30 patches/30 days) |
| DAYTRANA - methylphenidate td patch 30 mg/9hr | NP | PA, QL (30 patches/30 days) |
| DEXEDRINE - dextroamphetamine sulfate cap er 24hr 5 mg | NP | PA, QL (90 capsules/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| DEXEDRINE - dextroamphetamine sulfate cap er 24hr 10 mg | NP | PA, QL (120 capsules/30 days) |
| DEXEDRINE - dextroamphetamine sulfate cap er 24hr 15 mg | NP | PA, QL (120 capsules/30 days) |
| dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr) | P | QL (30 capsules/30 days) |
| dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr) | P | QL (30 capsules/30 days) |
| dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr) | P | QL (30 capsules/30 days) |
| dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr) | P | QL (30 capsules/30 days) |
| dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr) | P | QL (30 capsules/30 days) |
| dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr) | P | QL (30 capsules/30 days) |
| dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr) | P | QL (30 capsules/30 days) |
| dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr) | P | QL (30 capsules/30 days) |
| dexmethylphenidate hcl tab 2.5 mg (Focalin) | P | QL (60 tablets/30 days) |
| dexmethylphenidate hcl tab 5 mg (Focalin) | P | QL (60 tablets/30 days) |
| dexmethylphenidate hcl tab 10 mg (Focalin) | P | QL (60 tablets/30 days) |
| dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine) | P | QL (90 capsules/30 days) |
| dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine) | P | QL (120 capsules/30 days) |
| dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine) | P | QL (120 capsules/30 days) |
| dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra) | NP | PA, QL (1800 mls/30 days) |
| dextroamphetamine sulfate tab 5 mg | P | QL (90 tablets/30 days) |
| dextroamphetamine sulfate tab 5 mg (Zenedi) | NP | PA, QL (90 tablets/30 days) |
| dextroamphetamine sulfate tab 10 mg | P | QL (180 tablets/30 days) |
| dextroamphetamine sulfate tab 10 mg (Zenedi) | NP | PA, QL (180 tablets/30 days) |
| dextroamphetamine sulfate tab 15 mg | P | QL (90 tablets/30 days) |
| dextroamphetamine sulfate tab 15 mg (Zenedi) | NP | PA, QL (90 tablets/30 days) |
| dextroamphetamine sulfate tab 20 mg | P | QL (90 tablets/30 days) |
| dextroamphetamine sulfate tab 20 mg (Zenedi) | NP | PA, QL (90 tablets/30 days) |
| dextroamphetamine sulfate tab 30 mg | P | QL (60 tablets/30 days) |
| dextroamphetamine sulfate tab 30 mg (Zenedi) | NP | PA, QL (60 tablets/30 days) |
| DYANAVEL XR - amphetamine extended release susp 2.5 mg/ ml | NP | PA, QL (240 mls/30 days) |
| EVEKEO - amphetamine sulfate tab 5 mg | NP | PA, QL (90 tablets/30 days) |
| EVEKEO - amphetamine sulfate tab 10 mg | NP | PA, QL (180 tablets/30 days) |
| EVEKEO ODT - amphetamine sulfate orally disintegrating tab 5 mg | NP | PA, QL (60 tablets/30 days) |
| EVEKEO ODT - amphetamine sulfate orally disintegrating tab 10 mg | NP | PA, QL (60 tablets/30 days) |
| EVEKEO ODT - amphetamine sulfate orally disintegrating tab 15 mg | NP | PA, QL (60 tablets/30 days) |
| EVEKEO ODT - amphetamine sulfate orally disintegrating tab 20 mg | NP | PA, QL (60 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| FOCALIN - dexamethylphenidate hcl tab 2.5 mg | NP | PA, QL (60 tablets/30 days) |
| FOCALIN - dexamethylphenidate hcl tab 5 mg | NP | PA, QL (60 tablets/30 days) |
| FOCALIN - dexamethylphenidate hcl tab 10 mg | NP | PA, QL (60 tablets/30 days) |
| FOCALIN XR - dexamethylphenidate hcl cap er 24 hr 5 mg | NP | PA, QL (30 capsules/30 days) |
| FOCALIN XR - dexamethylphenidate hcl cap er 24 hr 10 mg | NP | PA, QL (30 capsules/30 days) |
| FOCALIN XR - dexamethylphenidate hcl cap er 24 hr 15 mg | NP | PA, QL (30 capsules/30 days) |
| FOCALIN XR - dexamethylphenidate hcl cap er 24 hr 20 mg | NP | PA, QL (30 capsules/30 days) |
| FOCALIN XR - dexamethylphenidate hcl cap er 24 hr 25 mg | NP | PA, QL (30 capsules/30 days) |
| FOCALIN XR - dexamethylphenidate hcl cap er 24 hr 30 mg | NP | PA, QL (30 capsules/30 days) |
| FOCALIN XR - dexamethylphenidate hcl cap er 24 hr 35 mg | NP | PA, QL (30 capsules/30 days) |
| FOCALIN XR - dexamethylphenidate hcl cap er 24 hr 40 mg | NP | PA, QL (30 capsules/30 days) |
| guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv) | P | QL (30 tablets/30 days) |
| guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv) | P | QL (30 tablets/30 days) |
| guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv) | P | QL (30 tablets/30 days) |
| guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv) | P | QL (30 tablets/30 days) |
| INTUNIV - guanfacine hcl tab er 24hr 1 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| INTUNIV - guanfacine hcl tab er 24hr 2 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| INTUNIV - guanfacine hcl tab er 24hr 3 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| INTUNIV - guanfacine hcl tab er 24hr 4 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |
| JORNAY PM - methylphenidate hcl cap delayed er 24hr 20 mg (pm) | NP | PA, QL (30 capsules/30 days) |
| JORNAY PM - methylphenidate hcl cap delayed er 24hr 40 mg (pm) | NP | PA, QL (30 capsules/30 days) |
| JORNAY PM - methylphenidate hcl cap delayed er 24hr 60 mg (pm) | NP | PA, QL (30 capsules/30 days) |
| JORNAY PM - methylphenidate hcl cap delayed er 24hr 80 mg (pm) | NP | PA, QL (30 capsules/30 days) |
| JORNAY PM - methylphenidate hcl cap delayed er 24hr 100 mg (pm) | NP | PA, QL (30 capsules/30 days) |
| METHYLIN - methylphenidate hcl soln 5 mg/5ml | P | QL (450 mls/30 days) |
| METHYLIN - methylphenidate hcl soln 10 mg/5ml | P | QL (900 mls/30 days) |
| methylphenidate hcl cap er 10 mg (cd) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 20 mg (cd) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 30 mg (cd) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 40 mg (cd) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 50 mg (cd) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 60 mg (cd) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 24hr 10 mg (Ia) (Ritalin Ia) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 24hr 20 mg (Ia) (Ritalin Ia) | NP | PA, QL (30 capsules/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 24hr 60 mg (la) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 24hr 10 mg (xr) (AG Aptensio xr) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 24hr 15 mg (xr) (AG Aptensio xr) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 24hr 20 mg (xr) (AG Aptensio xr) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 24hr 30 mg (xr) (AG Aptensio xr) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 24hr 40 mg (xr) (AG Aptensio xr) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 24hr 50 mg (xr) (AG Aptensio xr) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl cap er 24hr 60 mg (xr) (AG Aptensio xr) | NP | PA, QL (30 capsules/30 days) |
| methylphenidate hcl chew tab 2.5 mg | NP | PA, QL (90 tablets/30 days) |
| methylphenidate hcl chew tab 5 mg | NP | PA, QL (90 tablets/30 days) |
| methylphenidate hcl chew tab 10 mg | NP | PA, QL (180 tablets/30 days) |
| methylphenidate hcl soln 5 mg/5ml (Methylin) | P | QL (450 mls/30 days) |
| methylphenidate hcl soln 10 mg/5ml (Methylin) | P | QL (900 mls/30 days) |
| METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 72 M - methylphenidate hcl tab er osmotic release (osm) 72 mg | NP | PA, QL (30 tablets/30 days) |
| methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta) | NP | PA, QL (30 tablets/30 days) |
| methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta) | NP | PA, QL (30 tablets/30 days) |
| methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta) | NP | PA, QL (60 tablets/30 days) |
| methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta) | NP | PA, QL (30 tablets/30 days) |
| METHYLPHENIDATE HCL TAB ER 24HR 18 MG - methylphenidate hcl tab er 24hr 18 mg | P | QL (30 tablets/30 days) |
| methylphenidate hcl tab er 10 mg | P | QL (90 tablets/30 days) |
| methylphenidate hcl tab er 20 mg | P | QL (90 tablets/30 days) |
| methylphenidate hcl tab er 24hr 27 mg | P | QL (30 tablets/30 days) |
| methylphenidate hcl tab er 24hr 36 mg | P | QL (60 tablets/30 days) |
| methylphenidate hcl tab er 24hr 54 mg | P | QL (30 tablets/30 days) |
| methylphenidate hcl tab 5 mg (Ritalin) | P | QL (90 tablets/30 days) |
| methylphenidate hcl tab 10 mg (Ritalin) | P | QL (90 tablets/30 days) |
| methylphenidate hcl tab 20 mg (Ritalin) | P | QL (90 tablets/30 days) |
| modafinil tab 100 mg (Provigil) | C | |
| modafinil tab 200 mg (Provigil) | C | |
| MYDAYIS - amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg | NP | PA, QL (30 capsules/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| MYDAYIS - amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg | NP | PA, QL (30 capsules/30 days) |
| MYDAYIS - amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg | NP | PA, QL (30 capsules/30 days) |
| MYDAYIS - amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg | NP | PA, QL (30 capsules/30 days) |
| phentermine hcl cap 15 mg | C | QL (30 capsules/30 days) |
| phentermine hcl cap 30 mg | C | QL (30 capsules/30 days) |
| phentermine hcl cap 37.5 mg (Adipex-p) | C | QL (30 capsules/30 days) |
| phentermine hcl tab 37.5 mg (Adipex-p) | C | QL (30 tablets/30 days) |
| QELBREE - viloxazine hcl cap er 24hr 100 mg | NP | PA, QL (30 capsules/30 days) |
| QELBREE - viloxazine hcl cap er 24hr 150 mg | NP | PA, QL (60 capsules/30 days) |
| QELBREE - viloxazine hcl cap er 24hr 200 mg | NP | PA, QL (60 capsules/30 days) |
| QUILLICHEW ER - methylphenidate hcl chew tab extended release 20 mg | NP | PA, QL (30 tablets/30 days) |
| QUILLICHEW ER - methylphenidate hcl chew tab extended release 30 mg | NP | PA, QL (60 tablets/30 days) |
| QUILLICHEW ER - methylphenidate hcl chew tab extended release 40 mg | NP | PA, QL (30 tablets/30 days) |
| QUILLIVANT XR - methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml) | NP | PA, QL (360 mls/30 days) |
| RITALIN - methylphenidate hcl tab 5 mg | NP | PA, QL (90 tablets/30 days) |
| RITALIN - methylphenidate hcl tab 10 mg | NP | PA, QL (90 tablets/30 days) |
| RITALIN - methylphenidate hcl tab 20 mg | NP | PA, QL (90 tablets/30 days) |
| RITALIN LA - methylphenidate hcl cap er 24hr 10 mg (la) | P | QL (30 capsules/30 days) |
| RITALIN LA - methylphenidate hcl cap er 24hr 20 mg (la) | P | QL (30 capsules/30 days) |
| RITALIN LA - methylphenidate hcl cap er 24hr 30 mg (la) | P | QL (30 capsules/30 days) |
| RITALIN LA - methylphenidate hcl cap er 24hr 40 mg (la) | P | QL (30 capsules/30 days) |
| STRATTERA - atomoxetine hcl cap 10 mg (base equiv) | NP | PA, QL (60 capsules/30 days) |
| STRATTERA - atomoxetine hcl cap 18 mg (base equiv) | NP | PA, QL (60 capsules/30 days) |
| STRATTERA - atomoxetine hcl cap 25 mg (base equiv) | NP | PA, QL (60 capsules/30 days) |
| STRATTERA - atomoxetine hcl cap 40 mg (base equiv) | NP | PA, QL (60 capsules/30 days) |
| STRATTERA - atomoxetine hcl cap 60 mg (base equiv) | NP | PA, QL (30 capsules/30 days) |
| STRATTERA - atomoxetine hcl cap 80 mg (base equiv) | NP | PA, QL (30 capsules/30 days) |
| STRATTERA - atomoxetine hcl cap 100 mg (base equiv) | NP | PA, QL (30 capsules/30 days) |
| VYVANSE - lisdexamfetamine dimesylate cap 10 mg | P | QL (30 capsules/30 days) |
| VYVANSE - lisdexamfetamine dimesylate cap 20 mg | P | QL (30 capsules/30 days) |
| VYVANSE - lisdexamfetamine dimesylate cap 30 mg | P | QL (30 capsules/30 days) |
| VYVANSE - lisdexamfetamine dimesylate cap 40 mg | P | QL (30 capsules/30 days) |
| VYVANSE - lisdexamfetamine dimesylate cap 50 mg | P | QL (30 capsules/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| VYVANSE - lisdexamfetamine dimesylate cap 60 mg | P | QL (30 capsules/30 days) |
| VYVANSE - lisdexamfetamine dimesylate cap 70 mg | P | QL (30 capsules/30 days) |
| VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg | NP | PA, QL (30 tablets/30 days) |
| VYVANSE - lisdexamfetamine dimesylate chew tab 20 mg | NP | PA, QL (30 tablets/30 days) |
| VYVANSE - lisdexamfetamine dimesylate chew tab 30 mg | NP | PA, QL (30 tablets/30 days) |
| VYVANSE - lisdexamfetamine dimesylate chew tab 40 mg | NP | PA, QL (30 tablets/30 days) |
| VYVANSE - lisdexamfetamine dimesylate chew tab 50 mg | NP | PA, QL (30 tablets/30 days) |
| VYVANSE - lisdexamfetamine dimesylate chew tab 60 mg | NP | PA, QL (30 tablets/30 days) |
| ZENZEDI - dextroamphetamine sulfate tab 2.5 mg | NP | PA, QL (90 tablets/30 days) |
| ZENZEDI - dextroamphetamine sulfate tab 7.5 mg | NP | PA, QL (90 tablets/30 days) |
| MULTIPLE SCLEROSIS | | |
| AMPYRA - dalfampridine tab er 12hr 10 mg | NP | PA, QL (60 tablets/30 days), SP |
| AUBAGIO - teriflunomide tab 7 mg | P | PA, QL (30 tablets/30 days), SP |
| AUBAGIO - teriflunomide tab 14 mg | P | PA, QL (30 tablets/30 days), SP |
| AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml | P | PA, QL (4 syringes/28 days), SP |
| AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml | P | PA, QL (4 pens/28 days), SP |
| BAFIERTAM - monomethyl fumarate capsule delayed release 95 mg | NP | PA, QL (120 capsules/30 days), SP |
| BETASERON - interferon beta-1b for inj kit 0.3 mg | P | PA, QL (14 vials/28 days), SP |
| COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml | P | PA, QL (30 syringes/30 days), SP |
| COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml | NP | PA, QL (12 syringes/28 days), SP |
| dalfampridine tab er 12hr 10 mg (Ampyra) | NP | PA, QL (60 tablets/30 days), SP |
| dimethyl fumarate capsule delayed release 120 mg (Tecfidera) | NP | PA, QL (56 capsules/180 days), SP |
| dimethyl fumarate capsule delayed release 240 mg (Tecfidera) | NP | PA, QL (60 capsules/30 days), SP |
| dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa) | NP | PA, QL (1 kit/180 days), SP |
| EXTAVIA - interferon beta-1b for inj kit 0.3 mg | NP | PA, QL (15 vials/30 days), SP |
| GILENYA - fingolimod hcl cap 0.5 mg (base equiv) | P | PA, QL (30 capsules/30 days), SP |
| glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone) | NP | PA, QL (30 syringes/30 days), SP |
| glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone) | NP | PA, QL (12 syringes/28 days), SP |
| KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml | NP | PA, QL (1 syringe/28 days), SP |
| MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs) | NP | PA, QL (8 tablets/301 days), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs) | NP | PA, QL (10 tablets/301 days), SP |
| MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs) | NP | PA, QL (12 tablets/301 days), SP |
| MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs) | NP | PA, QL (14 tablets/301 days), SP |
| MAVENCLAD - cladribine tab therapy pack 10 mg (8 tabs) | NP | PA, QL (8 tablets/301 days), SP |
| MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs) | NP | PA, QL (9 tablets/301 days), SP |
| MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs) | NP | PA, QL (20 tablets/301 days), SP |
| MAYZENT - siponimod fumarate tab 0.25 mg (base equiv) | NP | PA, QL (120 tablets/30 days), SP |
| MAYZENT - siponimod fumarate tab 2 mg (base equiv) | NP | PA, QL (30 tablets/30 days), SP |
| MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack | NP | PA, QL (12 tablets/180 days), SP |
| PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml | NP | PA, QL (2 pens/28 days), SP |
| PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml | NP | PA, QL (2 syringes/28 days), SP |
| PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml | C | PA, QL (2 syringes/28 days), SP |
| PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack | NP | PA, QL (1 kit/180 days), SP |
| PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack | NP | PA, QL (1 kit/180 days), SP |
| PONVORY - ponesimod tab 20 mg | NP | PA, QL (30 tablets/30 days), SP |
| PONVORY 14-DAY STARTER PACK - ponesimod tab starter pack 2,3,4,5,6,7,8,9 &10 mg | NP | PA, QL (14 tablets/180 days), SP |
| REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml | P | PA, QL (12 syringes/28 days), SP |
| REBIF - interferon beta-1a soln pref syr 44 mcg/0.5ml | P | PA, QL (12 syringes/28 days), SP |
| REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml | P | PA, QL (12 syringes/28 days), SP |
| REBIF REBIDOSE - interferon beta-1a soln auto-inj 44 mcg/0.5ml | P | PA, QL (12 syringes/28 days), SP |
| REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml | P | PA, QL (1 kit/180 days), SP |
| REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml | P | PA, QL (1 kit/180 days), SP |
| TECFIDERA - dimethyl fumarate capsule delayed release 120 mg | NP | PA, QL (56 capsules/180 days), SP |
| TECFIDERA - dimethyl fumarate capsule delayed release 240 mg | NP | PA, QL (60 capsules/30 days), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| TECFIDERA STARTER PACK - dimethyl fumarate capsule dr starter pack 120 mg & 240 mg | NP | PA, QL (1 kit/180 days), SP |
| VUMERITY - diroximel fumarate capsule delayed release 231 mg | NP | PA, QL (120 capsules/30 days), SP |
| ZEPOSIA - ozanimod hcl cap 0.92 mg | NP | PA, QL (30 capsules/30 days), SP |
| ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg | NP | PA, QL (1 kit/180 days), SP |
| ZEPOSIA 7-DAY STARTER PACK - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg | NP | PA, QL (1 kit/180 days), SP |
| OTHER CENTRAL NERVOUS SYSTEM DRUGS | | |
| acamprosate calcium tab delayed release 333 mg | C | |
| ARICEPT - donepezil hydrochloride tab 5 mg | NP | PA |
| ARICEPT - donepezil hydrochloride tab 10 mg | NP | PA |
| ARICEPT - donepezil hydrochloride tab 23 mg | NP | PA |
| BRISDELLE - paroxetine mesylate cap 7.5 mg (base equiv) | NP | PA |
| bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban) | P | |
| disulfiram tab 250 mg (Antabuse) | C | |
| disulfiram tab 500 mg (Antabuse) | C | |
| donepezil hydrochloride orally disintegrating tab 5 mg | P | |
| donepezil hydrochloride orally disintegrating tab 10 mg | P | |
| donepezil hydrochloride tab 5 mg (Aricept) | P | |
| donepezil hydrochloride tab 10 mg (Aricept) | P | |
| donepezil hydrochloride tab 23 mg (Aricept) | NP | PA |
| EXELON - rivastigmine td patch 24hr 4.6 mg/24hr | NP | PA |
| EXELON - rivastigmine td patch 24hr 9.5 mg/24hr | NP | PA |
| EXELON - rivastigmine td patch 24hr 13.3 mg/24hr | NP | PA |
| FLUOXETINE HYDROCHLORIDE - fluoxetine hcl (pmdd) tab 10 mg | NP | PA |
| FLUOXETINE HYDROCHLORIDE - fluoxetine hcl (pmdd) tab 20 mg | NP | PA |
| gabapentin cap 100 mg (Neurontin) | P | |
| gabapentin cap 300 mg (Neurontin) | P | |
| gabapentin cap 400 mg (Neurontin) | P | |
| gabapentin oral soln 250 mg/5ml (Neurontin) | P | |
| gabapentin tab 600 mg (Neurontin) | P | |
| gabapentin tab 800 mg (Neurontin) | P | |
| GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml | NP | PA |
| galantamine hydrobromide cap er 24hr 8 mg (Razadyne er) | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| galantamine hydrobromide cap er 24hr 16 mg (Razadyne er) | NP | PA |
| galantamine hydrobromide cap er 24hr 24 mg (Razadyne er) | NP | PA |
| galantamine hydrobromide tab 4 mg (Razadyne) | NP | PA |
| galantamine hydrobromide tab 8 mg (Razadyne) | NP | PA |
| galantamine hydrobromide tab 12 mg (Razadyne) | NP | PA |
| GRALISE - gabapentin (once-daily) tab 300 mg | NP | PA, QL (30 tablets/30 days) |
| GRALISE - gabapentin (once-daily) tab 600 mg | NP | PA, QL (90 tablets/30 days) |
| HORIZANT - gabapentin enacarbil tab er 300 mg | NP | PA, QL (60 tablets/30 days) |
| HORIZANT - gabapentin enacarbil tab er 600 mg | NP | PA, QL (60 tablets/30 days) |
| LUCEMYRA - lofexidine hcl tab 0.18 mg (base equivalent) | C | PA, QL (228 tablets/180 days) |
| LYRICA - pregabalin soln 20 mg/ml | NP | PA, QL (900 mls/30 days) |
| LYRICA - pregabalin cap 25 mg | NP | PA, QL (90 capsules/30 days) |
| LYRICA - pregabalin cap 50 mg | NP | PA, QL (90 capsules/30 days) |
| LYRICA - pregabalin cap 75 mg | NP | PA, QL (90 capsules/30 days) |
| LYRICA - pregabalin cap 100 mg | NP | PA, QL (90 capsules/30 days) |
| LYRICA - pregabalin cap 150 mg | NP | PA, QL (90 capsules/30 days) |
| LYRICA - pregabalin cap 200 mg | NP | PA, QL (90 capsules/30 days) |
| LYRICA - pregabalin cap 225 mg | NP | PA, QL (60 capsules/30 days) |
| LYRICA - pregabalin cap 300 mg | NP | PA, QL (60 capsules/30 days) |
| LYRICA CR - pregabalin tab er 24hr 82.5 mg | NP | PA, QL (30 tablets/30 days) |
| LYRICA CR - pregabalin tab er 24hr 165 mg | NP | PA, QL (30 tablets/30 days) |
| LYRICA CR - pregabalin tab er 24hr 330 mg | NP | PA, QL (60 tablets/30 days) |
| memantine hcl cap er 24hr 7 mg (Namenda xr) | NP | PA |
| memantine hcl cap er 24hr 14 mg (Namenda xr) | NP | PA |
| memantine hcl cap er 24hr 21 mg (Namenda xr) | NP | PA |
| memantine hcl cap er 24hr 28 mg (Namenda xr) | NP | PA |
| memantine hcl oral solution 2 mg/ml | NP | PA |
| memantine hcl tab 5 mg (Namenda) | P | |
| memantine hcl tab 10 mg (Namenda) | P | |
| memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pack) | C | |
| NAMENDA TITRATION PAK - memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack | NP | PA |
| NAMENDA XR - memantine hcl cap er 24hr 7 mg | NP | PA |
| NAMENDA XR - memantine hcl cap er 24hr 14 mg | NP | PA |
| NAMENDA XR - memantine hcl cap er 24hr 21 mg | NP | PA |
| NAMENDA XR - memantine hcl cap er 24hr 28 mg | NP | PA |
| NAMZARIC - memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| NAMZARIC - memantine hcl-donepezil hcl cap er 24hr 7-10 mg | NP | PA |
| NAMZARIC - memantine hcl-donepezil hcl cap er 24hr 14-10 mg | NP | PA |
| NAMZARIC - memantine hcl-donepezil hcl cap er 24hr 21-10 mg | NP | PA |
| NAMZARIC - memantine hcl-donepezil hcl cap er 24hr 28-10 mg | NP | PA |
| NEURONTIN - gabapentin oral soln 250 mg/5ml | NP | PA |
| NEURONTIN - gabapentin cap 100 mg | NP | PA |
| NEURONTIN - gabapentin cap 300 mg | NP | PA |
| NEURONTIN - gabapentin cap 400 mg | NP | PA |
| NEURONTIN - gabapentin tab 600 mg | NP | PA |
| NEURONTIN - gabapentin tab 800 mg | NP | PA |
| nicotine polacrilex gum 2 mg | P | |
| nicotine polacrilex gum 4 mg | P | |
| nicotine polacrilex lozenge 2 mg | P | |
| nicotine polacrilex lozenge 4 mg | P | |
| nicotine td patch 24hr 7 mg/24hr | P | |
| nicotine td patch 24hr 14 mg/24hr | P | |
| nicotine td patch 24hr 21 mg/24hr | P | |
| NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered) | NP | PA, QL (504 cartridges/30 days) |
| NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray) | NP | PA, QL (120 mls/30 days) |
| NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg | C | PA, QL (60 capsules/30 days) |
| olanzapine-fluoxetine hcl cap 3-25 mg (Symbyax) | NP | PA |
| olanzapine-fluoxetine hcl cap 6-25 mg (Symbyax) | NP | PA |
| olanzapine-fluoxetine hcl cap 6-50 mg (Symbyax) | NP | PA |
| olanzapine-fluoxetine hcl cap 12-25 mg | NP | PA |
| olanzapine-fluoxetine hcl cap 12-50 mg (Symbyax) | NP | PA |
| paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle) | NP | PA |
| PIMOZIDE - pimozide tab 1 mg | C | |
| PIMOZIDE - pimozide tab 2 mg | C | |
| pregabalin cap 25 mg (Lyrica) | P | QL (90 capsules/30 days) |
| pregabalin cap 50 mg (Lyrica) | P | QL (90 capsules/30 days) |
| pregabalin cap 75 mg (Lyrica) | P | QL (90 capsules/30 days) |
| pregabalin cap 100 mg (Lyrica) | P | QL (90 capsules/30 days) |
| pregabalin cap 150 mg (Lyrica) | P | QL (90 capsules/30 days) |
| pregabalin cap 200 mg (Lyrica) | P | QL (90 capsules/30 days) |
| pregabalin cap 225 mg (Lyrica) | P | QL (60 capsules/30 days) |
| pregabalin cap 300 mg (Lyrica) | P | QL (60 capsules/30 days) |
| pregabalin soln 20 mg/ml (Lyrica) | NP | PA, QL (900 mls/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| pregabalin tab er 24hr 82.5 mg (Lyrica cr) | NP | PA, QL (30 tablets/30 days) |
| pregabalin tab er 24hr 165 mg (Lyrica cr) | NP | PA, QL (60 tablets/30 days) |
| pregabalin tab er 24hr 330 mg (Lyrica cr) | NP | PA, QL (60 tablets/30 days) |
| RAZADYNE ER - galantamine hydrobromide cap er 24hr 8 mg | NP | PA |
| RAZADYNE ER - galantamine hydrobromide cap er 24hr 16 mg | NP | PA |
| RAZADYNE ER - galantamine hydrobromide cap er 24hr 24 mg | NP | PA |
| rivastigmine tartrate cap 1.5 mg (base equivalent) | NP | PA |
| rivastigmine tartrate cap 3 mg (base equivalent) | NP | PA |
| rivastigmine tartrate cap 4.5 mg (base equivalent) | NP | PA |
| rivastigmine tartrate cap 6 mg (base equivalent) | NP | PA |
| rivastigmine td patch 24hr 4.6 mg/24hr (Exelon) | NP | PA |
| rivastigmine td patch 24hr 9.5 mg/24hr (Exelon) | NP | PA |
| rivastigmine td patch 24hr 13.3 mg/24hr (Exelon) | NP | PA |
| SAVELLA - milnacipran hcl tab 12.5 mg | P | QL (60 tablets/30 days) |
| SAVELLA - milnacipran hcl tab 25 mg | P | QL (60 tablets/30 days) |
| SAVELLA - milnacipran hcl tab 50 mg | P | QL (60 tablets/30 days) |
| SAVELLA - milnacipran hcl tab 100 mg | P | QL (60 tablets/30 days) |
| SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak | P | QL (1 pack/180 days) |
| SYMBYAX - olanzapine-fluoxetine hcl cap 3-25 mg | NP | PA |
| SYMBYAX - olanzapine-fluoxetine hcl cap 6-25 mg | NP | PA |
| TEGSEDI - inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq) | C | PA, QL (4 syringes/28 days), SP |
| VARENICLINE TARTRATE - varenicline tartrate tab 0.5 mg (base equiv) | C | |
| VARENICLINE TARTRATE - varenicline tartrate tab 1 mg (base equiv) | C | |
| PAIN RELIEF DRUGS | | |
| NON-NARCOTIC DRUGS | | |
| acetaminophen cap 500 mg | OTC-C | |
| acetaminophen chew tab 80 mg | OTC-C | |
| acetaminophen chew tab 160 mg | OTC-C | |
| acetaminophen disintegrating tab 80 mg | OTC-C | |
| acetaminophen disintegrating tab 160 mg | OTC-C | |
| acetaminophen liquid 160 mg/5ml | OTC-C | |
| acetaminophen soln 160 mg/5ml | OTC-C | |
| acetaminophen suppos 120 mg | OTC-C | |
| acetaminophen suppos 325 mg | OTC-C | |
| acetaminophen suppos 650 mg | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| acetaminophen susp 80 mg/0.8ml | OTC-C | |
| acetaminophen susp 160 mg/5ml | OTC-C | |
| acetaminophen tab er 650 mg | OTC-C | |
| acetaminophen tab 325 mg | OTC-C | |
| acetaminophen tab 500 mg | OTC-C | |
| aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg | OTC-C | |
| aspirin chew tab 81 mg | OTC-C | |
| aspirin tab delayed release 81 mg | OTC-C | |
| aspirin tab delayed release 325 mg | OTC-C | |
| aspirin tab 325 mg | OTC-C | |
| aspirin-acetaminophen-caffeine tab 250-250-65 mg | OTC-C | |
| butalbital-acetaminophen tab 50-325 mg | C | QL (180 tablets/30 days) |
| FEVERALL INFANTS - acetaminophen suppos 80 mg | OTC-C | |
| salsalate tab 500 mg | C | |
| salsalate tab 750 mg | C | |
| TENCON - butalbital-acetaminophen tab 50-325 mg | C | QL (180 tablets/30 days) |
| NARCOTIC DRUGS | | |
| acetaminophen w/ codeine soln 120-12 mg/5ml | C | QL (2700 mls/30 days) |
| acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine) | C | QL (360 tablets/30 days) |
| acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3) | C | QL (360 tablets/30 days) |
| acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4) | C | QL (180 tablets/30 days) |
| BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent) | P | QL (60 films/30 days) |
| BELBUCA - buprenorphine hcl buccal film 150 mcg (base equivalent) | P | QL (60 films/30 days) |
| BELBUCA - buprenorphine hcl buccal film 300 mcg (base equivalent) | P | QL (60 films/30 days) |
| BELBUCA - buprenorphine hcl buccal film 450 mcg (base equivalent) | P | QL (60 films/30 days) |
| BELBUCA - buprenorphine hcl buccal film 600 mcg (base equivalent) | P | QL (60 films/30 days) |
| BELBUCA - buprenorphine hcl buccal film 750 mcg (base equivalent) | P | QL (60 films/30 days) |
| BELBUCA - buprenorphine hcl buccal film 900 mcg (base equivalent) | P | QL (60 films/30 days) |
| buprenorphine hcl sl tab 2 mg (base equiv) | NP | PA, QL (15 tablets/90 days) |
| buprenorphine hcl sl tab 8 mg (base equiv) | NP | PA, QL (15 tablets/90 days) |
| buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone) | NP | PA, QL (120 films/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone) | NP | PA, QL (60 films/30 days) |
| buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone) | NP | PA, QL (60 films/30 days) |
| buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone) | NP | PA, QL (60 films/30 days) |
| buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) | P | QL (120 tablets/30 days) |
| buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) | P | QL (90 tablets/30 days) |
| buprenorphine td patch weekly 5 mcg/hr (Butrans) | NP | PA, QL (4 patches/28 days) |
| buprenorphine td patch weekly 7.5 mcg/hr (Butrans) | NP | PA, QL (4 patches/28 days) |
| buprenorphine td patch weekly 10 mcg/hr (Butrans) | NP | PA, QL (4 patches/28 days) |
| buprenorphine td patch weekly 15 mcg/hr (Butrans) | NP | PA, QL (4 patches/28 days) |
| buprenorphine td patch weekly 20 mcg/hr (Butrans) | NP | PA, QL (4 patches/28 days) |
| butorphanol tartrate nasal soln 10 mg/ml | C | QL (3 bottles/30 days) |
| CODEINE SULFATE - codeine sulfate tab 15 mg | C | QL (180 tablets/30 days) |
| CODEINE SULFATE - codeine sulfate tab 60 mg | C | QL (180 tablets/30 days) |
| codeine sulfate tab 30 mg (Codeine sulfate) | C | QL (180 tablets/30 days) |
| fentanyl citrate lozenge on a handle 200 mcg (Actiq) | C | PA, QL (120 lozenges/30 days) |
| fentanyl citrate lozenge on a handle 400 mcg (Actiq) | C | PA, QL (120 lozenges/30 days) |
| fentanyl citrate lozenge on a handle 600 mcg (Actiq) | C | PA, QL (120 lozenges/30 days) |
| fentanyl citrate lozenge on a handle 800 mcg (Actiq) | C | PA, QL (120 lozenges/30 days) |
| fentanyl citrate lozenge on a handle 1200 mcg (Actiq) | C | PA, QL (120 lozenges/30 days) |
| fentanyl citrate lozenge on a handle 1600 mcg (Actiq) | C | PA, QL (120 lozenges/30 days) |
| fentanyl td patch 72hr 12 mcg/hr (Duragesic) | NP | PA, QL (15 patches/30 days) |
| fentanyl td patch 72hr 25 mcg/hr (Duragesic) | P | QL (15 patches/30 days) |
| fentanyl td patch 72hr 37.5 mcg/hr | NP | PA, QL (15 patches/30 days) |
| fentanyl td patch 72hr 50 mcg/hr (Duragesic) | P | QL (15 patches/30 days) |
| fentanyl td patch 72hr 62.5 mcg/hr | NP | PA, QL (15 patches/30 days) |
| fentanyl td patch 72hr 75 mcg/hr (Duragesic) | NP | PA, QL (15 patches/30 days) |
| fentanyl td patch 72hr 87.5 mcg/hr | NP | PA, QL (15 patches/30 days) |
| fentanyl td patch 72hr 100 mcg/hr (Duragesic) | NP | PA, QL (15 patches/30 days) |
| HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg | NP | PA, QL (60 capsules/30 days) |
| HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 15 mg | NP | PA, QL (60 capsules/30 days) |
| HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 20 mg | NP | PA, QL (60 capsules/30 days) |
| HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 30 mg | NP | PA, QL (60 capsules/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 40 mg | NP | PA, QL (60 capsules/30 days) |
| HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 50 mg | NP | PA, QL (60 capsules/30 days) |
| hydrocodone bitartrate tab er 24hr deter 20 mg (Hysingla er) | NP | PA, QL (30 tablets/30 days) |
| hydrocodone bitartrate tab er 24hr deter 30 mg (Hysingla er) | NP | PA, QL (30 tablets/30 days) |
| hydrocodone bitartrate tab er 24hr deter 40 mg (Hysingla er) | NP | PA, QL (30 tablets/30 days) |
| hydrocodone bitartrate tab er 24hr deter 60 mg (Hysingla er) | NP | PA, QL (30 tablets/30 days) |
| hydrocodone bitartrate tab er 24hr deter 80 mg (Hysingla er) | NP | PA, QL (30 tablets/30 days) |
| hydrocodone bitartrate tab er 24hr deter 100 mg (Hysingla er) | NP | PA, QL (30 tablets/30 days) |
| hydrocodone bitartrate tab er 24hr deter 120 mg (Hysingla er) | NP | PA, QL (30 tablets/30 days) |
| hydrocodone-acetaminophen soln 7.5-325 mg/15ml | C | QL (2700 mls/30 days) |
| hydrocodone-acetaminophen tab 10-325 mg (Norco) | C | QL (180 tablets/30 days) |
| hydrocodone-acetaminophen tab 5-325 mg (Norco) | C | QL (240 tablets/30 days) |
| hydrocodone-acetaminophen tab 7.5-325 mg (Norco) | C | QL (180 tablets/30 days) |
| hydrocodone-ibuprofen tab 7.5-200 mg | C | QL (150 tablets/30 days) |
| hydromorphone hcl liqd 1 mg/ml (Dilaudid) | C | QL (1440 mls/30 days) |
| hydromorphone hcl tab er 24hr 8 mg | NP | PA, QL (30 tablets/30 days) |
| hydromorphone hcl tab er 24hr 12 mg | NP | PA, QL (30 tablets/30 days) |
| hydromorphone hcl tab er 24hr 16 mg | NP | PA, QL (30 tablets/30 days) |
| hydromorphone hcl tab er 24hr 32 mg | NP | PA, QL (30 tablets/30 days) |
| hydromorphone hcl tab 2 mg (Dilaudid) | C | QL (180 tablets/30 days) |
| hydromorphone hcl tab 4 mg (Dilaudid) | C | QL (180 tablets/30 days) |
| hydromorphone hcl tab 8 mg (Dilaudid) | C | QL (180 tablets/30 days) |
| HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 20 mg | NP | PA, QL (30 tablets/30 days) |
| HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 30 mg | NP | PA, QL (30 tablets/30 days) |
| HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 40 mg | NP | PA, QL (30 tablets/30 days) |
| HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 60 mg | NP | PA, QL (30 tablets/30 days) |
| HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 80 mg | NP | PA, QL (30 tablets/30 days) |
| HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 100 mg | NP | PA, QL (30 tablets/30 days) |
| HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 120 mg | NP | PA, QL (30 tablets/30 days) |
| METHADONE HCL - methadone hcl soln 5 mg/5ml | NP | PA, QL (900 mls/30 days) |
| METHADONE HCL - methadone hcl soln 10 mg/5ml | NP | PA, QL (450 mls/30 days) |
| methadone hcl conc 10 mg/ml (Methadose) | NP | PA, QL (90 mls/30 days) |
| methadone hcl soln 5 mg/5ml (Methadone hcl) | NP | PA, QL (900 mls/30 days) |
| methadone hcl soln 10 mg/5ml (Methadone hcl) | NP | PA, QL (450 mls/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| methadone hcl tab for oral susp 40 mg | C | QL (90 tablets/30 days) |
| methadone hcl tab 5 mg (Dolophine) | NP | PA, QL (90 tablets/30 days) |
| methadone hcl tab 10 mg (Dolophine) | NP | PA, QL (90 tablets/30 days) |
| MORPHINE SULFATE - morphine sulfate tab 15 mg | C | QL (360 tablets/30 days) |
| MORPHINE SULFATE - morphine sulfate tab 30 mg | C | QL (180 tablets/30 days) |
| morphine sulfate cap er 24hr 10 mg (Kadian) | NP | PA, QL (60 capsules/30 days) |
| morphine sulfate cap er 24hr 20 mg (Kadian) | NP | PA, QL (60 capsules/30 days) |
| morphine sulfate cap er 24hr 30 mg (Kadian) | NP | PA, QL (60 capsules/30 days) |
| morphine sulfate cap er 24hr 50 mg (Kadian) | NP | PA, QL (60 capsules/30 days) |
| morphine sulfate cap er 24hr 60 mg (Kadian) | NP | PA, QL (60 capsules/30 days) |
| morphine sulfate cap er 24hr 80 mg (Kadian) | NP | PA, QL (60 capsules/30 days) |
| morphine sulfate cap er 24hr 100 mg (Kadian) | NP | PA, QL (60 capsules/30 days) |
| MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 30 mg | NP | PA, QL (30 capsules/30 days) |
| MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 45 mg | NP | PA, QL (30 capsules/30 days) |
| MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 60 mg | NP | PA, QL (30 capsules/30 days) |
| MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 75 mg | NP | PA, QL (30 capsules/30 days) |
| MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 90 mg | NP | PA, QL (30 capsules/30 days) |
| MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 120 mg | NP | PA, QL (30 capsules/30 days) |
| morphine sulfate oral soln 10 mg/5ml | C | QL (2700 mls/30 days) |
| morphine sulfate oral soln 20 mg/5ml | C | QL (1350 mls/30 days) |
| morphine sulfate oral soln 100 mg/5ml (20 mg/ml) | C | QL (270 mls/30 days) |
| morphine sulfate tab er 15 mg (MS Contin) | P | QL (90 tablets/30 days) |
| morphine sulfate tab er 30 mg (MS Contin) | P | QL (90 tablets/30 days) |
| morphine sulfate tab er 60 mg (MS Contin) | P | QL (90 tablets/30 days) |
| morphine sulfate tab er 100 mg (MS Contin) | P | QL (90 tablets/30 days) |
| morphine sulfate tab er 200 mg (MS Contin) | P | QL (90 tablets/30 days) |
| morphine sulfate tab 15 mg (Morphine sulfate) | C | QL (360 tablets/30 days) |
| morphine sulfate tab 30 mg (Morphine sulfate) | C | QL (180 tablets/30 days) |
| MS CONTIN - morphine sulfate tab er 15 mg | NP | PA, QL (90 tablets/30 days) |
| MS CONTIN - morphine sulfate tab er 30 mg | NP | PA, QL (90 tablets/30 days) |
| MS CONTIN - morphine sulfate tab er 60 mg | NP | PA, QL (90 tablets/30 days) |
| MS CONTIN - morphine sulfate tab er 100 mg | NP | PA, QL (90 tablets/30 days) |
| MS CONTIN - morphine sulfate tab er 200 mg | NP | PA, QL (90 tablets/30 days) |
| NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg | NP | PA, QL (60 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| NUCYNTA ER - tapentadol hcl tab er 12hr 100 mg | NP | PA, QL (60 tablets/30 days) |
| NUCYNTA ER - tapentadol hcl tab er 12hr 150 mg | NP | PA, QL (60 tablets/30 days) |
| NUCYNTA ER - tapentadol hcl tab er 12hr 200 mg | NP | PA, QL (60 tablets/30 days) |
| NUCYNTA ER - tapentadol hcl tab er 12hr 250 mg | NP | PA, QL (60 tablets/30 days) |
| OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 10 mg | NP | PA, QL (60 tablets/30 days) |
| OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 15 mg | NP | PA, QL (60 tablets/30 days) |
| OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 20 mg | NP | PA, QL (60 tablets/30 days) |
| OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 30 mg | NP | PA, QL (60 tablets/30 days) |
| OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 40 mg | NP | PA, QL (60 tablets/30 days) |
| OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 60 mg | NP | PA, QL (120 tablets/30 days) |
| OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 80 mg | NP | PA, QL (120 tablets/30 days) |
| oxycodone hcl soln 5 mg/5ml | C | QL (5400 mls/30 days) |
| oxycodone hcl tab 5 mg (Roxicodone) | C | QL (360 tablets/30 days) |
| oxycodone hcl tab 10 mg | C | QL (180 tablets/30 days) |
| oxycodone hcl tab 15 mg (Roxicodone) | C | QL (180 tablets/30 days) |
| oxycodone hcl tab 20 mg | C | QL (180 tablets/30 days) |
| oxycodone hcl tab 30 mg (Roxicodone) | C | QL (180 tablets/30 days) |
| oxycodone w/ acetaminophen tab 5-325 mg (Percocet) | C | QL (360 tablets/30 days) |
| oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet) | C | QL (240 tablets/30 days) |
| oxycodone w/ acetaminophen tab 10-325 mg (Percocet) | C | QL (180 tablets/30 days) |
| OXYCONTIN - oxycodone hcl tab er 12hr deter 10 mg | NP | PA, QL (60 tablets/30 days) |
| OXYCONTIN - oxycodone hcl tab er 12hr deter 15 mg | NP | PA, QL (60 tablets/30 days) |
| OXYCONTIN - oxycodone hcl tab er 12hr deter 20 mg | NP | PA, QL (60 tablets/30 days) |
| OXYCONTIN - oxycodone hcl tab er 12hr deter 30 mg | NP | PA, QL (60 tablets/30 days) |
| OXYCONTIN - oxycodone hcl tab er 12hr deter 40 mg | NP | PA, QL (60 tablets/30 days) |
| OXYCONTIN - oxycodone hcl tab er 12hr deter 60 mg | NP | PA, QL (120 tablets/30 days) |
| OXYCONTIN - oxycodone hcl tab er 12hr deter 80 mg | NP | PA, QL (120 tablets/30 days) |
| OXYMORPHONE HYDROCHLORIDE ER - oxymorphone hcl tab er 12hr 5 mg | NP | PA, QL (60 tablets/30 days) |
| OXYMORPHONE HYDROCHLORIDE ER - oxymorphone hcl tab er 12hr 7.5 mg | NP | PA, QL (60 tablets/30 days) |
| OXYMORPHONE HYDROCHLORIDE ER - oxymorphone hcl tab er 12hr 10 mg | NP | PA, QL (60 tablets/30 days) |
| OXYMORPHONE HYDROCHLORIDE ER - oxymorphone hcl tab er 12hr 15 mg | NP | PA, QL (60 tablets/30 days) |
| OXYMORPHONE HYDROCHLORIDE ER - oxymorphone hcl tab er 12hr 20 mg | NP | PA, QL (60 tablets/30 days) |
| OXYMORPHONE HYDROCHLORIDE ER - oxymorphone hcl tab er 12hr 30 mg | NP | PA, QL (60 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| OXYMORPHONE HYDROCHLORIDE ER - oxymorphone hcl tab er 12hr 40 mg | NP | PA, QL (60 tablets/30 days) |
| SUBOXONE - buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) | P | QL (120 films/30 days) |
| SUBOXONE - buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) | P | QL (60 films/30 days) |
| SUBOXONE - buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) | P | QL (60 films/30 days) |
| SUBOXONE - buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) | P | QL (60 films/30 days) |
| tramadol hcl tab 50 mg (Ultram) | C | QL (240 tablets/30 days) |
| tramadol-acetaminophen tab 37.5-325 mg (Ultracet) | C | QL (240 tablets/30 days) |
| XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg | NP | PA, QL (60 capsules/30 days) |
| XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 13.5 mg | NP | PA, QL (60 capsules/30 days) |
| XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 18 mg | NP | PA, QL (60 capsules/30 days) |
| XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 27 mg | NP | PA, QL (60 capsules/30 days) |
| XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 36 mg | NP | PA, QL (240 capsules/30 days) |
| ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq) | NP | PA, QL (30 tablets/30 days) |
| ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq) | NP | PA, QL (90 tablets/30 days) |
| ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq) | NP | PA, QL (30 tablets/30 days) |
| ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq) | NP | PA, QL (30 tablets/30 days) |
| ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq) | NP | PA, QL (60 tablets/30 days) |
| ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq) | NP | PA, QL (30 tablets/30 days) |
| RHEUMATOID AND OSTEOARTHRITIS | | |
| ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml | NP | PA, QL (4 syringes/28 days), SP |
| ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml | NP | PA, QL (4 pens/28 days), SP |
| ARCALYST - rilonacept for inj 220 mg | C | PA, QL (8 vials/28 days), SP |
| ARTHROTEC 50 - diclofenac w/ misoprostol tab delayed release 50-0.2 mg | NP | PA |
| ARTHROTEC 75 - diclofenac w/ misoprostol tab delayed release 75-0.2 mg | NP | PA |
| CELEBREX - celecoxib cap 50 mg | NP | PA |
| CELEBREX - celecoxib cap 100 mg | NP | PA |
| CELEBREX - celecoxib cap 200 mg | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| CELEBREX - celecoxib cap 400 mg | NP | PA |
| celecoxib cap 50 mg (Celebrex) | P | |
| celecoxib cap 100 mg (Celebrex) | P | |
| celecoxib cap 200 mg (Celebrex) | P | |
| celecoxib cap 400 mg (Celebrex) | P | |
| diclofenac potassium tab 50 mg | C | |
| diclofenac sodium tab delayed release 25 mg | P | |
| diclofenac sodium tab delayed release 50 mg | P | |
| diclofenac sodium tab delayed release 75 mg | P | |
| diclofenac sodium tab er 24hr 100 mg | P | |
| diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50) | NP | PA |
| diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75) | NP | PA |
| DUEXIS - ibuprofen-famotidine tab 800-26.6 mg | NP | PA, QL (90 tablets/30 days) |
| ENBREL - etanercept subcutaneous inj 25 mg/0.5ml | P | PA, QL (8 vials/28 days), SP |
| ENBREL - etanercept for subcutaneous inj 25 mg | P | PA, QL (8 vials/28 days), SP |
| ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml | P | PA, QL (4 syringes/28 days), SP |
| ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml | P | PA, QL (4 syringes/28 days), SP |
| ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml | P | PA, QL (4 cartridges/28 days), SP |
| ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml | P | PA, QL (4 syringes/28 days), SP |
| etodolac cap 200 mg | C | |
| etodolac cap 300 mg | C | |
| etodolac tab 400 mg (Lodine) | C | |
| etodolac tab 500 mg | C | |
| FENOPROFEN CALCIUM - fenoprofen calcium cap 200 mg | NP | PA |
| FENOPROFEN CALCIUM - fenoprofen calcium cap 400 mg | NP | PA |
| fenoprofen calcium tab 600 mg (Nalfon) | NP | PA |
| FLURBIPROFEN - flurbiprofen tab 50 mg | P | |
| flurbiprofen tab 100 mg | P | |
| HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml | P | PA, QL (2 syringes/28 days), SP |
| HUMIRA - adalimumab prefilled syringe kit 20 mg/0.2ml | P | PA, QL (2 syringes/28 days), SP |
| HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml | P | PA, QL (2 syringes/28 days), SP |
| HUMIRA - adalimumab prefilled syringe kit 40 mg/0.4ml | P | PA, QL (2 syringes/28 days), SP |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml | P | PA, QL (1 kit/180 days), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml | P | PA, QL (1 kit/180 days), SP |
| HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml | P | PA, QL (2 pens/28 days), SP |
| HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.4ml | P | PA, QL (2 pens/28 days), SP |
| HUMIRA PEN - adalimumab pen-injector kit 80 mg/0.8ml | P | PA, QL (2 pens/28 days), SP |
| HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 40 mg/0.8ml | P | PA, QL (1 kit/180 days), SP |
| HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 80 mg/0.8ml | P | PA, QL (1 kit/180 days), SP |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab pen-injector kit 80 mg/0.8ml | P | PA, QL (1 kit/180 days), SP |
| HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml | P | PA, QL (1 kit/180 days), SP |
| HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml | P | PA, QL (1 kit/180 days), SP |
| ibuprofen chew tab 100 mg | OTC-C | |
| ibuprofen susp 40 mg/ml | OTC-C | |
| ibuprofen susp 100 mg/5ml | C | |
| ibuprofen susp 100 mg/5ml | OTC-C | |
| ibuprofen tab 200 mg | OTC-C | |
| ibuprofen tab 400 mg | P | |
| ibuprofen tab 600 mg | P | |
| ibuprofen tab 800 mg | P | |
| ibuprofen-famotidine tab 800-26.6 mg (Duexis) | C | PA, QL (90 tablets/30 days) |
| indomethacin cap 25 mg | P | |
| indomethacin cap 50 mg | P | |
| KETOPROFEN - ketoprofen cap 25 mg | P | |
| KETOPROFEN - ketoprofen cap 50 mg | P | |
| KETOPROFEN - ketoprofen cap 75 mg | P | |
| ketorolac tromethamine tab 10 mg | P | QL (20 tablets/5 days) |
| KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml | NP | PA, QL (2 pens/28 days), SP |
| KEVZARA - sarilumab subcutaneous solution auto-injector 200 mg/1.14ml | NP | PA, QL (2 pens/28 days), SP |
| KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml | NP | PA, QL (2 syringes/28 days), SP |
| KEVZARA - sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml | NP | PA, QL (2 syringes/28 days), SP |
| KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml | NP | PA, QL (28 syringes/28 days), SP |
| leflunomide tab 10 mg (Arava) | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| leflunomide tab 20 mg (Arava) | C | |
| mefenamic acid cap 250 mg | NP | PA |
| meloxicam tab 7.5 mg (Mobic) | P | |
| meloxicam tab 15 mg (Mobic) | P | |
| MOBIC - meloxicam tab 7.5 mg | NP | PA |
| MOBIC - meloxicam tab 15 mg | NP | PA |
| nabumetone tab 500 mg | P | |
| nabumetone tab 750 mg | P | |
| naproxen sodium tab 220 mg | OTC-C | |
| naproxen sodium tab 275 mg | P | |
| naproxen sodium tab 550 mg | P | |
| naproxen tab ec 375 mg (Ec-naprosyn) | P | |
| naproxen tab ec 500 mg (Ec-naproxen) | P | |
| naproxen tab 250 mg | P | |
| naproxen tab 375 mg | P | |
| naproxen tab 500 mg | P | |
| OLUMIANT - baricitinib tab 1 mg | NP | PA, QL (30 tablets/30 days), SP |
| OLUMIANT - baricitinib tab 2 mg | NP | PA, QL (30 tablets/30 days), SP |
| ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml | NP | PA, QL (4 syringes/28 days), SP |
| ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml | NP | PA, QL (4 syringes/28 days), SP |
| ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml | NP | PA, QL (4 syringes/28 days), SP |
| ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml | NP | PA, QL (4 syringes/28 days), SP |
| OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg | NP | PA, QL (1 kit/180 days), SP |
| OTEZLA - apremilast tab 30 mg | NP | PA, QL (60 tablets/30 days), SP |
| oxaprozin tab 600 mg (Daypro) | NP | PA |
| piroxicam cap 10 mg (Feldene) | C | |
| piroxicam cap 20 mg (Feldene) | C | |
| RINVOQ - upadacitinib tab er 24hr 15 mg | NP | PA, QL (30 tablets/30 days), SP |
| SIMPONI - golimumab subcutaneous soln auto-injector 50 mg/0.5ml | NP | PA, QL (1 syringe/28 days), SP |
| SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml | NP | PA, QL (1 syringe/28 days), SP |
| SIMPONI - golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml | NP | PA, QL (1 syringe/28 days), SP |
| SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml | NP | PA, QL (1 syringe/28 days), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| sulindac tab 150 mg | P | |
| sulindac tab 200 mg | P | |
| VIMOVO - naproxen-esomeprazole magnesium tab dr 375-20 mg | NP | PA, QL (60 tablets/30 days) |
| VIMOVO - naproxen-esomeprazole magnesium tab dr 500-20 mg | NP | PA, QL (60 tablets/30 days) |
| XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent) | NP | PA, QL (240 ml/30 days), SP |
| XELJANZ - tofacitinib citrate tab 5 mg (base equivalent) | NP | PA, QL (60 tablets/30 days), SP |
| XELJANZ - tofacitinib citrate tab 10 mg (base equivalent) | NP | PA, QL (240 tablets/365 days), SP |
| XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent) | NP | PA, QL (30 tablets/30 days), SP |
| XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent) | NP | PA, QL (120 tablets/365 days), SP |
| ZIPSOR - diclofenac potassium cap 25 mg | NP | PA |
| ZORVOLEX - diclofenac cap 18 mg | NP | PA |
| ZORVOLEX - diclofenac cap 35 mg | NP | PA |
| MIGRAINE HEADACHES | | |
| AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml | NP | PA, QL (1 injection/28 days) |
| AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml | NP | PA, QL (1 syringe/28 days) |
| AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml | P | PA, QL (3 injection devices/84 days) |
| AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml | P | PA, QL (3 syringes/84 days) |
| almotriptan malate tab 6.25 mg | NP | PA, QL (12 tablets/30 days) |
| almotriptan malate tab 12.5 mg | NP | PA, QL (12 tablets/30 days) |
| AMERGE - naratriptan hcl tab 1 mg (base equiv) | NP | PA, QL (18 tablets/30 days) |
| AMERGE - naratriptan hcl tab 2.5 mg (base equiv) | NP | PA, QL (18 tablets/30 days) |
| dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45) | C | |
| eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax) | NP | PA, QL (12 tablets/30 days) |
| eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax) | NP | PA, QL (12 tablets/30 days) |
| EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml | P | PA, QL (1 pen/28 days) |
| EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml | C | PA, QL (9 syringes/180 days) |
| EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml | P | PA, QL (1 syringe/28 days) |
| FROVA - frovatriptan succinate tab 2.5 mg (base equivalent) | NP | PA, QL (18 tablets/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| frovatriptan succinate tab 2.5 mg (base equivalent) (Frova) | NP | PA, QL (18 tablets/30 days) |
| IMITREX - sumatriptan succinate inj 6 mg/0.5ml | P | QL (10 vials/30 days) |
| IMITREX - sumatriptan nasal spray 5 mg/act | P | QL (12 units/30 days) |
| IMITREX - sumatriptan nasal spray 20 mg/act | P | QL (12 units/30 days) |
| IMITREX - sumatriptan succinate tab 25 mg | NP | PA, QL (18 tablets/30 days) |
| IMITREX - sumatriptan succinate tab 50 mg | NP | PA, QL (18 tablets/30 days) |
| IMITREX - sumatriptan succinate tab 100 mg | NP | PA, QL (18 tablets/30 days) |
| IMITREX STATDOSE REFILL - sumatriptan succinate solution cartridge 4 mg/0.5ml | P | QL (12 doses/30 days) |
| IMITREX STATDOSE REFILL - sumatriptan succinate solution cartridge 6 mg/0.5ml | P | QL (12 doses/30 days) |
| IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 4 mg/0.5ml | P | QL (12 doses/30 days) |
| IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 6 mg/0.5ml | P | QL (12 doses/30 days) |
| MAXALT - rizatriptan benzoate tab 10 mg (base equivalent) | NP | PA, QL (18 tablets/30 days) |
| MAXALT-MLT - rizatriptan benzoate oral disintegrating tab 10 mg (base eq) | NP | PA, QL (18 tablets/30 days) |
| naratriptan hcl tab 1 mg (base equiv) (Amerge) | NP | PA, QL (18 tablets/30 days) |
| naratriptan hcl tab 2.5 mg (base equiv) (Amerge) | NP | PA, QL (18 tablets/30 days) |
| NURTEC - rimegepant sulfate tab disint 75 mg | NP | PA, QL (45 tablets/90 days) |
| ONZETRA XSAIL - sumatriptan succinate exhaler powder 11 mg/nosepiece | NP | PA, QL (2 kits/30 days) |
| RELPAX - eletriptan hydrobromide tab 20 mg (base equivalent) | P | QL (12 tablets/30 days) |
| RELPAX - eletriptan hydrobromide tab 40 mg (base equivalent) | P | QL (12 tablets/30 days) |
| REYVOW - lasmiditan succinate tab 50 mg | NP | PA, QL (8 tablets/30 days) |
| REYVOW - lasmiditan succinate tab 100 mg | NP | PA, QL (8 tablets/30 days) |
| rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt) | P | QL (18 tablets/30 days) |
| rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt) | P | QL (18 tablets/30 days) |
| rizatriptan benzoate tab 5 mg (base equivalent) | P | QL (18 tablets/30 days) |
| rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt) | P | QL (18 tablets/30 days) |
| sumatriptan nasal spray 5 mg/act (Imitrex) | NP | PA, QL (12 units/30 days) |
| sumatriptan nasal spray 20 mg/act (Imitrex) | NP | PA, QL (12 units/30 days) |
| sumatriptan succinate inj 6 mg/0.5ml (Imitrex) | NP | PA, QL (10 vials/30 days) |
| sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose system) | NP | PA, QL (12 doses/30 days) |
| sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose system) | NP | PA, QL (12 doses/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| sumatriptan succinate solution cartridge 4 mg/0.5ml (Imitrex statdose refill) | NP | PA, QL (12 doses/30 days) |
| sumatriptan succinate solution cartridge 6 mg/0.5ml (Imitrex statdose refill) | NP | PA, QL (12 doses/30 days) |
| sumatriptan succinate tab 25 mg (Imitrex) | P | QL (18 tablets/30 days) |
| sumatriptan succinate tab 50 mg (Imitrex) | P | QL (18 tablets/30 days) |
| sumatriptan succinate tab 100 mg (Imitrex) | P | QL (18 tablets/30 days) |
| sumatriptan-naproxen sodium tab 85-500 mg (Treximet) | NP | PA, QL (18 tablets/30 days) |
| TOSYMRA - sumatriptan nasal spray 10 mg/act | NP | PA, QL (18 sprays/30 days) |
| TREXIMET - sumatriptan-naproxen sodium tab 85-500 mg | NP | PA, QL (18 tablets/30 days) |
| UBRELVY - ubrogepant tab 50 mg | P | PA, QL (16 tablets/30 days) |
| UBRELVY - ubrogepant tab 100 mg | P | PA, QL (16 tablets/30 days) |
| ZEMBRACE SYMTOUCH - sumatriptan succinate solution auto-injector 3 mg/0.5ml | NP | PA, QL (24 syringes/30 days) |
| ZOLMITRIPTAN - zolmitriptan nasal spray 2.5 mg/spray unit | NP | PA, QL (2 boxes/30 days) |
| zolmitriptan nasal spray 5 mg/spray unit (Zomig) | NP | PA, QL (2 boxes/30 days) |
| zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt) | NP | PA, QL (12 tablets/30 days) |
| zolmitriptan orally disintegrating tab 5 mg (Zomig zmt) | NP | PA, QL (12 tablets/30 days) |
| zolmitriptan tab 2.5 mg (Zomig) | NP | PA, QL (12 tablets/30 days) |
| zolmitriptan tab 5 mg (Zomig) | NP | PA, QL (12 tablets/30 days) |
| ZOMIG - zolmitriptan tab 2.5 mg | NP | PA, QL (12 tablets/30 days) |
| ZOMIG - zolmitriptan tab 5 mg | NP | PA, QL (12 tablets/30 days) |
| ZOMIG - zolmitriptan nasal spray 2.5 mg/spray unit | NP | PA, QL (2 boxes/30 days) |
| ZOMIG - zolmitriptan nasal spray 5 mg/spray unit | NP | PA, QL (2 boxes/30 days) |
| GOUT | | |
| allopurinol tab 100 mg (Zyloprim) | C | |
| allopurinol tab 300 mg (Zyloprim) | C | |
| colchicine tab 0.6 mg (Colcrys) | C | |
| colchicine w/ probenecid tab 0.5-500 mg | C | |
| MITIGARE - colchicine cap 0.6 mg | C | |
| probenecid tab 500 mg | C | |
| NEUROMUSCULAR DRUGS | | |
| SEIZURES | | |
| APTIOM - eslicarbazepine acetate tab 200 mg | NP | PA |
| APTIOM - eslicarbazepine acetate tab 400 mg | NP | PA |
| APTIOM - eslicarbazepine acetate tab 600 mg | NP | PA |
| APTIOM - eslicarbazepine acetate tab 800 mg | NP | PA |
| BANZEL - rufinamide susp 40 mg/ml | NP | PA |
| BANZEL - rufinamide tab 200 mg | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| BANZEL - rufinamide tab 400 mg | NP | PA |
| BRIVIACT - brivaracetam oral soln 10 mg/ml | NP | PA |
| BRIVIACT - brivaracetam tab 10 mg | NP | PA |
| BRIVIACT - brivaracetam tab 25 mg | NP | PA |
| BRIVIACT - brivaracetam tab 50 mg | NP | PA |
| BRIVIACT - brivaracetam tab 75 mg | NP | PA |
| BRIVIACT - brivaracetam tab 100 mg | NP | PA |
| carbamazepine cap er 12hr 100 mg (Carbatrol) | NP | PA |
| carbamazepine cap er 12hr 200 mg (Carbatrol) | NP | PA |
| carbamazepine cap er 12hr 300 mg (Carbatrol) | NP | PA |
| carbamazepine chew tab 100 mg | P | |
| carbamazepine susp 100 mg/5ml (Tegretol) | P | |
| carbamazepine tab er 12hr 100 mg (Tegretol-xr) | P | |
| carbamazepine tab er 12hr 200 mg (Tegretol-xr) | P | |
| carbamazepine tab er 12hr 400 mg (Tegretol-xr) | P | |
| carbamazepine tab 200 mg (Tegretol) | P | |
| CARBATROL - carbamazepine cap er 12hr 100 mg | NP | PA |
| CARBATROL - carbamazepine cap er 12hr 200 mg | NP | PA |
| CARBATROL - carbamazepine cap er 12hr 300 mg | NP | PA |
| CELONTIN - methsuximide cap 300 mg | P | |
| clobazam suspension 2.5 mg/ml (Onfi) | NP | PA, QL (480 mls/30 days) |
| clobazam tab 10 mg (Onfi) | P | QL (60 tablets/30 days) |
| clobazam tab 20 mg (Onfi) | P | QL (60 tablets/30 days) |
| clonazepam orally disintegrating tab 0.125 mg | C | QL (90 tablets/30 days) |
| clonazepam orally disintegrating tab 0.25 mg | C | QL (90 tablets/30 days) |
| clonazepam orally disintegrating tab 0.5 mg | C | QL (90 tablets/30 days) |
| clonazepam orally disintegrating tab 1 mg | C | QL (90 tablets/30 days) |
| clonazepam orally disintegrating tab 2 mg | C | QL (60 tablets/30 days) |
| clonazepam tab 0.5 mg (Klonopin) | C | QL (90 tablets/30 days) |
| clonazepam tab 1 mg (Klonopin) | C | QL (90 tablets/30 days) |
| clonazepam tab 2 mg (Klonopin) | C | QL (60 tablets/30 days) |
| DEPAKOTE - divalproex sodium tab delayed release 125 mg | NP | PA |
| DEPAKOTE - divalproex sodium tab delayed release 250 mg | NP | PA |
| DEPAKOTE - divalproex sodium tab delayed release 500 mg | NP | PA |
| DEPAKOTE ER - divalproex sodium tab er 24 hr 250 mg | NP | PA |
| DEPAKOTE ER - divalproex sodium tab er 24 hr 500 mg | NP | PA |
| DEPAKOTE SPRINKLES - divalproex sodium cap delayed release sprinkle 125 mg | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| DIACOMIT - stiripentol cap 250 mg | NP | PA, SP |
| DIACOMIT - stiripentol cap 500 mg | NP | PA, SP |
| DIACOMIT - stiripentol packet 250 mg | NP | PA, SP |
| DIACOMIT - stiripentol packet 500 mg | NP | PA, SP |
| DIASTAT ACUDIAL - diazepam rectal gel delivery system 10 mg | P | QL (2 twin pack(s)/30 days) |
| DIASTAT ACUDIAL - diazepam rectal gel delivery system 20 mg | P | QL (2 twin pack(s)/30 days) |
| DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg | P | QL (2 twin pack(s)/30 days) |
| DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg | NP | PA, QL (2 twin pack(s)/30 days) |
| DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 10 mg | NP | PA, QL (2 twin pack(s)/30 days) |
| DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 20 mg | NP | PA, QL (2 twin pack(s)/30 days) |
| DILANTIN - phenytoin sodium extended cap 30 mg | P | |
| DILANTIN - phenytoin sodium extended cap 100 mg | P | |
| DILANTIN INFATABS - phenytoin chew tab 50 mg | NP | PA |
| DILANTIN-125 - phenytoin susp 125 mg/5ml | NP | PA |
| divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles) | P | |
| divalproex sodium tab delayed release 125 mg (Depakote) | P | |
| divalproex sodium tab delayed release 250 mg (Depakote) | P | |
| divalproex sodium tab delayed release 500 mg (Depakote) | P | |
| divalproex sodium tab er 24 hr 250 mg (Depakote er) | P | |
| divalproex sodium tab er 24 hr 500 mg (Depakote er) | P | |
| EPIDIOLEX - cannabidiol soln 100 mg/ml | NP | PA, SP |
| ethosuximide cap 250 mg (Zarontin) | P | |
| ethosuximide soln 250 mg/5ml (Zarontin) | P | |
| felbamate susp 600 mg/5ml (Felbatol) | P | |
| felbamate tab 400 mg (Felbatol) | P | |
| felbamate tab 600 mg (Felbatol) | P | |
| FELBATOL - felbamate susp 600 mg/5ml | P | |
| FELBATOL - felbamate tab 400 mg | NP | PA |
| FELBATOL - felbamate tab 600 mg | NP | PA |
| FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml | NP | PA, QL (360 mls/30 days), SP |
| FYCOMPA - perampanel susp 0.5 mg/ml | NP | PA |
| FYCOMPA - perampanel tab 2 mg | NP | PA |
| FYCOMPA - perampanel tab 4 mg | NP | PA |
| FYCOMPA - perampanel tab 6 mg | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| FYCOMPA - perampanel tab 8 mg | NP | PA |
| FYCOMPA - perampanel tab 10 mg | NP | PA |
| FYCOMPA - perampanel tab 12 mg | NP | PA |
| GABITRIL - tiagabine hcl tab 2 mg | P | |
| GABITRIL - tiagabine hcl tab 4 mg | P | |
| GABITRIL - tiagabine hcl tab 12 mg | P | |
| GABITRIL - tiagabine hcl tab 16 mg | P | |
| KEPPRA - levetiracetam oral soln 100 mg/ml | NP | PA |
| KEPPRA - levetiracetam tab 250 mg | NP | PA |
| KEPPRA - levetiracetam tab 500 mg | NP | PA |
| KEPPRA - levetiracetam tab 750 mg | NP | PA |
| KEPPRA - levetiracetam tab 1000 mg | NP | PA |
| KEPPRA XR - levetiracetam tab er 24hr 500 mg | NP | PA |
| KEPPRA XR - levetiracetam tab er 24hr 750 mg | NP | PA |
| LAMICTAL - lamotrigine tab 25 mg | NP | PA |
| LAMICTAL - lamotrigine tab 100 mg | NP | PA |
| LAMICTAL - lamotrigine tab 150 mg | NP | PA |
| LAMICTAL - lamotrigine tab 200 mg | NP | PA |
| LAMICTAL CHEWABLE DISPERSIBLE - lamotrigine tab chewable dispersible 5 mg | NP | PA |
| LAMICTAL CHEWABLE DISPERSIBLE - lamotrigine tab chewable dispersible 25 mg | NP | PA |
| LAMICTAL ODT - lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit | NP | PA |
| LAMICTAL ODT - lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit | NP | PA |
| LAMICTAL ODT - lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit | NP | PA |
| LAMICTAL ODT - lamotrigine orally disintegrating tab 25 mg | NP | PA |
| LAMICTAL ODT - lamotrigine orally disintegrating tab 50 mg | NP | PA |
| LAMICTAL ODT - lamotrigine orally disintegrating tab 100 mg | NP | PA |
| LAMICTAL ODT - lamotrigine orally disintegrating tab 200 mg | NP | PA |
| LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE - lamotrigine tab 25 mg (42) & 100 mg (7) starter kit | NP | PA |
| LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE - lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit | NP | PA |
| LAMICTAL STARTER/TAKING VALPROATE - lamotrigine tab 35 x 25 mg starter kit | NP | PA |
| LAMICTAL XR - lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|--------------------|--|
| LAMICTAL XR - lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit | NP | PA |
| LAMICTAL XR - lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit | NP | PA |
| LAMICTAL XR - lamotrigine tab er 24hr 25 mg | NP | PA |
| LAMICTAL XR - lamotrigine tab er 24hr 50 mg | NP | PA |
| LAMICTAL XR - lamotrigine tab er 24hr 100 mg | NP | PA |
| LAMICTAL XR - lamotrigine tab er 24hr 200 mg | NP | PA |
| LAMICTAL XR - lamotrigine tab er 24hr 250 mg | NP | PA |
| LAMICTAL XR - lamotrigine tab er 24hr 300 mg | NP | PA |
| lamotrigine orally disintegrating tab 25 mg (Lamictal odt) | NP | PA |
| lamotrigine orally disintegrating tab 50 mg (Lamictal odt) | NP | PA |
| lamotrigine orally disintegrating tab 100 mg (Lamictal odt) | NP | PA |
| lamotrigine orally disintegrating tab 200 mg (Lamictal odt) | NP | PA |
| lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di) | P | |
| lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di) | P | |
| lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt) | NP | PA |
| lamotrigine tab er 24hr 25 mg (Lamictal xr) | P | |
| lamotrigine tab er 24hr 50 mg (Lamictal xr) | P | |
| lamotrigine tab er 24hr 100 mg (Lamictal xr) | P | |
| lamotrigine tab er 24hr 200 mg (Lamictal xr) | P | |
| lamotrigine tab er 24hr 250 mg (Lamictal xr) | P | |
| lamotrigine tab er 24hr 300 mg (Lamictal xr) | P | |
| lamotrigine tab 25 mg (Lamictal) | P | |
| lamotrigine tab 100 mg (Lamictal) | P | |
| lamotrigine tab 150 mg (Lamictal) | P | |
| lamotrigine tab 200 mg (Lamictal) | P | |
| lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/taking valproate) | NP | PA |
| lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not taking carbamazepine) | NP | PA |
| lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/taking carbamazepine/not taking valproate) | NP | PA |
| levetiracetam oral soln 100 mg/ml (Keppra) | P | |
| levetiracetam tab er 24hr 500 mg (Keppra xr) | P | |
| levetiracetam tab er 24hr 750 mg (Keppra xr) | P | |
| levetiracetam tab 250 mg (Keppra) | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| levetiracetam tab 500 mg (Keppra) | P | |
| levetiracetam tab 750 mg (Keppra) | P | |
| levetiracetam tab 1000 mg (Keppra) | P | |
| MYSOLINE - primidone tab 50 mg | NP | PA |
| MYSOLINE - primidone tab 250 mg | NP | PA |
| NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml | NP | PA, QL (10 bottles/30 days) |
| ONFI - clobazam suspension 2.5 mg/ml | NP | PA, QL (480 mls/30 days) |
| ONFI - clobazam tab 10 mg | NP | PA, QL (60 tablets/30 days) |
| ONFI - clobazam tab 20 mg | NP | PA, QL (60 tablets/30 days) |
| oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal) | P | |
| oxcarbazepine tab 150 mg (Trileptal) | P | |
| oxcarbazepine tab 300 mg (Trileptal) | P | |
| oxcarbazepine tab 600 mg (Trileptal) | P | |
| OXTELLAR XR - oxcarbazepine tab er 24hr 150 mg | NP | PA |
| OXTELLAR XR - oxcarbazepine tab er 24hr 300 mg | NP | PA |
| OXTELLAR XR - oxcarbazepine tab er 24hr 600 mg | NP | PA |
| PHENYTEK - phenytoin sodium extended cap 200 mg | P | |
| PHENYTEK - phenytoin sodium extended cap 300 mg | P | |
| phenytoin chew tab 50 mg (Dilantin infatabs) | P | |
| phenytoin sodium extended cap 100 mg (Dilantin) | P | |
| phenytoin sodium extended cap 200 mg (Phenytek) | P | |
| phenytoin sodium extended cap 300 mg (Phenytek) | P | |
| phenytoin susp 125 mg/5ml (Dilantin-125) | P | |
| primidone tab 50 mg (Mysoline) | P | |
| primidone tab 250 mg (Mysoline) | P | |
| QUDEXY XR - topiramate cap er 24hr sprinkle 25 mg | NP | PA |
| QUDEXY XR - topiramate cap er 24hr sprinkle 50 mg | NP | PA |
| QUDEXY XR - topiramate cap er 24hr sprinkle 100 mg | NP | PA |
| QUDEXY XR - topiramate cap er 24hr sprinkle 150 mg | NP | PA |
| QUDEXY XR - topiramate cap er 24hr sprinkle 200 mg | NP | PA |
| rufinamide susp 40 mg/ml (Banzel) | NP | PA |
| SABRIL - vigabatrin tab 500 mg | NP | PA, SP |
| SABRIL - vigabatrin powd pack 500 mg | NP | PA, SP |
| SPRITAM - levetiracetam tab disintegrating soluble 250 mg | NP | PA |
| SPRITAM - levetiracetam tab disintegrating soluble 500 mg | NP | PA |
| SPRITAM - levetiracetam tab disintegrating soluble 750 mg | NP | PA |
| SPRITAM - levetiracetam tab disintegrating soluble 1000 mg | NP | PA |
| SYMPAZAN - clobazam oral film 5 mg | NP | PA, QL (240 films/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| SYMPAZAN - clobazam oral film 10 mg | NP | PA, QL (60 films/30 days) |
| SYMPAZAN - clobazam oral film 20 mg | NP | PA, QL (60 films/30 days) |
| TEGRETOL - carbamazepine tab 200 mg | NP | PA |
| TEGRETOL - carbamazepine susp 100 mg/5ml | NP | PA |
| TEGRETOL-XR - carbamazepine tab er 12hr 100 mg | NP | PA |
| TEGRETOL-XR - carbamazepine tab er 12hr 200 mg | NP | PA |
| TEGRETOL-XR - carbamazepine tab er 12hr 400 mg | NP | PA |
| tiagabine hcl tab 2 mg (Gabitril) | NP | PA |
| tiagabine hcl tab 4 mg (Gabitril) | NP | PA |
| tiagabine hcl tab 12 mg (Gabitril) | NP | PA |
| tiagabine hcl tab 16 mg (Gabitril) | NP | PA |
| TOPAMAX - topiramate tab 25 mg | NP | PA |
| TOPAMAX - topiramate tab 50 mg | NP | PA |
| TOPAMAX - topiramate tab 100 mg | NP | PA |
| TOPAMAX - topiramate tab 200 mg | NP | PA |
| TOPAMAX SPRINKLE - topiramate sprinkle cap 15 mg | NP | PA |
| TOPAMAX SPRINKLE - topiramate sprinkle cap 25 mg | NP | PA |
| topiramate sprinkle cap 15 mg (Topamax sprinkle) | P | |
| topiramate sprinkle cap 25 mg (Topamax sprinkle) | P | |
| topiramate tab 25 mg (Topamax) | P | |
| topiramate tab 50 mg (Topamax) | P | |
| topiramate tab 100 mg (Topamax) | P | |
| topiramate tab 200 mg (Topamax) | P | |
| TRILEPTAL - oxcarbazepine susp 300 mg/5ml (60 mg/ml) | NP | PA |
| TRILEPTAL - oxcarbazepine tab 150 mg | NP | PA |
| TRILEPTAL - oxcarbazepine tab 300 mg | NP | PA |
| TRILEPTAL - oxcarbazepine tab 600 mg | NP | PA |
| TROKENDI XR - topiramate cap er 24hr 25 mg | NP | PA |
| TROKENDI XR - topiramate cap er 24hr 50 mg | NP | PA |
| TROKENDI XR - topiramate cap er 24hr 100 mg | NP | PA |
| TROKENDI XR - topiramate cap er 24hr 200 mg | NP | PA |
| valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene) | P | |
| valproic acid cap 250 mg (Depakene) | P | |
| VALTOCO - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose) | P | QL (5 boxes/30 days) |
| VALTOCO - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose) | P | QL (5 boxes/30 days) |
| VALTOCO - diazepam nasal spray 5 mg/0.1 ml | P | QL (5 boxes/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| VALTOCO - diazepam nasal spray 10 mg/0.1 ml | P | QL (5 boxes/30 days) |
| vigabatrin powd pack 500 mg (Sabril) | NP | PA, SP |
| vigabatrin tab 500 mg (Sabril) | NP | PA, SP |
| VIMPAT - lacosamide oral solution 10 mg/ml | NP | PA |
| VIMPAT - lacosamide tab 50 mg | NP | PA |
| VIMPAT - lacosamide tab 100 mg | NP | PA |
| VIMPAT - lacosamide tab 150 mg | NP | PA |
| VIMPAT - lacosamide tab 200 mg | NP | PA |
| XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg | NP | PA |
| XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg | NP | PA |
| XCOPRI - cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg | NP | PA |
| XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose) | NP | PA |
| XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose) | NP | PA |
| XCOPRI - cenobamate tab 50 mg | NP | PA |
| XCOPRI - cenobamate tab 100 mg | NP | PA |
| XCOPRI - cenobamate tab 150 mg | NP | PA |
| XCOPRI - cenobamate tab 200 mg | NP | PA |
| ZARONTIN - ethosuximide cap 250 mg | NP | PA |
| ZARONTIN - ethosuximide soln 250 mg/5ml | NP | PA |
| ZONEGRAN - zonisamide cap 25 mg | NP | PA |
| ZONEGRAN - zonisamide cap 100 mg | NP | PA |
| zonisamide cap 25 mg (Zonegran) | P | |
| zonisamide cap 50 mg | P | |
| zonisamide cap 100 mg (Zonegran) | P | |
| PARKINSON'S DISEASE | | |
| amantadine hcl cap 100 mg | C | |
| amantadine hcl soln 50 mg/5ml | C | |
| benztropine mesylate tab 0.5 mg | C | |
| benztropine mesylate tab 1 mg | C | |
| benztropine mesylate tab 2 mg | C | |
| bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel) | C | |
| bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel) | C | |
| carbidopa & levodopa tab er 25-100 mg (Sinemet cr) | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| carbidopa & levodopa tab er 50-200 mg (Sinemet cr) | P | |
| carbidopa & levodopa tab 10-100 mg (Sinemet) | P | |
| carbidopa & levodopa tab 25-100 mg (Sinemet) | P | |
| carbidopa & levodopa tab 25-250 mg (Sinemet) | P | |
| CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 10-100 mg | P | |
| CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 25-100 mg | P | |
| CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 25-250 mg | P | |
| CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 12.5-50-200 mg | P | |
| CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 18.75-75-200 mg | P | |
| CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 25-100-200 mg | P | |
| CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 31.25-125-200 mg | P | |
| CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 37.5-150-200 mg | P | |
| CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 50-200-200 mg | P | |
| entacapone tab 200 mg (Comtan) | P | |
| GOCOVRI - amantadine hcl cap er 24hr 68.5 mg (base equivalent) | NP | PA, SP |
| GOCOVRI - amantadine hcl cap er 24hr 137 mg (base equivalent) | NP | PA, SP |
| INBRIJA - levodopa inhal powder cap 42 mg | NP | PA, SP |
| KYNMOBI - apomorphine hydrochloride film 10 mg | NP | PA |
| KYNMOBI - apomorphine hydrochloride film 15 mg | NP | PA |
| KYNMOBI - apomorphine hydrochloride film 20 mg | NP | PA |
| KYNMOBI - apomorphine hydrochloride film 25 mg | NP | PA |
| KYNMOBI - apomorphine hydrochloride film 30 mg | NP | PA |
| MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 0.375 mg | NP | PA |
| MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 0.75 mg | NP | PA |
| MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 1.5 mg | NP | PA |
| MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 2.25 mg | NP | PA |
| MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 3 mg | NP | PA |
| MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 3.75 mg | NP | PA |
| MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 4.5 mg | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| NOURIANZ - istradefylline tab 20 mg | NP | PA, SP |
| NOURIANZ - istradefylline tab 40 mg | NP | PA, SP |
| ONGENTYS - opicapone cap 25 mg | NP | PA |
| ONGENTYS - opicapone cap 50 mg | NP | PA |
| pramipexole dihydrochloride tab er 24hr 0.375 mg (Mirapex er) | NP | PA |
| pramipexole dihydrochloride tab er 24hr 0.75 mg (Mirapex er) | NP | PA |
| pramipexole dihydrochloride tab er 24hr 1.5 mg (Mirapex er) | NP | PA |
| pramipexole dihydrochloride tab er 24hr 2.25 mg (Mirapex er) | NP | PA |
| pramipexole dihydrochloride tab er 24hr 3 mg (Mirapex er) | NP | PA |
| pramipexole dihydrochloride tab er 24hr 3.75 mg (Mirapex er) | NP | PA |
| pramipexole dihydrochloride tab er 24hr 4.5 mg (Mirapex er) | NP | PA |
| pramipexole dihydrochloride tab 0.125 mg (Mirapex) | P | |
| pramipexole dihydrochloride tab 0.25 mg (Mirapex) | P | |
| pramipexole dihydrochloride tab 0.5 mg (Mirapex) | P | |
| pramipexole dihydrochloride tab 0.75 mg (Mirapex) | P | |
| pramipexole dihydrochloride tab 1 mg (Mirapex) | P | |
| pramipexole dihydrochloride tab 1.5 mg (Mirapex) | P | |
| ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) | NP | PA |
| ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (Requip xl) | NP | PA |
| ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) | NP | PA |
| ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (Requip xl) | NP | PA |
| ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) | NP | PA |
| ropinirole hydrochloride tab 0.25 mg | P | |
| ropinirole hydrochloride tab 0.5 mg | P | |
| ropinirole hydrochloride tab 1 mg | P | |
| ropinirole hydrochloride tab 2 mg | P | |
| ropinirole hydrochloride tab 3 mg | P | |
| ropinirole hydrochloride tab 4 mg | P | |
| ropinirole hydrochloride tab 5 mg | P | |
| RYTARY - carbidopa & levodopa cap er 23.75-95 mg | NP | PA |
| RYTARY - carbidopa & levodopa cap er 36.25-145 mg | NP | PA |
| RYTARY - carbidopa & levodopa cap er 48.75-195 mg | NP | PA |
| RYTARY - carbidopa & levodopa cap er 61.25-245 mg | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| SELEGILINE HCL - selegiline hcl tab 5 mg | C | |
| selegiline hcl cap 5 mg | C | |
| SINEMET - carbidopa & levodopa tab 10-100 mg | NP | PA |
| SINEMET - carbidopa & levodopa tab 25-100 mg | NP | PA |
| STALEVO 100 - carbidopa-levodopa-entacapone tabs 25-100-200 mg | NP | PA |
| STALEVO 125 - carbidopa-levodopa-entacapone tabs 31.25-125-200 mg | NP | PA |
| STALEVO 150 - carbidopa-levodopa-entacapone tabs 37.5-150-200 mg | NP | PA |
| STALEVO 200 - carbidopa-levodopa-entacapone tabs 50-200-200 mg | NP | PA |
| STALEVO 50 - carbidopa-levodopa-entacapone tabs 12.5-50-200 mg | NP | PA |
| STALEVO 75 - carbidopa-levodopa-entacapone tabs 18.75-75-200 mg | NP | PA |
| tolcapone tab 100 mg (Tasmar) | NP | PA |
| trihexyphenidyl hcl oral soln 0.4 mg/ml | C | |
| trihexyphenidyl hcl tab 2 mg | C | |
| trihexyphenidyl hcl tab 5 mg | C | |
| XADAGO - safinamide mesylate tab 50 mg (base equiv) | NP | PA |
| XADAGO - safinamide mesylate tab 100 mg (base equiv) | NP | PA |
| MUSCLE RELAXANTS | | |
| baclofen tab 10 mg | C | |
| baclofen tab 20 mg | C | |
| chlorzoxazone tab 500 mg | C | |
| cyclobenzaprine hcl tab 5 mg | C | |
| cyclobenzaprine hcl tab 10 mg | C | |
| dantrolene sodium cap 25 mg (Dantrium) | C | |
| dantrolene sodium cap 50 mg (Dantrium) | C | |
| methocarbamol tab 500 mg (Robaxin) | C | |
| methocarbamol tab 750 mg (Robaxin-750) | C | |
| orphenadrine citrate tab er 12hr 100 mg | C | |
| tizanidine hcl tab 2 mg (base equivalent) | C | |
| tizanidine hcl tab 4 mg (base equivalent) (Zanaflex) | C | |
| OTHER NEUROMUSCULAR DRUGS | | |
| EVRYSDI - risdiplam for soln 0.75 mg/ml | C | PA, QL (240 mls/30 days), SP |
| FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent) | C | PA, QL (240 tablets/30 days), SP |
| pyridostigmine bromide tab 60 mg (Mestinon) | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| riluzole tab 50 mg (Rilutek) | C | SP |
| RUZURGI - amifampridine tab 10 mg | C | PA, QL (300 tablets/30 days), SP |
| SUPPLEMENTS | | |
| VITAMINS | | |
| ascorbic acid chew tab 500 mg | OTC-C | |
| ascorbic acid tab 250 mg | OTC-C | |
| ascorbic acid tab 500 mg | OTC-C | |
| ascorbic acid tab 1000 mg | OTC-C | |
| BETA CAROTENE - beta carotene cap 10000 unit | OTC-C | |
| beta carotene cap 25000 unit | OTC-C | |
| cholecalciferol cap 10 mcg (400 unit) | OTC-C | |
| cholecalciferol cap 25 mcg (1000 unit) | OTC-C | |
| cholecalciferol cap 50 mcg (2000 unit) | OTC-C | |
| cholecalciferol cap 125 mcg (5000 unit) | OTC-C | |
| cholecalciferol cap 1.25 mg (50000 unit) | OTC-C | |
| cholecalciferol oral liquid 10 mcg/ml (400 unit/ml) | OTC-C | |
| cholecalciferol tab 10 mcg (400 unit) | OTC-C | |
| cholecalciferol tab 25 mcg (1000 unit) | OTC-C | |
| ergocalciferol cap 1.25 mg (50000 unit) (Drisdol) | C | |
| ergocalciferol soln 200 mcg/ml (8000 unit/ml) | OTC-C | |
| E600 - vitamin e cap 270 mg (600 unit) | OTC-C | |
| niacin cap er 250 mg | P | |
| niacin cap er 500 mg | P | |
| niacin tab er 250 mg | P | |
| niacin tab er 500 mg | P | |
| niacin tab er 750 mg | P | |
| niacin tab 50 mg | P | |
| niacin tab 100 mg | P | |
| niacin tab 250 mg | P | |
| niacin tab 500 mg | P | |
| NIACIN TR - niacin tab er 1000 mg | P | |
| phytonadione tab 5 mg (Mephyton) | C | |
| pyridoxine hcl tab 25 mg | OTC-C | |
| pyridoxine hcl tab 50 mg | OTC-C | |
| pyridoxine hcl tab 100 mg | OTC-C | |
| riboflavin tab 100 mg | OTC-C | |
| thiamine hcl tab 50 mg | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| thiamine hcl tab 100 mg | OTC-C | |
| thiamine hcl tab 250 mg | OTC-C | |
| vitamin a cap 2400 mcg (8000 unit) | OTC-C | |
| vitamin a cap 3 mg (10000 unit) | OTC-C | |
| vitamin a cap 7.5 mg (25000 unit) | OTC-C | |
| vitamin e cap 45 mg (100 unit) | OTC-C | |
| vitamin e cap 100 unit | OTC-C | |
| vitamin e cap 90 mg (200 unit) | OTC-C | |
| vitamin e cap 134 mg (200 unit) | OTC-C | |
| vitamin e cap 200 unit | OTC-C | |
| vitamin e cap 400 unit | OTC-C | |
| vitamin e cap 450 mg (1000 unit) | OTC-C | |
| vitamin e cap 670 mg (1000 unit) | OTC-C | |
| vitamin e cap 1000 unit | OTC-C | |
| vitamin e cap 180 mg (400 unit) | OTC-C | |
| vitamin e cap 268 mg (400 unit) | OTC-C | |
| MULTIVITAMINS | | |
| ADVANCED DIABETIC MULTIVITAMIN FORMULA - multiple vitamins w/ minerals tab | OTC-C | |
| ALIVE MENS ENERGY - multiple vitamins w/ minerals tab | OTC-C | |
| ALIVE ONCE DAILY WOMENS 50+ ULTRA POTENCY - multiple vitamins w/ minerals tab | OTC-C | |
| ALIVE WOMENS ENERGY - multiple vitamins w/ minerals tab | OTC-C | |
| ALIVE WOMENS 50+ - multiple vitamins w/ minerals tab | OTC-C | |
| ANIMAL SHAPES/IRON - pediatric multiple vitamins w/ iron chew tab 18 mg | OTC-C | |
| b-complex w/ c & folic acid cap 1 mg | C | |
| b-complex w/ c & folic acid tab | C | |
| b-complex w/ c & folic acid tab | OTC-C | |
| b-complex w/ c & folic acid tab 0.8 mg | OTC-C | |
| b-complex w/ c & folic acid tab 1 mg (Nephro-vite rx) | C | |
| b-complex w/ c & folic acid tab 5 mg | C | |
| BASIC AM - multiple vitamins w/ minerals tab | OTC-C | |
| BASIC PM - multiple vitamins w/ minerals tab | OTC-C | |
| BIO-35 GLUTEN-FREE - multiple vitamins w/ minerals cap | OTC-C | |
| BIO-35 IRON FREE - multiple vitamins w/ minerals cap | OTC-C | |
| BIOCAL - multiple vitamins w/ minerals cap | OTC-C | |
| BPROTECTED PEDIA POLY-VITE - pediatric multiple vitamin drops | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| BPROTECTED PEDIA POLY-VITE/IRON - pediatric multiple vitamins w/ iron drops 10 mg/ml | OTC-C | |
| BURIED TREASURE ACTIVE 55 - multiple vitamins w/ minerals liquid | OTC-C | |
| CAL-DAY 1000 - multiple vitamins w/ minerals tab | OTC-C | |
| CENTRAVITES ADULTS - multiple vitamins w/ minerals tab | OTC-C | |
| CENTRAVITES 50 PLUS - multiple vitamins w/ minerals tab | OTC-C | |
| CENTRUM CARDIO - multiple vitamins w/ minerals tab | OTC-C | |
| CENTRUM KIDS - pediatric multiple vitamin w/ minerals & c chew tab | OTC-C | |
| CENTRUM MEN - multiple vitamins w/ minerals tab | OTC-C | |
| CENTRUM SILVER ULTRA WOMENS - multiple vitamins w/ minerals tab | OTC-C | |
| CENTRUM SPECIALIST HEART - multiple vitamins w/ minerals tab | OTC-C | |
| CENTRUM SPECIALIST IMMUNE SUPPORT - multiple vitamins w/ minerals tab | OTC-C | |
| CENTRUM SPECIALIST VISION - multiple vitamins w/ minerals tab | OTC-C | |
| CENTRUM ULTRA WOMENS - multiple vitamins w/ minerals tab | OTC-C | |
| CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS - multiple vitamins w/ minerals tab | OTC-C | |
| CHOICEFUL MULTIVITAMIN - multiple vitamins w/ minerals cap | OTC-C | |
| CLASSIC PRENATAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg | OTC-C | |
| CLINICAL NUTRIENTS ANTIOXIDANT - multiple vitamins w/ minerals cap | OTC-C | |
| CLINICAL NUTRIENTS FOR FEMALE TEENS - multiple vitamins w/ minerals tab | OTC-C | |
| CLINICAL NUTRIENTS FOR MALE TEENS - multiple vitamins w/ minerals tab | OTC-C | |
| CLINICAL NUTRIENTS FOR MEN - multiple vitamins w/ minerals tab | OTC-C | |
| CLINICAL NUTRIENTS FOR WOMEN - multiple vitamins w/ minerals tab | OTC-C | |
| CLINICAL NUTRIENTS 45-PLUS WOMEN - multiple vitamins w/ minerals tab | OTC-C | |
| CLINICAL NUTRIENTS 50-PLUS MEN - multiple vitamins w/ minerals tab | OTC-C | |
| CVS ONE DAILY MENS 50+ ADVANCED - multiple vitamins w/ minerals tab | OTC-C | |
| CVS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| CVS SPECTRAVITE ULTRA MENS HEALTH - multiple vitamins w/ minerals tab | OTC-C | |
| CVS SPECTRAVITE ULTRA WOMENS HEALTH - multiple vitamins w/ minerals tab | OTC-C | |
| DECUBI-VITE - multiple vitamins w/ minerals cap | OTC-C | |
| DEKAS PLUS - multiple vitamins w/ minerals cap | OTC-C | |
| DERMAVITE - multiple vitamins w/ minerals tab | OTC-C | |
| EQ COMPLETE MULTIVITAMIN - multiple vitamins w/ minerals tab | OTC-C | |
| EQ ONE DAILY MENS HEALTH - multiple vitamins w/ minerals tab | OTC-C | |
| EQ ONE DAILY WOMENS HEALTH - multiple vitamins w/ minerals tab | OTC-C | |
| EQL ONE DAILY MENS - multiple vitamins w/ minerals tab | OTC-C | |
| EQL PRENATAL FORMULA - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg | OTC-C | |
| FITNESS TABS FOR MEN AM/PM/LYCOPENE - multiple vitamins w/ minerals tab | OTC-C | |
| FITNESS TABS FOR WOMEN AM/PM/LYCOPENE - multiple vitamins w/ minerals tab | OTC-C | |
| FLINTSTONES COMPLETE - pediatric multiple vitamins w/ iron chew tab 10 mg | OTC-C | |
| FLORIVA PLUS - pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml | C | |
| FREEDAVITE - multiple vitamins w/ minerals tab | OTC-C | |
| FULL SPECTRUM B/VITAMIN C - b-complex w/ c & folic acid tab 0.8 mg | OTC-C | |
| GERI-FREEDA SENIOR FORMULA - multiple vitamins w/ minerals tab | OTC-C | |
| GNP PRENATAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg | OTC-C | |
| HAIR/SKIN/NAILS - multiple vitamins w/ minerals cap | OTC-C | |
| ICAPS AREDS FORMULA - multiple vitamins w/ minerals tab | OTC-C | |
| K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH - multiple vitamins w/ minerals tab | OTC-C | |
| KP PRENATAL MULTIVITAMINS - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg | OTC-C | |
| M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg | C | |
| MEGA MULTIVITAMIN FOR MEN - multiple vitamins w/ minerals tab | OTC-C | |
| MEGA MULTIVITAMIN FOR WOMEN - multiple vitamins w/ minerals tab | OTC-C | |
| MEGAVITE FRUITS & VEGGIES - multiple vitamins w/ minerals tab | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| MEGAVITE GOLDEN YEARS 55+ - multiple vitamins w/ minerals tab | OTC-C | |
| MENS MULTI VITAMIN & MINERAL FORMULA - multiple vitamins w/ minerals tab | OTC-C | |
| MENS 50+ ADVANCED - multiple vitamins w/ minerals cap | OTC-C | |
| MENS 50+ MULTI VITAMIN & MINERAL FORMULA - multiple vitamins w/ minerals tab | OTC-C | |
| MULTI PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg | OTC-C | |
| MULTI VITAMIN - multiple vitamin tab | OTC-C | |
| MULTI VITAMIN/D-3 - multiple vitamin tab | OTC-C | |
| MULTI-BETIC DIABETES - multiple vitamins w/ minerals tab | OTC-C | |
| MULTI-VITAMIN MONOCAPS - multiple vitamins w/ minerals tab | OTC-C | |
| multiple vitamin tab | OTC-C | |
| multiple vitamins w/ iron tab | OTC-C | |
| multiple vitamins w/ minerals cap | OTC-C | |
| multiple vitamins w/ minerals liquid | OTC-C | |
| multiple vitamins w/ minerals tab (Strovite forte) | OTC-C | |
| MULTIVITAMIN ADULTS - multiple vitamins w/ minerals tab | OTC-C | |
| MULTIVITAMIN MEN - multiple vitamins w/ minerals tab | OTC-C | |
| MULTIVITAMIN/FLUORIDE - pediatric multiple vitamins w/ fluoride chew tab 0.25 mg | C | |
| MULTIVITAMIN/FLUORIDE - pediatric multiple vitamins w/ fluoride chew tab 0.5 mg | C | |
| MULTIVITAMIN/FLUORIDE - pediatric multiple vitamins w/ fluoride chew tab 1 mg | C | |
| MVW COMPLETE FORMULATION - multiple vitamins w/ minerals cap | OTC-C | |
| NATRUL-VITES - multiple vitamins w/ minerals tab | OTC-C | |
| NIVA-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg | C | |
| NO IRON MULTIPLE VITAMIN/MINERALS - multiple vitamins w/ minerals tab | OTC-C | |
| OCUVITE ADULT FORMULA - multiple vitamins w/ minerals cap | OTC-C | |
| OCUVITE ADULT 50+ - multiple vitamins w/ minerals cap | OTC-C | |
| OCUVITE LUTEIN - multiple vitamins w/ minerals cap | OTC-C | |
| OMNICAP - multiple vitamin tab | OTC-C | |
| ONCOVITE - multiple vitamins w/ minerals tab | OTC-C | |
| ONE DAILY MENS FORMULA W/O IRON - multiple vitamins w/ minerals tab | OTC-C | |
| ONE-A-DAY ENERGY - multiple vitamins w/ minerals tab | OTC-C | |
| ONE-A-DAY MENOPAUSE FORMULA - multiple vitamins w/ minerals tab | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| ONE-A-DAY MENS HEALTH FORMULA - multiple vitamins w/ minerals tab | OTC-C | |
| ONE-A-DAY MENS PRO EDGE - multiple vitamins w/ minerals tab | OTC-C | |
| ONE-A-DAY MENS 50+ ADVANTAGE - multiple vitamins w/ minerals tab | OTC-C | |
| ONE-A-DAY TEEN ADVANTAGE - multiple vitamins w/ minerals tab | OTC-C | |
| OPURITY - multiple vitamins w/ minerals tab | OTC-C | |
| PARVLEX - multiple vitamins w/ minerals tab | OTC-C | |
| PC PEDIATRIC POLY-VITAMIN - pediatric multiple vitamin drops | OTC-C | |
| pediatric multiple vitamin w/ c & fa chew tab | OTC-C | |
| pediatric multiple vitamin w/ minerals & c chew tab | OTC-C | |
| pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml | C | |
| pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml | C | |
| pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml | C | |
| pediatric multiple vitamins w/ iron chew tab 15 mg | OTC-C | |
| pediatric multiple vitamins w/ iron chew tab 18 mg | OTC-C | |
| pediatric vitamins acid w/ fluoride soln 0.25 mg/ml | C | |
| pediatric vitamins acid w/ fluoride soln 0.5 mg/ml | C | |
| POLY-VI-SOL - pediatric multiple vitamin drops | OTC-C | |
| POLY-VI-SOL/IRON - pediatric multiple vitamins w/ iron drops 11 mg/ml | OTC-C | |
| POLY-VITA - pediatric multiple vitamin drops | OTC-C | |
| POLY-VITE PEDIATRIC - pediatric multiple vitamin drops | OTC-C | |
| POLY-VITE/IRON - pediatric multiple vitamins w/ iron drops 11 mg/ml | OTC-C | |
| PRE-NATAL FORMULA - prenatal multivitamins & minerals w/ iron & fa tab 0.8 mg | OTC-C | |
| PRENATABS RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg | C | |
| PRENATAL - prenatal multivitamins & minerals w/iron & fa tab 0.8 mg | OTC-C | |
| PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg | OTC-C | |
| PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg | C | |
| PRENATAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg | OTC-C | |
| PRENATAL AND IRON - prenatal multivitamins & minerals w/ iron & fa tab 0.8 mg | OTC-C | |
| PRENATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 14-0.4 mg | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| PRENATAL FORTE - prenatal multivitamins & minerals w/iron & fa tab 0.8 mg | OTC-C | |
| PRENATAL MULTIVITAMIN - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg | OTC-C | |
| PRENATAL ONE DAILY - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg | OTC-C | |
| PRENATAL PLUS IRON - prenatal vit w/ iron carbonyl-fa tab 29-1 mg | C | |
| prenatal vit w/ fe fumarate-fa tab 28-0.8 mg | OTC-C | |
| PRENATAL VITAMIN - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg | OTC-C | |
| PRENATAL VITAMIN & MINERAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg | OTC-C | |
| PRENATAL VITAMIN/IRON - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg | OTC-C | |
| PRENATAL VITAMINS - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg | OTC-C | |
| PRENATAL VITAMINS PLUS LOW IRON - prenatal vit w/ fe fumarate-fa tab 27-1 mg | C | |
| PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg | C | |
| PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg | C | |
| PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg | C | |
| PREPLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg | C | |
| PRESERVISION AREDS - multiple vitamins w/ minerals cap | OTC-C | |
| PRESERVISION AREDS - multiple vitamins w/ minerals tab | OTC-C | |
| PRESERVISION AREDS 2 - multiple vitamins w/ minerals cap | OTC-C | |
| PRESERVISION/LUTEIN - multiple vitamins w/ minerals cap | OTC-C | |
| PRO-CAL - multiple vitamins w/ minerals tab | OTC-C | |
| PROCERV HP - multiple vitamins w/ minerals tab | OTC-C | |
| PRORENAL+D - multiple vitamins w/ minerals tab | OTC-C | |
| PRORENAL+D/OMEGA-3 - multiple vitamins w/ minerals cap | OTC-C | |
| PROTECT CARDIO AF - multiple vitamins w/ minerals cap | OTC-C | |
| PROTECT PLUS SO - multiple vitamins w/ minerals cap | OTC-C | |
| PROVIT - multiple vitamins w/ minerals tab | OTC-C | |
| PX PRENATAL MULTIVITAMINS - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg | OTC-C | |
| QC PRENATAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg | OTC-C | |
| QUIN B STRONG - multiple vitamins w/ minerals tab | OTC-C | |
| QUINTABS - multiple vitamin tab | OTC-C | |
| QUINTABS-M - multiple vitamins w/ minerals tab | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| RA PRENATAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg | OTC-C | |
| RA PRENATAL FORMULA/FOLICACID - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg | OTC-C | |
| RENAPLEX-D - multiple vitamins w/ minerals tab | OTC-C | |
| SAVISION - multiple vitamins w/ minerals cap | OTC-C | |
| SENTRY - multiple vitamins w/ minerals tab | OTC-C | |
| SENTRY SENIOR/LUTEIN - multiple vitamins w/ minerals tab | OTC-C | |
| SM B-COMPLEX/VITAMIN C - b-complex w/ c & folic acid tab | OTC-C | |
| SM ONE DAILY MENS - multiple vitamins w/ minerals tab | OTC-C | |
| SM ONE DAILY WOMENS - multiple vitamins w/ minerals tab | OTC-C | |
| SM PRENATAL VITAMINS - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg | OTC-C | |
| SOLO - multiple vitamins w/ minerals tab | OTC-C | |
| SOURCECF - multiple vitamins w/ minerals cap | OTC-C | |
| speciality vitamin product tab | C | |
| SUPER ANTIOXIDANT - multiple vitamins w/ minerals cap | OTC-C | |
| T-VITES - multiple vitamins w/ minerals tab | OTC-C | |
| THERA - multiple vitamin tab | OTC-C | |
| THERA M PLUS - multiple vitamins w/ minerals tab | OTC-C | |
| THERA-M - multiple vitamins w/ minerals tab | OTC-C | |
| THERA-TABS M - multiple vitamins w/ minerals tab | OTC-C | |
| THERABETIC MULTI-VITAMIN - multiple vitamins w/ minerals tab | OTC-C | |
| THERAGRAN-M - multiple vitamins w/ minerals tab | OTC-C | |
| THERAGRAN-M ADVANCED - multiple vitamins w/ minerals tab | OTC-C | |
| THERAGRAN-M ADVANCED 50 PLUS - multiple vitamins w/ minerals tab | OTC-C | |
| THERAGRAN-M PREMIER - multiple vitamins w/ minerals tab | OTC-C | |
| THERAGRAN-M PREMIER 50 PLUS - multiple vitamins w/ minerals tab | OTC-C | |
| THEREMS-M - multiple vitamins w/ minerals tab | OTC-C | |
| TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg | C | |
| VITABEX - multiple vitamins w/ minerals cap | OTC-C | |
| VITALINE BIOTIN FORTE - b-complex w/ c & folic acid tab 0.8 mg | OTC-C | |
| VITALINE TOTAL FORMULA 2 - multiple vitamins w/ minerals tab | OTC-C | |
| VITALINE TOTAL FORMULA 3 - multiple vitamins w/ minerals tab | OTC-C | |
| VITAMIN D3 COMPLETE - multiple vitamins w/ minerals tab | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| VITASANA - multiple vitamins w/ minerals tab | OTC-C | |
| VITATRUM - multiple vitamins w/ minerals tab | OTC-C | |
| VITRUM 50+ SENIOR MULTI - multiple vitamins w/ minerals tab | OTC-C | |
| WHOLE FOOD MULTIVITAMIN - multiple vitamins w/ minerals tab | OTC-C | |
| WOMENS MULTI VITAMIN & MINERAL FORMULA - multiple vitamins w/ minerals tab | OTC-C | |
| WOMENS 50+ MULTI VITAMIN - multiple vitamins w/ minerals tab | OTC-C | |
| YELETS TEENAGE FORMULA - multiple vitamins w/ minerals tab | OTC-C | |
| MINERALS AND ELECTROLYTES | | |
| CAL-CITRATE PLUS VITAMIN D - calcium citrate-vitamin d tab 250 mg-100 unit (elemental ca) | OTC-C | |
| CAL-QUICK - calcium carbonate-cholecalciferol liquid 500-400 mg-unit/5ml | OTC-C | |
| CALCET CREAMY BITES - calcium citrate-vitamin d chew tab 500 mg-400 unit | OTC-C | |
| CALCIUM - calcium carbonate-cholecalciferol chew tab 500 mg-100 unit | OTC-C | |
| calcium carb-vit d w/ minerals chew tab 600 mg-400 unit | OTC-C | |
| calcium carb-vit d w/ minerals chew tab 600 mg-800 unit | OTC-C | |
| calcium carb-vit d w/ minerals tabs 600 mg-200 unit | OTC-C | |
| calcium carb-vit d w/ minerals tabs 600 mg-400 unit | OTC-C | |
| calcium carb-vit d w/ minerals tabs 600 mg-800 unit | OTC-C | |
| CALCIUM CARBONATE - calcium carbonate chew tab 1250 mg (500 mg elemental ca) | OTC-C | |
| calcium carbonate tab 600 mg | OTC-C | |
| calcium carbonate tab 1250 mg (500 mg elemental ca) | OTC-C | |
| calcium carbonate tab 1500 mg (600 mg elemental ca) | OTC-C | |
| calcium carbonate-cholecalciferol cap 600 mg-500 unit | OTC-C | |
| calcium carbonate-cholecalciferol chew tab 500 mg-400 unit | OTC-C | |
| calcium carbonate-cholecalciferol chew tab 500 mg-600 unit | OTC-C | |
| calcium carbonate-cholecalciferol chew tab 600 mg-400 unit | OTC-C | |
| calcium carbonate-cholecalciferol tab 250 mg-125 unit | OTC-C | |
| calcium carbonate-cholecalciferol tab 500 mg-125 unit | OTC-C | |
| calcium carbonate-cholecalciferol tab 500 mg-200 unit | OTC-C | |
| calcium carbonate-cholecalciferol tab 500 mg-400 unit | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| calcium carbonate-cholecalciferol tab 500 mg-600 unit | OTC-C | |
| calcium carbonate-cholecalciferol tab 600 mg-200 unit | OTC-C | |
| calcium carbonate-cholecalciferol tab 600 mg-400 unit | OTC-C | |
| calcium carbonate-cholecalciferol tab 600 mg-800 unit | OTC-C | |
| calcium carbonate-vitamin d cap 600 mg-200 unit | OTC-C | |
| calcium carbonate-vitamin d tab 250 mg-125 unit | OTC-C | |
| calcium carbonate-vitamin d tab 500 mg-200 unit | OTC-C | |
| calcium carbonate-vitamin d tab 600 mg-125 unit | OTC-C | |
| calcium carbonate-vitamin d tab 600 mg-200 unit | OTC-C | |
| calcium carbonate-vitamin d tab 600 mg-400 unit | OTC-C | |
| calcium citrate tab 950 mg (200 mg elemental ca) | OTC-C | |
| CALCIUM CITRATE W/D - calcium citrate-vitamin d tab 200 mg-125 unit (elemental ca) | OTC-C | |
| CALCIUM CITRATE W/VITAMIN D - calcium citrate-vitamin d tab 250 mg-50 unit (elemental ca) | OTC-C | |
| calcium citrate-vitamin d chew tab 500 mg-500 unit | OTC-C | |
| calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca) | OTC-C | |
| calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca) | OTC-C | |
| calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca) | OTC-C | |
| calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) | OTC-C | |
| CALCIUM CITRATE/VITAMIN D3 - calcium citrate-vit d liqd 1000 mg/30ml-400 unit/30ml | OTC-C | |
| CALCIUM PLUS VITAMIN D - calcium carbonate-vitamin d cap 300 mg-100 unit | OTC-C | |
| CALCIUM PLUS VITAMIN D - calcium carbonate-vitamin d cap 500 mg-50 unit (base equiv) | OTC-C | |
| CALCIUM 1000 + D - calcium carbonate-cholecalciferol tab 1000 mg-800 unit | OTC-C | |
| CALCIUM 1200 - calcium carb-vit d w/ minerals chew tab 1200 mg-1000 unit | OTC-C | |
| CALCIUM/VITAMIN D - calcium carbonate-cholecalciferol cap 600 mg-400 unit | OTC-C | |
| calcium 500 mg w/ vitamin d tab | OTC-C | |
| calcium 600 mg w/ vitamin d tab | OTC-C | |
| CALTRATE MINIS PLUS MINERALS - calcium carb-vit d w/ minerals tabs 300 mg-800 unit | OTC-C | |
| CALTRATE 600+D3 SOFT CHEWS - calcium carbonate-cholecalciferol chew tab 600 mg-800 unit | OTC-C | |
| CERASPORT - oral electrolyte solution | OTC-C | |
| CERASPORT EX1 - oral electrolyte solution | OTC-C | |
| ENFAMIL ENFALYTE - oral electrolyte solution | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| EQL CALCIUM/VITAMIN D - calcium carbonate-cholecalciferol cap 600 mg-100 unit | OTC-C | |
| LIQUID CALCIUM WITH D3 MAXIMUM STRENGTH - calcium carbonate-cholecalciferol cap 600 mg-1000 unit | OTC-C | |
| MAG-G - magnesium gluconate tab 500 mg (27 mg elemental mg) | OTC-C | |
| magnesium chloride tab dr 64 mg (elemental mg) | OTC-C | |
| MAGNESIUM GLUCONATE - magnesium gluconate tab 500 mg | OTC-C | |
| magnesium gluconate tab 27.5 mg (elemental mg) | OTC-C | |
| magnesium oxide tab 400 mg (240 mg elemental mg) | OTC-C | |
| magnesium oxide tab 400 mg (241.3 mg elemental mg) | OTC-C | |
| magnesium oxide tab 250 mg (mg supplement) | OTC-C | |
| magnesium oxide tab 500 mg (mg supplement) | OTC-C | |
| magnesium tab 250 mg | OTC-C | |
| oral electrolyte solution | OTC-C | |
| OYSTER SHELL CALCIUM PLUS VITAMIN D - calcium carbonate-cholecalciferol tab 333 mg-133 unit | OTC-C | |
| oyster shell calcium tab 500 mg | OTC-C | |
| OYSTER SHELL CALCIUM 500 - calcium carbonate-vitamin d tab 500 mg-125 unit | OTC-C | |
| OYSTER SHELL CALCIUM/D - calcium carbonate-vitamin d tab 500 mg-200 unit | OTC-C | |
| OYSTER SHELL CALCIUM/VITAMIN D - calcium carbonate-cholecalciferol tab 250 mg-250 unit | OTC-C | |
| pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral) | C | |
| potassium chloride cap er 8 meq | C | |
| potassium chloride cap er 10 meq | C | |
| potassium chloride microencapsulated crys er tab 10 meq | C | |
| potassium chloride microencapsulated crys er tab 20 meq | C | |
| potassium chloride oral soln 10% (20 meq/15ml) | C | |
| potassium chloride oral soln 20% (40 meq/15ml) | C | |
| potassium chloride powder packet 20 meq | C | |
| potassium chloride tab er 8 meq (600 mg) | C | |
| potassium chloride tab er 10 meq (K-tab) | C | |
| sodium chloride tab 1 gm | OTC-C | |
| SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf) | C | |
| SODIUM FLUORIDE - sodium fluoride tab 1 mg f (from 2.2 mg naf) | C | |
| sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) | C | |
| sodium fluoride chew tab 1 mg f (from 2.2 mg naf) | C | |
| sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) | C | |
| sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) | C | |
| UPCAL D - calcium citrate-vit d oral powd 500 mg/5gm-500 unit/5gm | OTC-C | |
| UPCAL D - calcium citrate-vitamin d powder packet 500 mg-500 unit | OTC-C | |
| BLOOD MODIFYING DRUGS | | |
| BLOOD MODIFYING DRUGS | | |
| ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit | P | PA, QL (QL is based on weight), SP |
| ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 1500 unit | P | PA, QL (QL is based on weight), SP |
| ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 2000 unit | P | PA, QL (QL is based on weight), SP |
| ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 3000 unit | P | PA, QL (QL is based on weight), SP |
| ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 4000 unit | P | PA, QL (QL is based on weight), SP |
| ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit | P | PA, QL (QL is based on weight), SP |
| ADYNOVATE - antihemophilic factor recomb pegylated for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| ADYNOVATE - antihemophilic factor recomb pegylated for inj 750 unit | P | PA, QL (QL is based on weight), SP |
| ADYNOVATE - antihemophilic factor recomb pegylated for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| ADYNOVATE - antihemophilic factor recomb pegylated for inj 1500 unit | P | PA, QL (QL is based on weight), SP |
| ADYNOVATE - antihemophilic factor recomb pegylated for inj 2000 unit | P | PA, QL (QL is based on weight), SP |
| ADYNOVATE - antihemophilic factor recomb pegylated for inj 3000 unit | P | PA, QL (QL is based on weight), SP |
| AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit | P | PA, QL (QL is based on weight), SP |
| AFSTYLA - antihemophilic fact rcmb single chain for inj kit 500 unit | P | PA, QL (QL is based on weight), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|--------------------|--|
| AFSTYLA - antihemophilic fact rcmb single chain for inj kit 1000 unit | P | PA, QL (QL is based on weight), SP |
| AFSTYLA - antihemophilic fact rcmb single chain for inj kit 1500 unit | P | PA, QL (QL is based on weight), SP |
| AFSTYLA - antihemophilic fact rcmb single chain for inj kit 2000 unit | P | PA, QL (QL is based on weight), SP |
| AFSTYLA - antihemophilic fact rcmb single chain for inj kit 2500 unit | P | PA, QL (QL is based on weight), SP |
| AFSTYLA - antihemophilic fact rcmb single chain for inj kit 3000 unit | P | PA, QL (QL is based on weight), SP |
| ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit | P | PA, QL (QL is based on weight), SP |
| ALPHANATE - antihemophilic factor/vwf (human) for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| ALPHANATE - antihemophilic factor/vwf (human) for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| ALPHANATE - antihemophilic factor/vwf (human) for inj 1500 unit | P | PA, QL (QL is based on weight), SP |
| ALPHANATE - antihemophilic factor/vwf (human) for inj 2000 unit | P | PA, QL (QL is based on weight), SP |
| ALPHANINE SD - coagulation factor ix for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| ALPHANINE SD - coagulation factor ix for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| ALPHANINE SD - coagulation factor ix for inj 1500 unit | P | PA, QL (QL is based on weight), SP |
| ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit | P | PA, QL (QL is based on weight), SP |
| ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 2000 unit | P | PA, QL (QL is based on weight), SP |
| ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 3000 unit | P | PA, QL (QL is based on weight), SP |
| ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 4000 unit | P | PA, QL (QL is based on weight), SP |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml | P | PA, SP |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml | P | PA, SP |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml | P | PA, SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml | P | PA, SP |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml | P | PA, SP |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml | P | PA, SP |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml | P | PA, SP |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml | P | PA, SP |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml | P | PA, SP |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml | P | PA, SP |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ml | P | PA, SP |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml | P | PA, SP |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml | P | PA, SP |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml | P | PA, SP |
| ARIXTRA - fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml | NP | PA, QL (30 syringes/90 days) |
| ARIXTRA - fondaparinux sodium subcutaneous inj 5 mg/0.4ml | NP | PA, QL (30 syringes/90 days) |
| ARIXTRA - fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml | NP | PA, QL (30 syringes/90 days) |
| ARIXTRA - fondaparinux sodium subcutaneous inj 10 mg/0.8ml | NP | PA, QL (30 syringes/90 days) |
| aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox) | NP | PA |
| BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit | P | PA, QL (QL is based on weight), SP |
| BENEFIX - coagulation factor ix (recombinant) for inj kit 500 unit | P | PA, QL (QL is based on weight), SP |
| BENEFIX - coagulation factor ix (recombinant) for inj kit 1000 unit | P | PA, QL (QL is based on weight), SP |
| BENEFIX - coagulation factor ix (recombinant) for inj kit 2000 unit | P | PA, QL (QL is based on weight), SP |
| BENEFIX - coagulation factor ix (recombinant) for inj kit 3000 unit | P | PA, QL (QL is based on weight), SP |
| BERINERT - c1 esterase inhibitor (human) for iv inj kit 500 unit | P | PA, QL (10 vials/30 days), SP |
| BRILINTA - ticagrelor tab 60 mg | P | |
| BRILINTA - ticagrelor tab 90 mg | P | |
| CABLIVI - caplacizumab-yhdp for inj kit 11 mg | C | QL (58 vials/365 days), SP |
| cilostazol tab 50 mg | C | |
| cilostazol tab 100 mg | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|--------------------|--|
| CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit | NP | PA, QL (20 vials/30 days), SP |
| clopidogrel bisulfate tab 75 mg (base equiv) (Plavix) | P | |
| clopidogrel bisulfate tab 300 mg (base equiv) | P | |
| COAGADEX - coagulation factor x (human) for inj 250 unit | P | PA, QL (QL is based on weight), SP |
| COAGADEX - coagulation factor x (human) for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit | P | PA, QL (QL is based on weight), SP |
| cyanocobalamin inj 1000 mcg/ml | C | |
| cyanocobalamin tab er 1000 mcg | OTC-C | |
| cyanocobalamin tab 100 mcg | OTC-C | |
| cyanocobalamin tab 250 mcg | OTC-C | |
| cyanocobalamin tab 500 mcg | OTC-C | |
| cyanocobalamin tab 1000 mcg | OTC-C | |
| dipyridamole tab 25 mg | P | |
| dipyridamole tab 50 mg | P | |
| dipyridamole tab 75 mg | P | |
| DOPTelet - avatrombopag maleate tab 20 mg (base equiv) | C | PA, QL (60 tablets/30 days), SP |
| DROXIA - hydroxyurea cap 200 mg | P | PA, SP |
| DROXIA - hydroxyurea cap 300 mg | P | PA, SP |
| DROXIA - hydroxyurea cap 400 mg | P | PA, SP |
| EFFIENT - prasugrel hcl tab 5 mg (base equiv) | NP | PA |
| EFFIENT - prasugrel hcl tab 10 mg (base equiv) | NP | PA |
| ELIQUIS - apixaban tab 2.5 mg | P | QL (60 tablets/30 days) |
| ELIQUIS - apixaban tab 5 mg | P | QL (74 tablets/30 days) |
| ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg | P | QL (1 pack/180 days) |
| ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 250 unit | P | PA, QL (QL is based on weight), SP |
| ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 750 unit | P | PA, QL (QL is based on weight), SP |
| ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1500 unit | P | PA, QL (QL is based on weight), SP |
| ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 2000 unit | P | PA, QL (QL is based on weight), SP |
| ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 3000 unit | P | PA, QL (QL is based on weight), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 4000 unit | P | PA, QL (QL is based on weight), SP |
| ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 5000 unit | P | PA, QL (QL is based on weight), SP |
| ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 6000 unit | P | PA, QL (QL is based on weight), SP |
| EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml) | C | PA, QL (8 vials/28 days), SP |
| ENDARI - glutamine (sickle cell) powd pack 5 gm | P | PA, SP |
| enoxaparin sodium inj 30 mg/0.3ml (Lovenox) | P | QL (30 syringes/90 days) |
| enoxaparin sodium inj 40 mg/0.4ml (Lovenox) | P | QL (30 syringes/90 days) |
| enoxaparin sodium inj 100 mg/ml (Lovenox) | P | QL (30 syringes/90 days) |
| enoxaparin sodium inj 120 mg/0.8ml (Lovenox) | P | QL (30 syringes/90 days) |
| enoxaparin sodium inj 150 mg/ml (Lovenox) | P | QL (30 syringes/90 days) |
| enoxaparin sodium inj 300 mg/3ml (Lovenox) | P | QL (10 vials/90 days) |
| enoxaparin sodium subcutaneous soln 60 mg/0.6ml (Lovenox) | P | QL (30 syringes/90 days) |
| enoxaparin sodium subcutaneous soln 80 mg/0.8ml (Lovenox) | P | QL (30 syringes/90 days) |
| EPOGEN - epoetin alfa inj 2000 unit/ml | P | PA, SP |
| EPOGEN - epoetin alfa inj 3000 unit/ml | P | PA, SP |
| EPOGEN - epoetin alfa inj 4000 unit/ml | P | PA, SP |
| EPOGEN - epoetin alfa inj 10000 unit/ml | P | PA, SP |
| EPOGEN - epoetin alfa inj 20000 unit/ml | P | PA, SP |
| ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 1500 unit | P | PA, QL (QL is based on weight), SP |
| ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 2000 unit | P | PA, QL (QL is based on weight), SP |
| ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 3000 unit | P | PA, QL (QL is based on weight), SP |
| FEIBA - antiinhibitor coagulant complex for iv soln 500 unit | P | PA, QL (QL is based on weight), SP |
| FEIBA - antiinhibitor coagulant complex for iv soln 1000 unit | P | PA, QL (QL is based on weight), SP |
| FEIBA - antiinhibitor coagulant complex for iv soln 2500 unit | P | PA, QL (QL is based on weight), SP |
| FERRETTIS - ferrous fumarate tab 325 mg (106 mg elemental fe) | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| ferrous fumarate tab 324 mg (106 mg elemental fe) | OTC-C | |
| FERROUS GLUCONATE - ferrous gluconate tab 324 mg (38 mg elemental iron) | OTC-C | |
| ferrous gluconate tab 240 mg (27 mg elemental fe) | OTC-C | |
| ferrous gluconate tab 324 mg (37.5 mg elemental iron) | OTC-C | |
| FERROUS SULFATE - ferrous sulfate tab ec 324 mg (65 mg fe equivalent) | OTC-C | |
| ferrous sulfate dried tab er 160 mg (50 mg fe equivalent) | OTC-C | |
| ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe) | OTC-C | |
| ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe) | OTC-C | |
| ferrous sulfate tab ec 325 mg (65 mg fe equivalent) | OTC-C | |
| ferrous sulfate tab er 142 mg (45 mg fe equivalent) | OTC-C | |
| ferrous sulfate tab 325 mg (65 mg elemental fe) | OTC-C | |
| FIRAZYR - icanitabant acetate inj 30 mg/3ml (base equivalent) | NP | PA, QL (6 syringes/30 days), SP |
| folic acid tab 400 mcg | OTC-C | |
| folic acid tab 800 mcg | OTC-C | |
| folic acid tab 1 mg | C | |
| folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg | C | |
| fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra) | NP | PA, QL (30 syringes/90 days) |
| fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra) | NP | PA, QL (30 syringes/90 days) |
| fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra) | NP | PA, QL (30 syringes/90 days) |
| fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra) | NP | PA, QL (30 syringes/90 days) |
| FRAGMIN - dalteparin sodium inj 10000 unit/ml | NP | PA, QL (30 syringes/90 days) |
| FRAGMIN - dalteparin sodium inj 2500 unit/0.2ml | NP | PA, QL (30 syringes/90 days) |
| FRAGMIN - dalteparin sodium inj 5000 unit/0.2ml | NP | PA, QL (30 syringes/90 days) |
| FRAGMIN - dalteparin sodium inj 7500 unit/0.3ml | NP | PA, QL (30 syringes/90 days) |
| FRAGMIN - dalteparin sodium inj 12500 unit/0.5ml | NP | PA, QL (30 syringes/90 days) |
| FRAGMIN - dalteparin sodium inj 15000 unit/0.6ml | NP | PA, QL (30 syringes/90 days) |
| FRAGMIN - dalteparin sodium inj 18000 unit/0.72ml | NP | PA, QL (30 syringes/90 days) |
| FRAGMIN - dalteparin sodium inj 95000 unit/3.8ml | P | QL (10 vials/90 days) |
| HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit | NP | PA, QL (QL Varies by patient weight), SP |
| HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit | NP | PA, QL (QL Varies by patient weight), SP |
| HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml | C | PA, QL (QL is based on weight), SP |
| HEMLIBRA - emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml) | C | PA, QL (QL is based on weight), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| HEMLIBRA - emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml) | C | PA, QL (QL is based on weight), SP |
| HEMLIBRA - emicizumab-kxwh subcutaneous soln 150 mg/ml | C | PA, QL (QL is based on weight), SP |
| HEMOFIL M - antihemophilic factor (human) for inj 250 unit | P | PA, QL (QL is based on weight), SP |
| HEMOFIL M - antihemophilic factor (human) for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| HEMOFIL M - antihemophilic factor (human) for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| HEMOFIL M - antihemophilic factor (human) for inj 1700 unit | P | PA, QL (QL is based on weight), SP |
| HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit | P | PA, QL (QL is based on weight), SP |
| HUMATE-P - antihemophilic factor/vwf (human) for inj 500-1200 unit | P | PA, QL (QL is based on weight), SP |
| HUMATE-P - antihemophilic factor/vwf (human) for inj 1000-2400 unit | P | PA, QL (QL is based on weight), SP |
| icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr) | NP | PA, QL (6 syringes/30 days), SP |
| IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit | P | PA, QL (QL is based on weight), SP |
| IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 2000 unit | P | PA, QL (QL is based on weight), SP |
| IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 3500 unit | P | PA, QL (QL is based on weight), SP |
| IXINITY - coagulation factor ix (recombinant) for inj 250 unit | P | PA, QL (QL is based on weight), SP |
| IXINITY - coagulation factor ix (recombinant) for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| IXINITY - coagulation factor ix (recombinant) for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| IXINITY - coagulation factor ix (recombinant) for inj 1500 unit | P | PA, QL (QL is based on weight), SP |
| IXINITY - coagulation factor ix (recombinant) for inj 2000 unit | P | PA, QL (QL is based on weight), SP |
| IXINITY - coagulation factor ix (recombinant) for inj 3000 unit | P | PA, QL (QL is based on weight), SP |
| JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit | P | PA, QL (QL is based on weight), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| JIVI - antihemophilic factor recomb(bdd-rfviii peg-aucl)for inj 2000 unit | P | PA, QL (QL is based on weight), SP |
| JIVI - antihemophilic factor recomb(bdd-rfviii peg-aucl)for inj 3000 unit | P | PA, QL (QL is based on weight), SP |
| KOATE - antihemophilic factor (human) for inj 250 unit | P | PA, QL (QL is based on weight), SP |
| KOATE - antihemophilic factor (human) for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| KOATE - antihemophilic factor (human) for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| KOATE-DVI - antihemophilic factor (human) for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| KOATE-DVI - antihemophilic factor (human) for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit | P | PA, QL (QL is based on weight), SP |
| KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 500 unit | P | PA, QL (QL is based on weight), SP |
| KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 1000 unit | P | PA, QL (QL is based on weight), SP |
| KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 2000 unit | P | PA, QL (QL is based on weight), SP |
| KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 3000 unit | P | PA, QL (QL is based on weight), SP |
| KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit | P | PA, QL (QL is based on weight), SP |
| KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 2000 unit | P | PA, QL (QL is based on weight), SP |
| KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 3000 unit | P | PA, QL (QL is based on weight), SP |
| LOVENOX - enoxaparin sodium inj 30 mg/0.3ml | NP | PA, QL (30 syringes/90 days) |
| LOVENOX - enoxaparin sodium inj 40 mg/0.4ml | NP | PA, QL (30 syringes/90 days) |
| LOVENOX - enoxaparin sodium subcutaneous soln 60 mg/0.6ml | NP | PA, QL (30 syringes/90 days) |
| LOVENOX - enoxaparin sodium subcutaneous soln 80 mg/0.8ml | NP | PA, QL (30 syringes/90 days) |
| LOVENOX - enoxaparin sodium inj 100 mg/ml | NP | PA, QL (30 syringes/90 days) |
| LOVENOX - enoxaparin sodium inj 120 mg/0.8ml | NP | PA, QL (30 syringes/90 days) |
| LOVENOX - enoxaparin sodium inj 150 mg/ml | NP | PA, QL (30 syringes/90 days) |
| LOVENOX - enoxaparin sodium inj 300 mg/3ml | NP | PA, QL (10 vials/90 days) |
| MONONINE - coagulation factor ix for inj 1000 unit | P | PA, QL (QL is based on weight), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
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| NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml | C | SP |
| NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml | C | SP |
| NIVESTYM - filgrastim-aafi inj 300 mcg/ml | C | SP |
| NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml) | C | SP |
| NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit | P | PA, QL (QL is based on weight), SP |
| NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit | P | PA, QL (QL is based on weight), SP |
| NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit | P | PA, QL (QL is based on weight), SP |
| NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit | P | PA, QL (QL is based on weight), SP |
| NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg) | P | PA, QL (QL is based on weight), SP |
| NOVOSEVEN RT - coagulation factor viia (recomb) for inj 2 mg (2000 mcg) | P | PA, QL (QL is based on weight), SP |
| NOVOSEVEN RT - coagulation factor viia (recomb) for inj 5 mg (5000 mcg) | P | PA, QL (QL is based on weight), SP |
| NOVOSEVEN RT - coagulation factor viia (recomb) for inj 8 mg (8000 mcg) | P | PA, QL (QL is based on weight), SP |
| NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit | P | PA, QL (QL is based on weight), SP |
| NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2000 unit | P | PA, QL (QL is based on weight), SP |
| NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit | P | PA, QL (QL is based on weight), SP |
| NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit | P | PA, QL (QL is based on weight), SP |
| NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit | P | PA, QL (QL is based on weight), SP |
| NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit | P | PA, QL (QL is based on weight), SP |
| NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit | P | PA, QL (QL is based on weight), SP |
| NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit | P | PA, QL (QL is based on weight), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit | P | PA, QL (QL is based on weight), SP |
| NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit | P | PA, QL (QL is based on weight), SP |
| NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit | P | PA, QL (QL is based on weight), SP |
| NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 4000 unit | P | PA, QL (QL is based on weight), SP |
| OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| ORLADEYO - berotralstat hcl cap 110 mg | NP | PA, QL (30 capsules/30 days), SP |
| ORLADEYO - berotralstat hcl cap 150 mg | NP | PA, QL (30 capsules/30 days), SP |
| OXBRYTA - voxelotor tab 500 mg | P | PA, QL (90 tablets/30 days), SP |
| pentoxifylline tab er 400 mg | C | |
| PLAVIX - clopidogrel bisulfate tab 75 mg (base equiv) | NP | PA |
| polysaccharide iron complex cap 150 mg (iron equivalent) | OTC-C | |
| PRADAXA - dabigatran etexilate mesylate cap 75 mg (etexilate base eq) | P | QL (60 capsules/30 days) |
| PRADAXA - dabigatran etexilate mesylate cap 110 mg (etexilate base eq) | P | QL (71 capsules/90 days) |
| PRADAXA - dabigatran etexilate mesylate cap 150 mg (etexilate base eq) | P | QL (60 capsules/30 days) |
| prasugrel hcl tab 5 mg (base equiv) (Effient) | P | |
| prasugrel hcl tab 10 mg (base equiv) (Effient) | P | |
| PROCRIT - epoetin alfa inj 2000 unit/ml | NP | PA, SP |
| PROCRIT - epoetin alfa inj 3000 unit/ml | NP | PA, SP |
| PROCRIT - epoetin alfa inj 4000 unit/ml | NP | PA, SP |
| PROCRIT - epoetin alfa inj 10000 unit/ml | NP | PA, SP |
| PROCRIT - epoetin alfa inj 20000 unit/ml | NP | PA, SP |
| PROCRIT - epoetin alfa inj 40000 unit/ml | NP | PA, SP |
| PROFILNINE - factor ix complex for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| PROFILNINE - factor ix complex for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| PROFILNINE - factor ix complex for inj 1500 unit | P | PA, QL (QL is based on weight), SP |
| PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv) | C | PA, QL (30 tablets/30 days), SP |
| PROMACTA - eltrombopag olamine tab 25 mg (base equiv) | C | PA, QL (30 tablets/30 days), SP |
| PROMACTA - eltrombopag olamine tab 50 mg (base equiv) | C | PA, QL (60 tablets/30 days), SP |
| PROMACTA - eltrombopag olamine tab 75 mg (base equiv) | C | PA, QL (60 tablets/30 days), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv) | C | PA, QL (30 packets/30 days), SP |
| PROMACTA - eltrombopag olamine powder pack for susp 12.5 mg (base eq) | C | PA, QL (30 packets/30 days), SP |
| REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt | P | PA, QL (QL is based on weight), SP |
| REBINYN - coagulation factor ix recomb glycopegylated for inj 1000 unt | P | PA, QL (QL is based on weight), SP |
| REBINYN - coagulation factor ix recomb glycopegylated for inj 2000 unt | P | PA, QL (QL is based on weight), SP |
| RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit | P | PA, QL (QL is based on weight), SP |
| RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 401-800 unit | P | PA, QL (QL is based on weight), SP |
| RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 801-1240 unit | P | PA, QL (QL is based on weight), SP |
| RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 1241-1800 unit | P | PA, QL (QL is based on weight), SP |
| RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 1801-2400 unit | P | PA, QL (QL is based on weight), SP |
| RETACRIT - epoetin alfa-epbx inj 2000 unit/ml | P | PA, SP |
| RETACRIT - epoetin alfa-epbx inj 3000 unit/ml | P | PA, SP |
| RETACRIT - epoetin alfa-epbx inj 4000 unit/ml | P | PA, SP |
| RETACRIT - epoetin alfa-epbx inj 10000 unit/ml | P | PA, SP |
| RETACRIT - epoetin alfa-epbx inj 20000 unit/ml | P | PA, SP |
| RETACRIT - epoetin alfa-epbx inj 40000 unit/ml | P | PA, SP |
| RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit | P | PA, QL (QL is based on weight), SP |
| RIXUBIS - coagulation factor ix (recombinant) for inj 500 unit | P | PA, QL (QL is based on weight), SP |
| RIXUBIS - coagulation factor ix (recombinant) for inj 1000 unit | P | PA, QL (QL is based on weight), SP |
| RIXUBIS - coagulation factor ix (recombinant) for inj 2000 unit | P | PA, QL (QL is based on weight), SP |
| RIXUBIS - coagulation factor ix (recombinant) for inj 3000 unit | P | PA, QL (QL is based on weight), SP |
| RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit | NP | PA, QL (8 vials/30 days), SP |
| SAVAYSA - edoxaban tosylate tab 15 mg (base equivalent) | NP | PA, QL (30 tablets/30 days) |
| SAVAYSA - edoxaban tosylate tab 30 mg (base equivalent) | NP | PA, QL (30 tablets/30 days) |
| SAVAYSA - edoxaban tosylate tab 60 mg (base equivalent) | NP | PA, QL (30 tablets/30 days) |
| SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg) | C | PA, QL (QL is based on weight), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| SEVENFACT - coagulation factor viia (recom)-jncw for inj 5 mg (5000 mcg) | C | PA, QL (QL is based on weight), SP |
| SIKLOS - hydroxyurea tab 100 mg | NP | PA, SP |
| SIKLOS - hydroxyurea tab 1000 mg | NP | PA, SP |
| TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml) | NP | PA, QL (2 vials/28 days), SP |
| TAVALISSE - fostamatinib disodium tab 100 mg (base equivalent) | C | PA, QL (60 tablets/30 days), SP |
| TAVALISSE - fostamatinib disodium tab 150 mg (base equivalent) | C | PA, QL (60 tablets/30 days), SP |
| tranexamic acid tab 650 mg (Lysteda) | C | |
| TRETTEN - coagulation factor xiii a-subunit for inj 2000-3125 unit | P | PA, QL (QL is based on weight), SP |
| VONVENDI - von willebrand factor (recombinant) for inj 650 unit | P | PA, QL (QL is based on weight), SP |
| VONVENDI - von willebrand factor (recombinant) for inj 1300 unit | P | PA, QL (QL is based on weight), SP |
| warfarin sodium tab 1 mg (Coumadin) | P | |
| warfarin sodium tab 2 mg (Coumadin) | P | |
| warfarin sodium tab 2.5 mg (Coumadin) | P | |
| warfarin sodium tab 3 mg (Coumadin) | P | |
| warfarin sodium tab 4 mg (Coumadin) | P | |
| warfarin sodium tab 5 mg (Coumadin) | P | |
| warfarin sodium tab 6 mg (Coumadin) | P | |
| warfarin sodium tab 7.5 mg (Coumadin) | P | |
| warfarin sodium tab 10 mg (Coumadin) | P | |
| WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit | P | PA, QL (QL is based on weight), SP |
| WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit | P | PA, QL (QL is based on weight), SP |
| XARELTO - rivaroxaban tab 2.5 mg | NP | PA, QL (60 tablets/30 days) |
| XARELTO - rivaroxaban tab 10 mg | P | QL (30 tablets/30 days) |
| XARELTO - rivaroxaban tab 15 mg | P | QL (60 tablets/30 days) |
| XARELTO - rivaroxaban tab 20 mg | P | QL (30 tablets/30 days) |
| XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg | NP | PA, QL (51 tablets/30 days) |
| XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit | P | PA, QL (QL is based on weight), SP |
| XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit | P | PA, QL (QL is based on weight), SP |
| XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit | P | PA, QL (QL is based on weight), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit | P | PA, QL (QL is based on weight), SP |
| XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit | P | PA, QL (QL is based on weight), SP |
| XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit | P | PA, QL (QL is based on weight), SP |
| XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit | P | PA, QL (QL is based on weight), SP |
| XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit | P | PA, QL (QL is based on weight), SP |
| XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 3000 unit | P | PA, QL (QL is based on weight), SP |
| ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml | C | SP |
| ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent) | NP | PA |
| TOPICAL PRODUCTS | | |
| EYE | | |
| ANTI-INFECTIVES | | |
| AZASITE - azithromycin ophth soln 1% | NP | PA |
| BACITRACIN - bacitracin ophth oint 500 unit/gm | C | |
| bacitracin-polymyxin b ophth oint | C | |
| BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv) | NP | PA |
| CILOXAN - ciprofloxacin hcl ophth soln 0.3% (base equivalent) | NP | PA |
| CILOXAN - ciprofloxacin hcl ophth oint 0.3% | NP | PA |
| ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan) | P | |
| erythromycin ophth oint 5 mg/gm | C | |
| gatifloxacin ophth soln 0.5% (Zymaxid) | NP | PA |
| GENTAK - gentamicin sulfate ophth oint 0.3% | C | |
| gentamicin sulfate ophth soln 0.3% | C | |
| levofloxacin ophth soln 0.5% | NP | PA |
| MOXEZA - moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) | NP | PA |
| moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox) | P | |
| moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (Moxeza) | NP | PA |
| NATACYN - natamycin ophth susp 5% | C | |
| neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin | C | |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml | C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| OCUFLOX - ofloxacin ophth soln 0.3% | NP | PA |
| ofloxacin ophth soln 0.3% (Ocuflox) | P | |
| polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim) | C | |
| sulfacetamide sodium ophth soln 10% (Bleph-10) | C | |
| tobramycin ophth soln 0.3% (Tobrex) | C | |
| TRIFLURIDINE - trifluridine ophth soln 1% | C | |
| VIGAMOX - moxifloxacin hcl ophth soln 0.5% (base equiv) | NP | PA |
| ZYMAXID - gatifloxacin ophth soln 0.5% | NP | PA |
| STEROIDS AND COMBINATION PRODUCTS | | |
| ALREX - loteprednol etabonate ophth susp 0.2% | NP | PA |
| bacitracin-polymyxin-neomycin-hc ophth oint 1% | C | |
| DEXAMETHASONE SODIUM PHOSPHATE - dexamethasone sodium phosphate ophth soln 0.1% | C | |
| fluorometholone ophth susp 0.1% (Fml liquifilm) | P | |
| INVELTYS - loteprednol etabonate ophth susp 1% | NP | PA |
| LOTEMAX - loteprednol etabonate ophth oint 0.5% | NP | PA |
| LOTEMAX - loteprednol etabonate ophth susp 0.5% | NP | PA |
| LOTEMAX - loteprednol etabonate ophth gel 0.5% | NP | PA |
| LOTEMAX SM - loteprednol etabonate ophth gel 0.38% | NP | PA |
| loteprednol etabonate ophth susp 0.5% (Lotemax) | NP | PA |
| neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol) | C | |
| neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol) | C | |
| PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1% | P | |
| SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% | C | |
| GLAUCOMA | | |
| ALPHAGAN P - brimonidine tartrate ophth soln 0.1% | P | |
| ALPHAGAN P - brimonidine tartrate ophth soln 0.15% | P | |
| apraclonidine hcl ophth soln 0.5% (base equivalent) | NP | PA |
| AZOPT - brinzolamide ophth susp 1% | NP | PA |
| betaxolol hcl ophth soln 0.5% | NP | PA |
| BETOPTIC-S - betaxolol hcl ophth susp 0.25% | NP | PA |
| bimatoprost ophth soln 0.03% | NP | PA, QL (2.5 mls/30 days) |
| brimonidine tartrate ophth soln 0.15% (Alphagan p) | NP | PA |
| brimonidine tartrate ophth soln 0.2% | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| brinzolamide ophth susp 1% (Azopt) | NP | PA |
| CARTEOLOL HCL - carteolol hcl ophth soln 1% | NP | PA |
| COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% | P | |
| COSOPT - dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml | NP | PA |
| COSOPT PF - dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf | NP | PA |
| dorzolamide hcl ophth soln 2% (Trusopt) | P | |
| dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt) | P | |
| dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf) | NP | PA |
| IOPIDINE - apraclonidine hcl ophth soln 1% (base equivalent) | NP | PA |
| ISTALOL - timolol maleate ophth soln 0.5% (once-daily) | NP | PA |
| latanoprost ophth soln 0.005% (Xalatan) | P | QL (2.5 mls/30 days) |
| LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5% | NP | PA |
| LUMIGAN - bimatoprost ophth soln 0.01% | NP | PA, QL (2.5 mls/30 days) |
| pilocarpine hcl ophth soln 1% (Isopto carpine) | C | |
| pilocarpine hcl ophth soln 2% (Isopto carpine) | C | |
| pilocarpine hcl ophth soln 4% (Isopto carpine) | C | |
| RHOPRESSA - netarsudil dimesylate ophth soln 0.02% | NP | PA |
| ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005% | NP | PA |
| SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2% | NP | PA |
| timolol maleate ophth gel forming soln 0.25% (Timoptic-xe) | P | |
| timolol maleate ophth gel forming soln 0.5% (Timoptic-xe) | P | |
| timolol maleate ophth soln 0.25% (Timoptic) | P | |
| timolol maleate ophth soln 0.5% (Timoptic) | P | |
| timolol maleate ophth soln 0.5% (once-daily) (Istalol) | NP | PA |
| TIMOPTIC - timolol maleate ophth soln 0.25% | NP | PA |
| TIMOPTIC - timolol maleate ophth soln 0.5% | NP | PA |
| TIMOPTIC OCUDOSE - timolol maleate preservative free ophth soln 0.25% | NP | PA |
| TIMOPTIC OCUDOSE - timolol maleate preservative free ophth soln 0.5% | NP | PA |
| TIMOPTIC-XE - timolol maleate ophth gel forming soln 0.25% | NP | PA |
| TIMOPTIC-XE - timolol maleate ophth gel forming soln 0.5% | NP | PA |
| TRAVATAN Z - travoprost ophth soln 0.004% (benzalkonium free) (bak free) | P | QL (2.5 mls/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z) | NP | PA, QL (2.5 mls/30 days) |
| TRUSOPT - dorzolamide hcl ophth soln 2% | NP | PA |
| VYZULTA - latanoprostene bunod ophth soln 0.024% | NP | PA, QL (2.5 mls/30 days) |
| XALATAN - latanoprost ophth soln 0.005% | NP | PA, QL (2.5 mls/30 days) |
| XELPROS - latanoprost ophth emulsion 0.005% | NP | PA, QL (2.5 mls/30 days) |
| ZIOPTAN - tafluprost preservative free (pf) ophth soln 0.0015% | NP | PA, QL (30 containers/30 days) |
| OTHER EYE PRODUCTS | | |
| ACULAR - ketorolac tromethamine ophth soln 0.5% | NP | PA |
| ACULAR LS - ketorolac tromethamine ophth soln 0.4% | NP | PA |
| ACUVAIL - ketorolac tromethamine (pf) ophth soln 0.45% | NP | PA |
| ALOCRIAL - nedocromil sodium ophth soln 2% | NP | PA |
| ALOMIDE - Iodoxamide tromethamine ophth soln 0.1% | NP | PA |
| artificial tear ophth ointment | OTC-C | |
| artificial tear ophth solution | OTC-C | |
| ARTIFICIAL TEARS - hypromellose ophth soln 0.4% | OTC-C | |
| ATROPINE SULFATE - atropine sulfate ophth soln 1% | C | |
| azelastine hcl ophth soln 0.05% | NP | PA |
| bepotastine besilate ophth soln 1.5% (Bepreve) | NP | PA |
| BEPREVE - bepotastine besilate ophth soln 1.5% | NP | PA |
| bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) | NP | PA |
| BROMSITE - bromfenac sodium ophth soln 0.075% (base equivalent) | NP | PA |
| carboxymethylcellulose sodium (pf) ophth soln 0.5% | OTC-C | |
| carboxymethylcellulose sodium ophth soln 0.5% | OTC-C | |
| cromolyn sodium ophth soln 4% | P | |
| cyclopentolate hcl ophth soln 0.5% (Cyclogyl) | C | |
| cyclopentolate hcl ophth soln 1% (Cyclogyl) | C | |
| cyclopentolate hcl ophth soln 2% (Cyclogyl) | C | |
| dextran 70-hypromellose ophth soln 0.1-0.3% | OTC-C | |
| dextran 70-hypromellose (pf) ophth soln 0.1-0.3% | OTC-C | |
| diclofenac sodium ophth soln 0.1% | P | |
| epinastine hcl ophth soln 0.05% (Elestat) | NP | PA |
| FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03% | NP | PA |
| HOMATROPAIRE - homatropine hbr ophth soln 5% | C | |
| ISOPTO ATROPINE - atropine sulfate ophth soln 1% | C | |
| ketorolac tromethamine ophth soln 0.4% (Acular Is) | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| ketorolac tromethamine ophth soln 0.5% (Acular) | P | |
| ketotifen fumarate ophth soln 0.025% (base equiv) | P | |
| LASTACAFT - alcaftadine ophth soln 0.25% | NP | PA |
| MURO 128 - sodium chloride hypertonic ophth soln 2% | OTC-C | |
| NEVANAC - nepafenac ophth susp 0.1% | NP | PA |
| olopatadine hcl ophth soln 0.1% (base equivalent) (Patanol) | P | |
| olopatadine hcl ophth soln 0.1% (base equivalent) | OTC-C | |
| olopatadine hcl ophth soln 0.2% (base equivalent) (Pataday) | P | |
| olopatadine hcl ophth soln 0.2% (base equivalent) | OTC-C | |
| PATADAY EXTRA STRENGTH - olopatadine hcl ophth soln 0.7% (base equivalent) | OTC-C | |
| polyethylene glycol-propylene glycol ophth soln 0.4-0.3% | OTC-C | |
| polyethylene glycol-propylene glycol pf op soln 0.4-0.3% | OTC-C | |
| polyvinyl alcohol ophth soln 1.4% | OTC-C | |
| polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%) | OTC-C | |
| PROLENSA - bromfenac sodium ophth soln 0.07% (base equivalent) | NP | PA |
| PURE & GENTLE LUBRICANT - hypromellose ophth soln 0.3% | OTC-C | |
| RESTASIS - cyclosporine (ophth) emulsion 0.05% | C | PA, QL (60 vials/30 days) |
| RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05% | C | PA, QL (1 bottle/30 days) |
| sodium chloride hypertonic ophth oint 5% | OTC-C | |
| sodium chloride hypertonic ophth soln 5% | OTC-C | |
| white petrolatum-mineral oil ophth ointment | OTC-C | |
| ZADITOR - ketotifen fumarate ophth soln 0.025% (base equiv) | NP | PA |
| ZERVIAE - cetirizine hcl ophth soln 0.24% (base equiv) | NP | PA |
| EAR | | |
| acetic acid otic soln 2% | C | |
| carbamide peroxide 6.5% otic soln | OTC-C | |
| CIPRO HC - ciprofloxacin-hydrocortisone otic susp 0.2-1% | P | |
| CIPRODEX - ciprofloxacin-dexamethasone otic susp 0.3-0.1% | P | |
| CIPROFLOXACIN - ciprofloxacin hcl otic soln 0.2% (base equivalent) | NP | PA |
| ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex) | NP | PA |
| CIPROFLOXACIN/FLUOCINOLON - ciprofloxacin-fluocinolone acetate (pf) otic soln 0.3-0.025% | NP | PA |
| hydrocortisone w/ acetic acid otic soln 1-2% | C | |
| neomycin-polymyxin-hc otic soln 1% | P | |
| neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| ofloxacin otic soln 0.3% (Floxin otic) | P | |
| OTIPRIO - ciprofloxacin intratympanic susp 6% (60 mg/ml) | NP | PA |
| OTOVEL - ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025% | NP | PA |
| MOUTH AND THROAT (LOCAL) | | |
| cevimeline hcl cap 30 mg (Evoxac) | C | |
| chlorhexidine gluconate soln 0.12% (Peridex) | C | |
| clotrimazole troche 10 mg | C | |
| FLUORIDEX SENSITIVITY RELIEF/SLS FREE - sodium fluoride-potassium nitrate paste 1.1-5% | C | |
| lidocaine hcl viscous soln 2% | C | |
| nystatin susp 100000 unit/ml | P | |
| ORAVIG - miconazole buccal tab 50 mg (mouth-throat) | NP | PA |
| pilocarpine hcl tab 5 mg (Salagen) | C | |
| pilocarpine hcl tab 7.5 mg (Salagen) | C | |
| sodium fluoride cream 1.1% (Prevident 5000 plus) | C | |
| sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride) | C | |
| sodium fluoride paste 1.1% (Prevident 5000 boost) | C | |
| sodium fluoride rinse 0.2% (Prevident rinse) | C | |
| sodium fluoride-potassium nitrate gel 1.1-5% (Prevident 5000 sensi) | C | |
| stannous fluoride gel 0.4% | C | |
| stannous fluoride gel 0.4% | OTC-C | |
| triamcinolone acetonide dental paste 0.1% | C | |
| ANORECTAL AGENTS | | |
| dibucaine perianal ointment 1% | OTC-C | |
| hydrocortisone enema 100 mg/60ml (Cortenema) | C | |
| hydrocortisone perianal cream 2.5% (Anusol-hc) | C | |
| phenyleph-shark liver oil-cocoa butter suppos 0.25-3-85.5% | OTC-C | |
| phenylephrine-cocoa butter suppos 0.25-85.39% | OTC-C | |
| phenylephrine-shark liver oil-mo-pet oint 0.25-3-14-71.9% | OTC-C | |
| UCERIS - budesonide rectal foam 2 mg/act | NP | PA |
| SKIN CONDITIONS/PRODUCTS | | |
| ACNE | | |
| ACANYA - clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% | NP | PA |
| ACNE MEDICATION 10 - benzoyl peroxide lotion 10% | P | |
| ACNE MEDICATION 5 - benzoyl peroxide lotion 5% | P | |
| ADAPALENE - adapalene soln 0.1% | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| adapalene cream 0.1% (Differin) | NP | PA |
| adapalene gel 0.1% (Differin) | NP | PA |
| adapalene gel 0.1% | OTC-C | |
| adapalene gel 0.3% (Differin) | NP | PA |
| adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo) | NP | PA |
| AKLIEF - trifarotene cream 0.005% | NP | PA |
| ATRALIN - tretinoin gel 0.05% | NP | PA |
| azelaic acid gel 15% (Finacea) | C | |
| BENZAACLIN - clindamycin phosphate-benzoyl peroxide gel 1-5% | NP | PA |
| BENZAACLIN WITH PUMP - clindamycin phosphate-benzoyl peroxide gel 1-5% | NP | PA |
| BENZOYL PEROXIDE CLEANSER - benzoyl peroxide liq 6% | P | |
| benzoyl peroxide cloth 6% | NP | PA |
| benzoyl peroxide cream 10% | OTC-C | |
| benzoyl peroxide foam 5.3% | NP | PA |
| benzoyl peroxide gel 2.5% | P | |
| benzoyl peroxide gel 5% | P | |
| benzoyl peroxide gel 10% | P | |
| benzoyl peroxide liq 4% | NP | PA |
| benzoyl peroxide liq 5% (Benzac ac wash) | P | |
| benzoyl peroxide liq 10% | P | |
| benzoyl peroxide-erythromycin gel 5-3% (Benzamycin) | P | |
| CLEOCIN-T - clindamycin phosphate lotion 1% | NP | PA |
| CLINDACIN PAC - clindamycin phosphate swab 1% & cleanser kit | NP | PA |
| CLINDAGEL - clindamycin phosphate gel 1% | NP | PA |
| clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac) | P | |
| clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Neuac) | NP | PA |
| clindamycin phosphate foam 1% (Evoclin) | NP | PA |
| clindamycin phosphate gel 1% | P | |
| clindamycin phosphate lotion 1% (Cleocin-t) | P | |
| clindamycin phosphate soln 1% (Cleocin-t) | P | |
| clindamycin phosphate swab 1% (Cleocin-t) | P | |
| clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin) | P | |
| clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin Pump) | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (Acanya) | P | |
| clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana) | NP | PA |
| DAPSONE - dapsone gel 7.5% | NP | PA |
| dapsone gel 5% (Aczone) | NP | PA |
| DIFFERIN - adapalene cream 0.1% | P | |
| DIFFERIN - adapalene lotion 0.1% | P | |
| DIFFERIN - adapalene gel 0.3% | P | |
| DIFFERIN (OTC) - adapalene gel 0.1% | OTC-C | |
| EPIDUO FORTE - adapalene-benzoyl peroxide gel 0.3-2.5% | NP | PA |
| ERY - erythromycin pads 2% | P | |
| erythromycin gel 2% (Erygel) | P | |
| erythromycin soln 2% | P | |
| FABIOR - tazarotene (acne) foam 0.1% | NP | PA |
| isotretinoin cap 10 mg | C | |
| isotretinoin cap 20 mg | C | |
| isotretinoin cap 30 mg | C | |
| isotretinoin cap 40 mg | C | |
| ivermectin cream 1% (Soolantra) | C | |
| metronidazole cream 0.75% (Metrocream) | C | |
| metronidazole gel 0.75% | C | |
| metronidazole lotion 0.75% (Metrolotion) | C | |
| NEUAC KIT - clindamycin-benzoyl perox gel 1.2-5% & moisturizer cr kit | NP | PA |
| ONEXTON - clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% | NP | PA |
| RETIN-A - tretinoin cream 0.025% | P | |
| RETIN-A - tretinoin cream 0.05% | P | |
| RETIN-A - tretinoin cream 0.1% | P | |
| RETIN-A - tretinoin gel 0.01% | P | |
| RETIN-A - tretinoin gel 0.025% | P | |
| RETIN-A MICRO - tretinoin microsphere gel 0.04% | NP | PA |
| RETIN-A MICRO - tretinoin microsphere gel 0.06% | NP | PA |
| RETIN-A MICRO - tretinoin microsphere gel 0.1% | NP | PA |
| RETIN-A MICRO PUMP - tretinoin microsphere gel 0.04% | NP | PA |
| RETIN-A MICRO PUMP - tretinoin microsphere gel 0.08% | NP | PA |
| RETIN-A MICRO PUMP - tretinoin microsphere gel 0.1% | NP | PA |
| SODIUM SULFACETAMIDE/SULFUR CLEANSER - sulfacetamide sodium w/ sulfur susp 10-5% | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| SODIUM SULFACETAMIDE/SULFUR CLEANSER - sulfacetamide sodium w/ sulfur lotion 10-5% | P | |
| SSS 10-5 - sulfacetamide sodium w/ sulfur foam 10-5% | P | |
| sulfacetamide sodium lotion 10% (acne) (Klaron) | P | |
| sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (Plexion cleanser) | P | |
| sulfacetamide sodium w/ sulfur cleanser 10-2% (Avar Is cleanser) | P | |
| sulfacetamide sodium w/ sulfur cleanser 10-5% | P | |
| sulfacetamide sodium w/ sulfur cleansing pad 10-4% (Sumaxin) | P | |
| sulfacetamide sodium w/ sulfur cream 9.8-4.8% (Plexion) | P | |
| sulfacetamide sodium w/ sulfur cream 10-2% (Avar-e Is) | P | |
| sulfacetamide sodium w/ sulfur cream 10-5% | P | |
| sulfacetamide sodium w/ sulfur emulsion 10-1% | NP | PA |
| sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (Plexion) | P | |
| sulfacetamide sodium w/ sulfur susp 8-4% | P | |
| sulfacetamide sodium w/ sulfur wash 9-4% (Sumaxin wash) | P | |
| sulfacetamide sodium w/ sulfur wash 9-4.5% (Sumadan wash) | P | |
| tazarotene cream 0.1% (Tazorac) | NP | PA |
| TAZORAC - tazarotene cream 0.05% | P | |
| TAZORAC - tazarotene cream 0.1% | P | |
| TAZORAC - tazarotene gel 0.05% | P | |
| TAZORAC - tazarotene gel 0.1% | P | |
| tretinoin cream 0.025% (Avita) | NP | PA |
| tretinoin cream 0.05% (Retin-a) | NP | PA |
| tretinoin cream 0.1% (Retin-a) | NP | PA |
| tretinoin gel 0.01% (Retin-a) | NP | PA |
| tretinoin gel 0.025% (Avita) | NP | PA |
| tretinoin gel 0.05% (Atralin) | NP | PA |
| tretinoin microsphere gel 0.04% (Retin-a micro) | NP | PA |
| tretinoin microsphere gel 0.1% (Retin-a micro) | NP | PA |
| ZIANA - clindamycin phosphate-tretinoin gel 1.2-0.025% | NP | PA |
| ANTI-INFECTIVES | | |
| acyclovir cream 5% (Zovirax) | NP | PA |
| acyclovir oint 5% (Zovirax) | P | |
| bacitracin oint 500 unit/gm | OTC-C | |
| bacitracin zinc oint 500 unit/gm | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| bacitracin-polymyxin b oint | OTC-C | |
| CENTANY - mupirocin oint 2% | NP | PA |
| CENTANY AT - mupirocin oint kit 2% | NP | PA |
| chlorhexidine gluconate liquid 4% | OTC-C | |
| ciclopirox gel 0.77% | NP | PA |
| ciclopirox olamine cream 0.77% (base equiv) (Loprox) | P | |
| ciclopirox olamine susp 0.77% (base equiv) (Loprox) | P | |
| ciclopirox shampoo 1% (Loprox shampoo) | NP | PA |
| ciclopirox solution 8% (Penlac Nail Lacquer) | P | QL (6.6 mls/30 days) |
| clotrimazole cream 1% | P | |
| clotrimazole soln 1% | P | |
| clotrimazole soln 1% | OTC-C | |
| clotrimazole w/ betamethasone cream 1-0.05% | P | |
| clotrimazole w/ betamethasone lotion 1-0.05% | NP | PA |
| DENAVIR - penciclovir cream 1% | P | |
| docosanol cream 10% | OTC-C | |
| DUOFILM - salicylic acid soln 17% | OTC-C | |
| econazole nitrate cream 1% | P | |
| EXELDERM - sulconazole nitrate solution 1% | NP | PA |
| EXELDERM - sulconazole nitrate cream 1% | NP | PA |
| FIRST AID ANTISEPTIC OINTMENT - povidone-iodine oint 10% | OTC-C | |
| HYDROGEN PEROXIDE - hydrogen peroxide soln 3% | OTC-C | |
| JUBLIA - efinaconazole soln 10% | NP | PA, QL (4 mls/30 days) |
| KERYDIN - tavaborole soln 5% | NP | PA, QL (4 mls/30 days) |
| ketoconazole cream 2% | P | |
| ketoconazole foam 2% (Extina) | NP | PA |
| ketoconazole shampoo 2% | P | |
| LOPROX - ciclopirox olamine susp 0.77% (base equiv) | NP | PA |
| LOPROX - ciclopirox olamine cream 0.77% (base equiv) | NP | PA |
| LOPROX SHAMPOO - ciclopirox shampoo 1% | NP | PA |
| LUZU - luliconazole cream 1% | NP | PA |
| MEDIPLAST - salicylic acid plaster 40% | OTC-C | |
| miconazole nitrate aerosol pow 2% | OTC-C | |
| miconazole nitrate cream 2% | P | |
| miconazole nitrate powder 2% | P | |
| mupirocin calcium cream 2% | NP | PA |
| mupirocin oint 2% | P | |
| NAFTIFINE HCL - naftifine hcl cream 1% | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| naftifine hcl cream 2% (Naftin) | NP | PA |
| NAFTIN - naftifine hcl gel 1% | NP | PA |
| NAFTIN - naftifine hcl gel 2% | NP | PA |
| neomycin-bacitracin-polymyxin oint | OTC-C | |
| NIZORAL A-D - ketoconazole shampoo 1% | OTC-C | |
| nystatin cream 100000 unit/gm | P | |
| nystatin oint 100000 unit/gm | P | |
| nystatin topical powder 100000 unit/gm | P | |
| oxiconazole nitrate cream 1% (Oxistat) | NP | PA |
| OXISTAT - oxiconazole nitrate cream 1% | NP | PA |
| povidone-iodine soln 10% | OTC-C | |
| salicylic acid liquid 17% | OTC-C | |
| salicylic acid pad 40% | OTC-C | |
| salicylic acid shampoo 6% (Salex) | C | |
| SALIMEZ - salicylic acid cream 6% | C | |
| silver sulfadiazine cream 1% (Silvadene) | C | |
| tavaborole soln 5% (Kerydin) | NP | PA, QL (4 mls/30 days) |
| terbinafine hcl cream 1% | P | |
| tolnaftate aerosol pow 1% | OTC-C | |
| tolnaftate aerosol 1% | OTC-C | |
| tolnaftate cream 1% | P | |
| tolnaftate powder 1% | OTC-C | |
| VUSION - miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35% | NP | PA |
| XEPI - ozenoxacin cream 1% | NP | PA |
| XERESE - acyclovir-hydrocortisone cream 5-1% | NP | PA |
| ZOVIRAX - acyclovir cream 5% | NP | PA |
| ZOVIRAX - acyclovir oint 5% | NP | PA |
| CORTICOSTEROIDS | | |
| alclometasone dipropionate cream 0.05% | C | QL (120 grams/30 days) |
| alclometasone dipropionate oint 0.05% | C | QL (120 grams/30 days) |
| AUGMENTED BETAMETHASONE DIPROPIONATE - betamethasone dipropionate augmented gel 0.05% | C | QL (200 grams/28 days) |
| betamethasone dipropionate augmented cream 0.05% (Diprolene af) | C | QL (200 grams/28 days) |
| betamethasone dipropionate augmented lotion 0.05% | C | QL (210 mls/30 days) |
| betamethasone dipropionate augmented oint 0.05% (Diprolene) | C | QL (200 grams/28 days) |
| betamethasone dipropionate cream 0.05% | C | QL (135 grams/30 days) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| betamethasone dipropionate lotion 0.05% | C | QL (120 mls/30 days) |
| betamethasone valerate aerosol foam 0.12% (Luxiq) | C | QL (150 grams/30 days) |
| betamethasone valerate cream 0.1% (base equivalent) | C | QL (135 grams/30 days) |
| betamethasone valerate lotion 0.1% (base equivalent) | C | QL (120 mls/30 days) |
| betamethasone valerate oint 0.1% (base equivalent) | C | QL (135 grams/30 days) |
| clobetasol propionate cream 0.05% (Temovate) | C | QL (210 grams/28 days) |
| clobetasol propionate emollient base cream 0.05% | C | QL (210 grams/28 days) |
| clobetasol propionate gel 0.05% | C | QL (210 grams/28 days) |
| clobetasol propionate oint 0.05% (Temovate) | C | QL (210 grams/28 days) |
| clobetasol propionate shampoo 0.05% (Clobex) | C | QL (236 mls/30 days) |
| clobetasol propionate soln 0.05% | C | QL (200 mls/28 days) |
| desonide oint 0.05% | C | QL (120 grams/30 days) |
| desoximetasone cream 0.25% (Topicort) | C | QL (120 grams/30 days) |
| fluocinolone acetonide cream 0.01% | C | QL (120 grams/30 days) |
| fluocinolone acetonide cream 0.025% (Synalar) | C | QL (120 grams/30 days) |
| fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod) | C | QL (118.28 mls/30 days) |
| fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca) | C | QL (118.28 mls/30 days) |
| fluocinolone acetonide oint 0.025% (Synalar) | C | QL (120 grams/30 days) |
| fluocinolone acetonide soln 0.01% (Synalar) | C | QL (120 mls/30 days) |
| fluocinonide cream 0.05% | C | QL (120 grams/30 days) |
| fluocinonide emulsified base cream 0.05% | C | QL (120 grams/30 days) |
| fluocinonide gel 0.05% | C | QL (120 grams/30 days) |
| fluocinonide oint 0.05% | C | QL (120 grams/30 days) |
| fluocinonide soln 0.05% | C | QL (120 mls/30 days) |
| fluticasone propionate cream 0.05% | C | QL (120 grams/30 days) |
| fluticasone propionate oint 0.005% | C | QL (120 grams/30 days) |
| halobetasol propionate cream 0.05% (Ultravate) | C | QL (200 grams/28 days) |
| halobetasol propionate oint 0.05% (Ultravate) | C | QL (200 grams/28 days) |
| hydrocortisone acetate cream 1% | OTC-C | |
| HYDROCORTISONE BUTYRATE - hydrocortisone butyrate soln 0.1% | C | QL (120 mls/30 days) |
| hydrocortisone butyrate oint 0.1% | C | QL (135 grams/30 days) |
| hydrocortisone cream 0.5% | OTC-C | |
| hydrocortisone cream 1% | C | QL (454 grams/30 days) |
| hydrocortisone cream 1% | OTC-C | QL (454 grams/30 days) |
| hydrocortisone cream 2.5% | C | QL (454 grams/30 days) |
| hydrocortisone lotion 1% | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| hydrocortisone lotion 2.5% | C | QL (118 mls/30 days) |
| hydrocortisone oint 0.5% | OTC-C | |
| hydrocortisone oint 1% | C | QL (454 grams/30 days) |
| hydrocortisone oint 1% | OTC-C | QL (454 grams/30 days) |
| hydrocortisone oint 2.5% | C | QL (454 grams/30 days) |
| hydrocortisone valerate cream 0.2% | C | QL (120 grams/30 days) |
| mometasone furoate cream 0.1% (Elocon) | C | QL (135 grams/30 days) |
| mometasone furoate oint 0.1% | C | QL (135 grams/30 days) |
| mometasone furoate solution 0.1% (lotion) | C | QL (120 mls/30 days) |
| nystatin-triamcinolone cream 100000-0.1 unit/gm-% | P | |
| nystatin-triamcinolone oint 100000-0.1 unit/gm-% | NP | PA |
| PREDNICARBATE - prednicarbate cream 0.1% | C | QL (120 grams/30 days) |
| PREDNICARBATE - prednicarbate oint 0.1% | C | QL (120 grams/30 days) |
| triamcinolone acetonide cream 0.025% | C | QL (454 grams/30 days) |
| triamcinolone acetonide cream 0.1% | C | QL (454 grams/30 days) |
| triamcinolone acetonide cream 0.5% | C | QL (454 grams/30 days) |
| triamcinolone acetonide lotion 0.025% | C | QL (120 mls/30 days) |
| triamcinolone acetonide lotion 0.1% | C | QL (120 mls/30 days) |
| triamcinolone acetonide oint 0.025% | C | QL (454 grams/30 days) |
| triamcinolone acetonide oint 0.1% | C | QL (454 grams/30 days) |
| triamcinolone acetonide oint 0.5% | C | QL (120 grams/30 days) |
| OTHER SKIN PRODUCTS | | |
| CALAMINE - calamine-zinc oxide lotion | OTC-C | |
| calcipotriene cream 0.005% (Dovonex) | C | |
| calcipotriene soln 0.005% (50 mcg/ml) | C | |
| capsaicin cream 0.025% | OTC-C | |
| capsaicin cream 0.075% | OTC-C | |
| capsaicin cream 0.1% | OTC-C | |
| CAPZASIN-P - capsaicin cream 0.035% | OTC-C | |
| coal tar shampoo 0.5% | OTC-C | |
| coal tar shampoo 1% | OTC-C | |
| COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml | NP | PA, QL (1 syringe/28 days), SP |
| COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml | NP | PA, QL (1 syringe/28 days), SP |
| COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose) | NP | PA, QL (2 syringes/28 days), SP |
| COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml | NP | PA, QL (1 pen/28 days), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose) | NP | PA, QL (2 pens/28 days), SP |
| CROTAN - crotamiton lotion 10% | NP | PA |
| CVS LICE SOLUTION KIT 3-STEP - pyreth-piperonyl butox sham-permeth aero-nit remov spray kit | P | |
| DICLOFENAC EPOLAMINE - diclofenac epolamine patch 1.3% | NP | PA, QL (60 patches/30 days) |
| diclofenac sodium gel 1% | P | QL (10 tubes/30 days) |
| diclofenac sodium gel 1% (Voltaren) | OTC-C | QL (10 tubes/30 days) |
| DRYSOL - aluminum chloride soln 20% | C | |
| DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml | NP | PA, QL (2 pens/28 days), SP |
| DUPIXENT - dupilumab subcutaneous soln pen-injector 300 mg/2ml | NP | PA, QL (2 pens/28 days), SP |
| DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml | NP | PA, QL (2 syringes/28 days), SP |
| DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml | NP | PA, QL (2 syringes/28 days), SP |
| DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml | NP | PA, QL (2 syringes/28 days), SP |
| ELIDEL - pimecrolimus cream 1% | NP | PA |
| EUCRISA - crisaborole oint 2% | NP | PA |
| FLECTOR - diclofenac epolamine patch 1.3% | P | QL (60 patches/30 days) |
| FLUOROURACIL - fluorouracil soln 2% | C | |
| FLUOROURACIL - fluorouracil soln 5% | C | |
| fluorouracil cream 5% (Efudex) | C | |
| imiquimod cream 5% (Aldara) | C | |
| LAC-HYDRIN FIVE - lactic acid (ammonium lactate) lotion 5% | OTC-C | |
| lactic acid (ammonium lactate) cream 12% (Lac-hydrin) | C | |
| lactic acid (ammonium lactate) lotion 12% | C | |
| lactic acid (ammonium lactate) lotion 12% | OTC-C | |
| lidocaine hcl cream 3% | C | |
| lidocaine hcl gel 2% | C | PA, QL (150 mls/30 days) |
| LIDOCAINE HCL JELLY - lidocaine hcl urethral/mucosal gel 2% | C | PA, QL (150 mls/30 days) |
| lidocaine hcl soln 4% | C | PA, QL (150 mls/30 days) |
| lidocaine hcl urethral/mucosal gel prefilled syringe 2% | C | PA, QL (150 mls/30 days) |
| lidocaine patch 5% (Lidoderm) | NP | PA, QL (90 patches/30 days) |
| lidocaine-prilocaine cream 2.5-2.5% | C | PA, QL (60 grams/30 days) |
| LIDODERM - lidocaine patch 5% | NP | PA, QL (90 patches/30 days) |
| LINDANE - lindane shampoo 1% | NP | PA |
| malathion lotion 0.5% (Ovide) | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| METHOXSALEN - methoxsalen rapid cap 10 mg | C | |
| NATROBA - spinosad susp 0.9% | P | |
| OVIDE - malathion lotion 0.5% | NP | PA |
| permethrin cream 5% (Elimite) | P | |
| permethrin creme rinse 1% | P | |
| permethrin lotion 1% | P | |
| pimecrolimus cream 1% (Elidel) | NP | PA |
| PROSHIELD PLUS SKIN PROTECTANT - dimethicone cream 1% | OTC-C | |
| PROTOPIC - tacrolimus oint 0.03% | P | ST |
| PROTOPIC - tacrolimus oint 0.1% | P | ST |
| pyreth-piperonyl butox sham-permeth aero-nit remover gel kit | P | |
| pyrethrins-piperonyl butoxide liq 0.3-3% | P | |
| pyrethrins-piperonyl butoxide liq 0.33-4% | P | |
| pyrethrins-piperonyl butoxide shampoo 0.33-4% | P | |
| QC CALAMINE - calamine lotion | OTC-C | |
| selenium sulfide lotion 2.5% | C | |
| SILIQ - brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml | NP | PA, QL (2 syringes/28 days), SP |
| SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml | NP | PA, QL (1 syringe/84 days), SP |
| SKYRIZI - risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit | NP | PA, QL (1 kit/84 days), SP |
| SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml | NP | PA, QL (1 pen/84 days), SP |
| SPINOSAD - spinosad susp 0.9% | NP | PA |
| STELARA - ustekinumab inj 45 mg/0.5ml | NP | PA, QL (1 vial/84 days), SP |
| STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml | NP | PA, QL (1 syringe/84 days), SP |
| STELARA - ustekinumab soln prefilled syringe 90 mg/ml | NP | PA, QL (1 syringe/56 days), SP |
| sulfacetamide sodium liquid 10% (Ovace wash) | C | |
| tacrolimus oint 0.03% (Protopic) | NP | PA |
| tacrolimus oint 0.1% (Protopic) | NP | PA |
| TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml | NP | PA, QL (1 injection/28 days), SP |
| TALTZ - ixekizumab subcutaneous soln prefilled syringe 80 mg/ml | NP | PA, QL (1 injection/28 days), SP |
| TREMFYA - guselkumab soln pen-injector 100 mg/ml | NP | PA, QL (1 pen/56 days), SP |
| TREMFYA - guselkumab soln prefilled syringe 100 mg/ml | NP | PA, QL (1 syringe/56 days), SP |
| urea cream 40% | C | |
| VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent) | C | SP |
| zinc oxide oint 20% | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|--|
| zinc oxide oint 40% | OTC-C | |
| ZTLIDO - lidocaine patch 1.8% (36 mg) | NP | PA, QL (90 patches/30 days) |
| MISCELLANEOUS CATEGORIES | | |
| DIABETIC SUPPLIES | | |
| BLOOD GLUCOSE MONITORS, TEST STRIPS, AND MONITOR Calibration Liquids | | |
| ACCU-CHEK AVIVA - blood glucose calibration - liquid | OTC-C | |
| ACCU-CHEK AVIVA PLUS - glucose blood test strip | P | QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| ACCU-CHEK AVIVA PLUS - blood glucose monitoring kit w/ device | P | |
| ACCU-CHEK COMPACT PLUS - glucose blood test strip | P | QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| ACCU-CHEK GUIDE - glucose blood test strip | P | QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| ACCU-CHEK GUIDE - blood glucose monitoring kit w/ device | P | |
| ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2 - blood glucose calibration - liquid | OTC-C | |
| ACCU-CHEK GUIDE ME - blood glucose monitoring kit w/ device | P | |
| ACCU-CHEK SMARTVIEW CONTROL - blood glucose calibration - liquid | OTC-C | |
| ACCU-CHEK SMARTVIEW STRIP - glucose blood test strip | P | QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| AGAMATRIX CONTROL HIGH - blood glucose calibration - liquid - high | OTC-C | |
| AGAMATRIX CONTROL NORMAL - blood glucose calibration - liquid | OTC-C | |
| AGAMATRIX CONTROL NORMAL - blood glucose calibration - liquid - normal | OTC-C | |
| AGAMATRIX PRESTO - blood glucose monitoring kit w/ device | NP | PA |
| AGAMATRIX PRESTO TEST STRIPS - glucose blood test strip | NP | PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| ALBUSTIX - albumin (urine) test strip | OTC-C | |
| CHEMSTRIP MICRAL - albumin (urine) test strip | OTC-C | |
| CHEMSTRIP-K - acetone (urine) test strip | OTC-C | |
| CONTOUR BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring devices | P | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|--|
| CONTOUR BLOOD GLUCOSE TEST STRIPS - glucose blood test strip | P | QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| CONTOUR HIGH CONTROL - blood glucose calibration - liquid - high | OTC-C | |
| CONTOUR LOW CONTROL - blood glucose calibration - liquid - low | OTC-C | |
| CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit w/ device | P | |
| CONTOUR NEXT BLOOD GLUCOSE TEST STRIP - glucose blood test strip | P | QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| CONTOUR NEXT CONTROL LEVEL 1 - blood glucose calibration - liquid - low | OTC-C | |
| CONTOUR NEXT CONTROL LEVEL 2 - blood glucose calibration - liquid - normal | OTC-C | |
| CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit w/ device | P | |
| CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit | P | |
| CONTOUR NORMAL CONTROL - blood glucose calibration - liquid - normal | OTC-C | |
| DEXCOM G5 MOBILE RECEIVER KIT - continuous blood glucose system receiver | NP | PA, QL (1 receiver/365 days) |
| DEXCOM G5 MOBILE TRANSMITTER KIT - continuous blood glucose system transmitter | NP | PA, QL (1 transmitter/84 days) |
| DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT - continuous blood glucose system sensor | NP | PA, QL (4 sensors/28 days) |
| DEXCOM G5 RECEIVER KIT - continuous blood glucose system receiver | NP | PA, QL (1 receiver/365 days) |
| DEXCOM G6 RECEIVER - continuous blood glucose system receiver | P | QL (1 receiver/365 days) |
| DEXCOM G6 SENSOR - continuous blood glucose system sensor | P | QL (3 sensors/30 days) |
| DEXCOM G6 TRANSMITTER - continuous blood glucose system transmitter | P | QL (1 transmitter/90 days) |
| FORA CONTROL SOLUTION HIGH - blood glucose calibration - liquid - high | OTC-C | |
| FORA CONTROL SOLUTION LOW - blood glucose calibration - liquid - low | OTC-C | |
| FORA CONTROL SOLUTION NORMAL - blood glucose calibration - liquid - normal | OTC-C | |
| FORA G20 BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit w/ device | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|--------------------|--|
| FORA G20 BLOOD GLUCOSE TEST STRIPS - glucose blood test strip | NP | PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| FREESTYLE CONTROL SOLUTION - blood glucose calibration - liquid | OTC-C | |
| FREESTYLE FREEDOM LITE - blood glucose monitoring kit w/ device | NP | PA |
| FREESTYLE INSULINX BLOOD - glucose blood test strip | NP | PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| FREESTYLE INSULINX BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit w/ device | NP | PA |
| FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM - continuous blood glucose system receiver | P | QL (1 reader/365 days) |
| FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM - continuous blood glucose system sensor | P | QL (2 sensors/28 days) |
| FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM - continuous blood glucose system receiver | P | QL (1 reader/365 days) |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM - continuous blood glucose system sensor | P | QL (2 sensors/28 days) |
| FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring devices | NP | PA |
| FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit w/ device | NP | PA |
| FREESTYLE LITE TEST STRIP - glucose blood test strip | NP | PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| FREESTYLE TEST STRIPS - glucose blood test strip | NP | PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING - blood glucose monitoring kit w/ device | NP | PA |
| GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS - glucose blood test strip | NP | PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 - blood glucose calibration - liquid | OTC-C | |
| GLUCOCARD SHINE - blood glucose monitoring devices | NP | PA |
| GLUCOCARD SHINE - blood glucose monitoring kit w/ device | NP | PA |
| GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 - blood glucose calibration - liquid | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|--------------------|--|
| GLUCOCARD SHINE TEST STRIPS - glucose blood test strip | NP | PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| GLUCOCARD SHINE XL - blood glucose monitoring devices | NP | PA |
| KETOCARE - acetone (urine) test strip | OTC-C | |
| KETONE - acetone (urine) test strip | OTC-C | |
| KETONE TEST STRIPS - acetone (urine) test strip | OTC-C | |
| KETOSTIX - acetone (urine) test strip | OTC-C | |
| MEDISENSE GLUCOSE KETONE CONTROL SOLUTION 1-NORMAL - blood glucose calibration - liquid | OTC-C | |
| MEDISENSE HIGH/LOW CONTROL SOLUTION - blood glucose calibration - liquid | OTC-C | |
| MEDISENSE HIGH/MID/LOW CONTROL SOLUTION - blood glucose calibration - liquid | OTC-C | |
| MEDISENSE MID CONTROL SOLUTION - blood glucose calibration - liquid | OTC-C | |
| ONETOUCH ULTRA - glucose blood test strip | NP | PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| ONETOUCH ULTRA BLUE - glucose blood test strip | NP | PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| ONETOUCH ULTRA CONTROL - blood glucose calibration - liquid | OTC-C | |
| ONETOUCH ULTRA MINI - blood glucose monitoring kit w/ device | NP | PA |
| ONETOUCH ULTRA 2 - blood glucose monitoring kit w/ device | NP | PA |
| ONETOUCH VERIO - blood glucose monitoring kit w/ device | NP | PA |
| ONETOUCH VERIO CONTROL SOLUTION HIGH - blood glucose calibration - liquid - high | OTC-C | |
| ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit w/ device | NP | PA |
| ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit w/ device | NP | PA |
| ONETOUCH VERIO MID CONTROL SOLUTION - blood glucose calibration - liquid | OTC-C | |
| ONETOUCH VERIO TEST STRIPS - glucose blood test strip | NP | PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| PRECISION GLUCOSE CONTROL - blood glucose calibration - liquid | OTC-C | |
| PRECISION GLUCOSE KETONE CONTROL SOLUTION 1-LOW, 1-HIGH - blood glucose calibration - liquid | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|--|
| PRECISION GLUCOSE/KETONE CONTROL SOLUTIONS 1-HI 1-LO - blood glucose calibration - liquid | OTC-C | |
| PRECISION XTRA - blood glucose monitoring devices | NP | PA |
| PRECISION XTRA - blood glucose monitoring kit | NP | PA |
| PRECISION XTRA BLOOD GLUCOSE TEST STRIPS - glucose blood test strip | NP | PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit w/ device | NP | PA |
| PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING - blood glucose monitoring devices | NP | PA |
| PRODIGY CONTROL SOLUTION - blood glucose calibration - liquid - high | OTC-C | |
| PRODIGY CONTROL SOLUTION LOW - blood glucose calibration - liquid - low | OTC-C | |
| PRODIGY NO CODING BLOOD GLUCOSE KIT - blood glucose monitoring kit w/ device | NP | PA |
| PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS - glucose blood test strip | NP | PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| PRODIGY POCKET BLOOD GLUCOSE METER KIT - blood glucose monitoring kit w/ device | NP | PA |
| PRODIGY VOICE BLOOD GLUCOSE METER KIT - blood glucose monitoring kit w/ device | NP | PA |
| RELION KETONE TEST STRIPS - acetone (urine) test strip | OTC-C | |
| TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH - blood glucose monitoring devices | NP | PA |
| TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART - blood glucose monitoring kit w/ device | NP | PA |
| TRUE METRIX AIR W/BLUETOOTH SMART - blood glucose monitoring kit w/ device | NP | PA |
| TRUE METRIX BLOOD GLUCOSE METER - blood glucose monitoring kit w/ device | NP | PA |
| TRUE METRIX BLOOD GLUCOSE TEST STRIPS - glucose blood test strip | NP | PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |
| TRUE METRIX CONTROL SOLUTION LEVEL 1 - blood glucose calibration - liquid - low | OTC-C | |
| TRUE METRIX CONTROL SOLUTION LEVEL 2 - blood glucose calibration - liquid - normal | OTC-C | |
| TRUE METRIX CONTROL SOLUTION LEVEL 3 - blood glucose calibration - liquid - high | OTC-C | |
| TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS - glucose blood test strip | NP | PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use) |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| OTHER DIABETIC SUPPLIES | | |
| ALCOHOL PREP PADS - VARIOUS | OTC-C | |
| INSULIN SYRINGES - VARIOUS SIZES | C | |
| LANCET DEVICES - VARIOUS - lancet devices | OTC-C | |
| LANCETS - VARIOUS | OTC-C | |
| PEN NEEDLES - VARIOUS | OTC-C | |
| RESPIRATORY INHALER-ASSIST DEVICES | | |
| AEROCHAMBER MINI AEROSOL CHAMBER - spacer/aerosol-holding chambers - device | C | |
| AEROCHAMBER MV - spacer/aerosol-holding chambers - device | C | |
| AEROCHAMBER PLUS FLOW-VU - spacer/aerosol-holding chambers - device | C | |
| AEROCHAMBER PLUS FLOW-VU/MASK - spacer/aerosol-holding chambers - device | C | |
| AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU - spacer/aerosol-holding chambers - device | C | |
| AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL - spacer/aerosol-holding chambers - device | C | |
| AEROCHAMBER Z-STAT PLUS/LARGE MASK - spacer/aerosol-holding chambers - device | C | |
| AEROCHAMBER Z-STAT PLUS/MEDIUM MASK - spacer/aerosol-holding chambers - device | C | |
| AEROCHAMBER Z-STAT PLUS/SMALL MASK - spacer/aerosol-holding chambers - device | C | |
| AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE - spacer/aerosol-holding chambers - device | C | |
| MISCELLANEOUS DRUGS | | |
| ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg | NP | PA |
| ASTAGRAF XL - tacrolimus cap er 24hr 1 mg | NP | PA |
| ASTAGRAF XL - tacrolimus cap er 24hr 5 mg | NP | PA |
| azathioprine tab 50 mg (Imuran) | P | |
| azathioprine tab 75 mg | P | |
| azathioprine tab 75 mg (Azasan) | NP | PA |
| azathioprine tab 100 mg | P | |
| azathioprine tab 100 mg (Azasan) | NP | PA |
| CELLCEPT - mycophenolate mofetil cap 250 mg | NP | PA |
| CELLCEPT - mycophenolate mofetil tab 500 mg | NP | PA |
| CELLCEPT - mycophenolate mofetil for oral susp 200 mg/ml | P | |
| charcoal activated for oral susp | OTC-C | |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|--|-------------|---|
| charcoal activated liq | OTC-C | |
| CHEMET - succimer cap 100 mg | C | |
| cyclosporine cap 25 mg (Sandimmune) | P | |
| cyclosporine cap 100 mg (Sandimmune) | P | |
| cyclosporine modified cap 25 mg (Neoral) | P | |
| cyclosporine modified cap 50 mg | P | |
| cyclosporine modified cap 100 mg (Neoral) | P | |
| cyclosporine modified oral soln 100 mg/ml (Neoral) | P | |
| deferasirox granules packet 90 mg (Jadenu sprinkle) | C | SP |
| deferasirox granules packet 180 mg (Jadenu sprinkle) | C | SP |
| deferasirox granules packet 360 mg (Jadenu sprinkle) | C | SP |
| deferasirox tab for oral susp 125 mg (Exjade) | C | SP |
| deferasirox tab for oral susp 250 mg (Exjade) | C | SP |
| deferasirox tab for oral susp 500 mg (Exjade) | C | SP |
| deferasirox tab 90 mg (Jadenu) | C | SP |
| deferasirox tab 180 mg (Jadenu) | C | SP |
| deferasirox tab 360 mg (Jadenu) | C | SP |
| ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml | C | PA, QL (1 syringe/28 days), SP |
| ENVARUSUS XR - tacrolimus tab er 24hr 0.75 mg | NP | PA |
| ENVARUSUS XR - tacrolimus tab er 24hr 1 mg | NP | PA |
| ENVARUSUS XR - tacrolimus tab er 24hr 4 mg | NP | PA |
| everolimus tab 0.25 mg (Zortress) | NP | PA |
| everolimus tab 0.5 mg (Zortress) | NP | PA |
| everolimus tab 0.75 mg (Zortress) | NP | PA |
| IMURAN - azathioprine tab 50 mg | NP | PA |
| irrigation solution, physiological | C | |
| KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml | NP | PA |
| lactated ringer's for irrigation | C | |
| LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm | C | |
| LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm | C | |
| mycophenolate mofetil cap 250 mg (Cellcept) | P | |
| mycophenolate mofetil for oral susp 200 mg/ml (Cellcept) | NP | PA |
| mycophenolate mofetil tab 500 mg (Cellcept) | P | |
| mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic) | NP | PA |
| mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic) | NP | PA |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|---|-------------|---|
| MYFORTIC - mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) | NP | PA |
| MYFORTIC - mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) | NP | PA |
| NALOXONE HCL - naloxone hcl soln cartridge 0.4 mg/ml | C | |
| naloxone hcl inj 0.4 mg/ml | P | |
| naloxone hcl inj 4 mg/10ml | P | |
| naloxone hcl soln prefilled syringe 2 mg/2ml | P | |
| naltrexone hcl tab 50 mg | C | |
| NARCAN - naloxone hcl nasal spray 4 mg/0.1ml | P | |
| NEORAL - cyclosporine modified oral soln 100 mg/ml | NP | PA |
| NEORAL - cyclosporine modified cap 25 mg | NP | PA |
| NEORAL - cyclosporine modified cap 100 mg | NP | PA |
| penicillamine tab 250 mg (Depen titratabs) | C | SP |
| PROGRAF - tacrolimus cap 0.5 mg | NP | PA |
| PROGRAF - tacrolimus cap 1 mg | NP | PA |
| PROGRAF - tacrolimus cap 5 mg | NP | PA |
| PROGRAF - tacrolimus packet for susp 0.2 mg | C | |
| PROGRAF - tacrolimus packet for susp 1 mg | C | |
| RAPAMUNE - sirolimus oral soln 1 mg/ml | P | |
| RAPAMUNE - sirolimus tab 0.5 mg | P | |
| RAPAMUNE - sirolimus tab 1 mg | P | |
| RAPAMUNE - sirolimus tab 2 mg | P | |
| SANDIMMUNE - cyclosporine oral soln 100 mg/ml | NP | PA |
| SANDIMMUNE - cyclosporine cap 25 mg | NP | PA |
| SANDIMMUNE - cyclosporine cap 100 mg | NP | PA |
| sirolimus oral soln 1 mg/ml (Rapamune) | NP | PA |
| sirolimus tab 0.5 mg (Rapamune) | NP | PA |
| sirolimus tab 1 mg (Rapamune) | NP | PA |
| sirolimus tab 2 mg (Rapamune) | NP | PA |
| sodium polystyrene sulfonate powder | C | |
| SPS - sodium polystyrene sulfonate oral susp 15 gm/60ml | C | |
| starch-maltodextrin oral thickening powder | OTC-C | |
| tacrolimus cap 0.5 mg (Prograf) | P | |
| tacrolimus cap 1 mg (Prograf) | P | |
| tacrolimus cap 5 mg (Prograf) | P | |
| ZOKINVY - lonafarnib cap 50 mg | C | PA, QL (120 capsules/30 days), SP |

| Drug Name | Drug Status | Additional requirements or limits on coverage |
|-----------------------------------|--------------------|--|
| ZOKINVY - lonafarnib cap 75 mg | C | PA, QL (120 capsules/30 days), SP |
| ZORTRESS - everolimus tab 0.25 mg | NP | PA |
| ZORTRESS - everolimus tab 0.5 mg | NP | PA |
| ZORTRESS - everolimus tab 0.75 mg | NP | PA |
| ZORTRESS - everolimus tab 1 mg | NP | PA |

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