







## Lista de medicamentos cubiertos y medicamentos que favorece Presbyterian Turquoise Care



La lista de medicamentos que favorece Presbyterian Turquoise Care está sujeta a cambios.











Esta lista está en orden alfabético. Para buscar un medicamento específico, utilice la aplicación de búsquedas que está a su disposición en Adobe Acrobat Reader (acceso directo: Ctrl+F).

### Definición de la categoría

Icono	Categoría	Definición
	Lista de medicamentos cubiertos	Medicamento cubierto que se encuentra en la lista de medicamentos.
	Beneficio médico	Medicamento médico administrado en el consultorio fármaco especializado.
	\$0	\$0 es el copago conforme a las directrices de la Ley de Cuidado de Salud a Bajo Precio y de Protección de los Pacientes [ <i>Patient Protection and Affordable Care Act, PPACA</i> ].
	Excepción médica	Un medicamento que no se encuentra en la lista de medicamentos cubiertos del plan. El recetador, el asegurado o su representante designado pueden solicitar una excepción. El recetador tiene que aportar información para respaldar la solicitud de excepción médica por fax, por teléfono o por correo regular.
	Exclusión del beneficio	Exclusión del beneficio. No es beneficio cubierto.
	No se encuentra en la lista de medicamentos	Medicamento que no se cubre en la lista de medicamentos.

### Definición de las restricciones

Icono	Restricción	Definición
	Restricción de edad	Una restricción que rige la cobertura, basada en la edad mínima o máxima del asegurado, a fin de garantizar la seguridad y efectividad de los tratamientos y las dosis de los medicamentos.
	Indicador genérico	Un medicamento genérico ha sido aprobado por la Administración de Alimentos y Medicamentos [ <i>Food and Drug Administration, FDA</i> ] de los EE. UU. Por tener el mismo ingrediente activo y puede sustituir el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

Icono	Restricción	Definición
	Acceso restringido	Acceso restringido.
	Suministro de días no extendido	Se limita este medicamento a un suministro de un mes.
	Sin receta	Medicamentos que se pueden vender sin receta.
	Autorización previa	La autorización previa es un proceso de evaluación clínica que determina si el servicio médico solicitado es medicamento necesario, un beneficio cubierto, y si se está proveyendo en el entorno médico más adecuado.
	Cantidad límite	Un límite que rige la cantidad de un medicamento por el cual pagará Presbyterian Turquoise Care en un periodo de tiempo. Presbyterian utiliza las directrices médicas y las recomendaciones de los fabricantes de los medicamentos aprobadas por la FDA para establecer los límites que rigen las cantidades.
	Días máximos de la lista II	Días máximos de la lista II.
	Farmacia especializada	Se exige la autorización previa para la mayoría de los fármacos especializados y se tienen que obtener por medio de la red de farmacias especializadas. Por lo general, los fármacos especializados son caros; típicamente un suministro máximo de 30 días cuesta más de \$600. Los fármacos especializados no están disponibles por medio de la opción de tiendas o de encargos por correo y se limitan a suministro máximo de 30 días. Se limita el surtido inicial de algunos fármacos especializados a un suministro máximo de 15 días para asegurar que los pacientes puedan tolerar el medicamento nuevo.
	Terapia escalonada	La terapia escalonada fomenta primero el uso debido de medicamentos que se encuentran en lista de medicamentos cubiertos y que son igualmente eficaces, pero que cuestan menos. Con dicho programa, se exige el uso previo de un medicamento “prerrequisito”, o de más de uno, antes de que se cubra un medicamento de terapia escalonada. Los medicamentos prerrequisitos han sido aprobados por la FDA y tratan el mismo problema médico que los medicamentos de terapia escalonada correspondientes.
	Surtido dividido: empezar de nuevo	Se limita el surtido inicial de algunos fármacos especializados a un suministro máximo de 15 días para asegurar que los pacientes puedan tolerar el medicamento nuevo.
	Código del diagnóstico	Código del diagnóstico.

Icono	Restricción	Definición
	Aviso de usuario 1-9	Aviso de usuario 1-9.

Drug Name	Tier	Notes
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>		
<b>*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS***</b>		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Cubierto	QL (30 EA per 30 days)
<b>*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR***</b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Cubierto	QL (30 EA per 30 days); AL (Min 6 Years)
<b>*AMPHETAMINE MIXTURES***</b>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Cubierto	QL (30 EA per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Cubierto	QL (60 EA per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Cubierto	QL (90 EA per 30 days); AL (Min 3 Years)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Cubierto	QL (60 EA per 30 days); AL (Min 6 Years)
<b>*AMPHETAMINES***</b>		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Cubierto	QL (60 EA per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Cubierto	QL (90 EA per 30 days); AL (Min 3 Years)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Cubierto	PA; QL (30 EA per 30 days); AL (Min 6 Years)
<b>*ANALEPTICS***</b>		
<i>caffeine citrate intravenous solution 60 mg/3ml</i>	Cubierto	
<i>caffeine citrate oral solution 20 mg/ml</i>	Cubierto	
<b>*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***</b>		
<b>SUNOSI ORAL TABLET 150 MG, 75 MG</b>	Cubierto	PA; QL (30 EA per 30 Days); AL (Min 18 Years)
<b>*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS***</b>		
<b>WAKIX ORAL TABLET 17.8 MG</b>	Cubierto	PA; LA; QL (60 EA per 30 days); AL (Min 18 Years)
<b>WAKIX ORAL TABLET 4.45 MG</b>	Cubierto	PA; LA; QL (14 EA per 7 days); AL (Min 18 Years)
<b>*STIMULANTS - MISC.***</b>		

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Cubierto	PA; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Cubierto	ST; QL (30 EA per 30 days); AL (Min 6 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Cubierto	ST; QL (60 EA per 30 days); AL (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Cubierto	QL (30 EA per 30 days); AL (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Cubierto	QL (30 EA per 30 days); AL (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Cubierto	QL (60 EA per 30 days); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	Cubierto	QL (60 EA per 30 days); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Cubierto	QL (90 EA per 30 days); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	Cubierto	QL (30 EA per 30 days); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Cubierto	QL (60 EA per 30 days); AL (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Cubierto	QL (450 ML per 30 days); AL (Min 6 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Cubierto	QL (180 ML per 30 days); AL (Min 6 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Cubierto	QL (90 EA per 30 days); AL (Min 3 Years)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Cubierto	QL (30 EA per 30 days)
<b>*AMINOGLYCOSIDES*</b>		
<b>*AMINOGLYCOSIDES***</b>		
<i>neomycin sulfate oral tablet 500 mg</i>	Cubierto	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Cubierto	SP
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<b>*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***</b>		
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG</b>	Cubierto	PA; QL (30 EA per 30 days); SP
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG</b>	Cubierto	PA; QL (90 EA per 365 days); SP
<b>XELJANZ ORAL SOLUTION 1 MG/ML</b>	Cubierto	PA; QL (300 ML per 30 days); AL (Min 2 Years and Max 12 Years); SP
<b>XELJANZ ORAL TABLET 10 MG, 5 MG</b>	Cubierto	PA; QL (60 EA per 30 days); SP

Drug Name	Tier	Notes
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	Cubierto	PA; QL (30 EA per 30 days); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	Cubierto	PA; QL (112 EA per 6 Months); SP
<b>*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***</b>		
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	Cubierto	PA; Coverage applies to approved products only. Covered NDCs: 55513-0482-01 and 555130482-02; QL (1.6 ML per 28 days); SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	Cubierto	PA; Coverage applies to approved products only. Covered NDCs: 72511-0400-01 and 72511-0400-02.; QL (3.2 EA per 28 days); SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Cubierto	PA; Coverage applies to approved products only. Covered NDCs: 55513-0481-01 and 55513-0481-02; QL (1.6 ML per 28 days); SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Cubierto	PA; Coverage applies to approved products only. Covered NDCs: 55513-0479-01 and 55513-0479-02; QL (1.6 ML per 28 days); SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	Cubierto	PA; QL (0.4 ML per 28 days); SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	Cubierto	PA; QL (0.8 EA per 28 days); SP
<b>*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Cubierto	QL (60 EA per 30 days)
<b>*GOLD COMPOUNDS***</b>		
RIDAURA ORAL CAPSULE 3 MG	Cubierto	
<b>*INTERLEUKIN-6 RECEPTOR INHIBITORS***</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Cubierto	PA; QL (3.6 ML per 28 days); SP
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	MB	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Cubierto	PA; QL (3.6 ML per 28 days); SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Cubierto	PA; QL (2.28 ML per 28 days); SP

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML</b>	Cubierto	PA; QL (2.28 ML per 28 days); SP
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***</b>		
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Cubierto	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Cubierto	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Cubierto	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Cubierto	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Cubierto	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Cubierto	
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>ibuprofen lysine intravenous solution 10 mg/ml</i>	MB	
<i>ibuprofen oral suspension 100 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>ibuprofen oral tablet 200 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Cubierto	
<b>INDOCIN RECTAL SUPPOSITORY 50 MG</b>	Cubierto	
<i>indomethacin er oral capsule extended release 75 mg</i>	Cubierto	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Cubierto	
<i>indomethacin oral suspension 25 mg/5ml</i>	Cubierto	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	Cubierto	
<b>MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Cubierto	
<b>MOTRIN IB ORAL TABLET 200 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Cubierto	
<i>naproxen oral suspension 125 mg/5ml</i>	Cubierto	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Cubierto	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Cubierto	
<i>oxaprozin oral tablet 600 mg</i>	Cubierto	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Cubierto	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Cubierto	
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***</b>		
<b>OTEZLA ORAL TABLET 30 MG</b>	Cubierto	PA; QL (60 EA per 30 days); SP
<b>OTEZLA ORAL TABLET THERAPY PACK 10 &amp; 20 &amp; 30 MG</b>	Cubierto	PA; QL (55 EA per 28 days); SP
<b>*PYRIMIDINE SYNTHESIS INHIBITORS***</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Cubierto	
<b>*SELECTIVE COSTIMULATION MODULATORS***</b>		
<b>ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML</b>	Cubierto	PA; QL (4 ML per 28 days); SP
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML</b>	Cubierto	PA; QL (4 ML per 28 days); SP
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML</b>	Cubierto	PA; QL (1.6 ML per 28 days); SP
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML</b>	Cubierto	PA; QL (2.8 ML per 28 days); SP
<b>*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***</b>		
<b>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML</b>	Cubierto	PA; QL (4 ML per 28 days); SP
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>	Cubierto	PA; QL (2 ML per 28 days); SP
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML</b>	Cubierto	PA; QL (2 ML per 28 days); SP
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML</b>	Cubierto	PA; QL (4 ML per 28 days); SP
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML</b>	Cubierto	PA; QL (4 ML per 28 days); SP
<b>*ANALGESICS - NONNARCOTIC*</b>		
<b>*ANALGESICS OTHER***</b>		
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>acetaminophen junior strength oral tablet dispersible 160 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans



<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>acetaminophen oral liquid 160 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>acetaminophen oral solution 160 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>acetaminophen oral tablet 325 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (12 EA per 1 day)
<i>acetaminophen oral tablet 500 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (8 EA per 1 day)
<i>acetaminophen oral tablet chewable 160 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>acetaminophen oral tablet chewable 80 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>acetaminophen rapid tabs child oral tablet dispersible 80 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>arthritis pain relief oral tablet extended release 650 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (6 EA per 1 day)
<b>*ANALGESICS-SEDATIVES***</b>		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Cubierto	QL (180 EA per 30 days)
<b>*SALICYLATES***</b>		
<i>aspirin low dose oral tablet chewable 81 mg</i>	Cubierto	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	Cubierto	
<i>aspirin low strength oral tablet chewable 81 mg</i>	Cubierto	
<i>aspirin oral tablet 325 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>aspirin oral tablet chewable 81 mg</i>	Cubierto	
<i>aspirin oral tablet delayed release 325 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>aspirin oral tablet delayed release 81 mg</i>	Cubierto	
<i>childrens aspirin oral tablet chewable 81 mg</i>	Cubierto	
<i>diflunisal oral tablet 500 mg</i>	Cubierto	
<b>MEDI-FIRST ASPIRIN ORAL TABLET 325 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>MEDIQUE ASPIRIN ORAL TABLET 325 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>salsalate oral tablet 500 mg, 750 mg</i>	Cubierto	
<b>*ANALGESICS - OPIOID*</b>		
<b>*CODEINE COMBINATIONS***</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	Cubierto	PA; Not covered for patients under 12 years of age. Prior authorization required for patients 12 to 18 years.; AL (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Cubierto	PA; Not covered for patients under 12 years of age. Prior authorization required for patients 12 to 18 years.; QL (13 EA per 1 day); AL (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Cubierto	PA; Not covered for patients under 12 years of age. Prior authorization required for patients 12 to 18 years of age.; QL (13 EA per 1 day); AL (Min 12 Years)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Cubierto	PA; Not covered for patients under 12 years of age. Prior authorization required for patients 12 to 18 years.; QL (180 EA per 30 days); AL (Min 12 Years)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Cubierto	PA; Not covered for patients under 12 years of age. Prior authorization required for patients 12 to 18 years of age.; QL (6 EA per 1 day); AL (Min 12 Years)
<b>*HYDROCODONE COMBINATIONS***</b>		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Cubierto	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Cubierto	QL (12 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Cubierto	QL (5 EA per 1 day)
<b>*OPIOID AGONISTS***</b>		
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	Cubierto	PA; Not covered for patients under 12 years of age. Prior authorization required for patients 12 to 18 years.; QL (180 EA per 30 days); AL (Min 12 Years)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Cubierto	ST; QL (10 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Cubierto	QL (50 ML per 1 day)

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Cubierto	QL (6 EA per 1 day)
<i>meperidine hcl oral solution 50 mg/5ml</i>	Cubierto	QL (1200 ML per 30 days)
<i>meperidine hcl oral tablet 50 mg</i>	Cubierto	QL (180 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Cubierto	PA; QL (900 ML per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	Cubierto	PA; QL (180 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	Cubierto	QL (180 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Cubierto	ST; QL (30 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Cubierto	ST; Schedule II medications are limited to a 34 day supply maximum; QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg</i>	Cubierto	QL (180 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg</i>	Cubierto	QL (90 EA per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	Cubierto	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	Cubierto	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Cubierto	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Cubierto	QL (2700 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Cubierto	QL (180 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	Cubierto	ST; QL (60 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	Cubierto	PA; Not covered for patients under 12 years of age. Prior authorization required for patients 12 to 18 years.; QL (240 EA per 30 days); AL (Min 12 Years)
<b>*OPIOID COMBINATIONS***</b>		
<b>ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG</b>	Cubierto	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	Cubierto	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	Cubierto	QL (8 EA per 1 day)
<b>*OPIOID PARTIAL AGONISTS***</b>		
<b>BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 8 MG/0.16ML</b>	Cubierto	QL (0.64 ML per 28 days)
<b>BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 24 MG/0.48ML, 32 MG/0.64ML</b>	Cubierto	QL (1.92 ML per 28 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML</b>	Cubierto	QL (0.36 ML per 28 days)
<b>BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 64 MG/0.18ML</b>	Cubierto	QL (0.18 ML per 28 days)
<b>BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 96 MG/0.27ML</b>	Cubierto	QL (0.27 ML per 28 days)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Cubierto	QL (3 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Cubierto	PA; QL (4 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	Cubierto	QL (60 EA per 30 days); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Cubierto	QL (90 EA per 30 days); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Cubierto	QL (90 EA per 30 days); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Cubierto	QL (120 EA per 30 days); AL (Min 16 Years)
<b>SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML</b>	Cubierto	QL (0.5 ML per 30 days)
<b>SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/1.5ML</b>	Cubierto	QL (1.5 ML per 30 days)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 5.7-1.4 MG</b>	Cubierto	QL (3 EA per 1 day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG</b>	Cubierto	QL (1 EA per 1 day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG, 8.6-2.1 MG</b>	Cubierto	QL (2 EA per 1 day)
<b>*ANDROGENS-ANABOLIC*</b>		
<b>*ANDROGENS***</b>		
<b>ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR</b>	Cubierto	PA; QL (60 EA per 30 days)
<b>ANDRODERM TRANSDERMAL PATCH 24 HOUR 4 MG/24HR</b>	Cubierto	PA; QL (30 EA per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Cubierto	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Cubierto	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Cubierto	PA
<i>testosterone transdermal gel 10 mg/act (2%)</i>	Cubierto	PA; QL (120 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	Cubierto	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Cubierto	PA; QL (75 GM per 30 days)

Drug Name	Tier	Notes
<b>*ANORECTAL AND RELATED PRODUCTS*</b>		
<b>*INTRARECTAL STEROIDS***</b>		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cubierto	
<b>*RECTAL ANESTHETIC/STEROIDS***</b>		
<i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>	Cubierto	
<b>PROCTOFOAM HC EXTERNAL FOAM 1-1 %</b>	Cubierto	
<b>*RECTAL STEROIDS***</b>		
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Cubierto	
<b>PROCTOCARE-HC EXTERNAL CREAM 2.5 %</b>	Cubierto	
<b>PROCTO-MED HC EXTERNAL CREAM 2.5 %</b>	Cubierto	
<b>PROCTOSOL HC EXTERNAL CREAM 2.5 %</b>	Cubierto	
<b>PROCTOZONE-HC EXTERNAL CREAM 2.5 %</b>	Cubierto	
<b>*ANTHELMINTICS*</b>		
<b>*ANTHELMINTICS***</b>		
<i>albendazole oral tablet 200 mg</i>	Cubierto	PA
<i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (60 ML per 30 days)
<b>*ANTIANGINAL AGENTS*</b>		
<b>*ANTIANGINALS-OTHER***</b>		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Cubierto	ST
<b>*NITRATES***</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Cubierto	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Cubierto	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Cubierto	
<b>NITRO-BID TRANSDERMAL OINTMENT 2 %</b>	Cubierto	
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>	Cubierto	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Cubierto	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Cubierto	
<b>*ANTIANXIETY AGENTS*</b>		
<b>*ANTIANXIETY AGENTS - MISC.***</b>		

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	Cubierto	QL (90 EA per 30 days)
<i>buspirone hcl oral tablet 30 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Cubierto	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Cubierto	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Cubierto	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Cubierto	
<b>*BENZODIAZEPINES***</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	Cubierto	QL (60 EA per 30 days)
<b>ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML</b>	Cubierto	
<i>alprazolam oral tablet 0.25 mg</i>	Cubierto	Max two Benzodiazepines.; QL (90 EA per 30 days)
<i>alprazolam oral tablet 0.5 mg, 1 mg</i>	Cubierto	QL (90 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	Cubierto	QL (135 EA per 30 days)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>alprazolam xr oral tablet extended release 24 hour 3 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Cubierto	QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	Cubierto	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	Cubierto	QL (90 EA per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Cubierto	QL (120 EA per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	Cubierto	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Cubierto	QL (90 EA per 30 days)
<b>*ANTIARRHYTHMICS*</b>		
<b>*ANTIARRHYTHMICS TYPE I-A***</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Cubierto	
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG</b>	Cubierto	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	Cubierto	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Cubierto	
<b>*ANTIARRHYTHMICS TYPE I-B***</b>		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Cubierto	
<b>*ANTIARRHYTHMICS TYPE I-C***</b>		

Drug Name	Tier	Notes
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Cubierto	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Cubierto	
<b>*ANTIARRHYTHMICS TYPE III***</b>		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	Cubierto	
<b>MULTAQ ORAL TABLET 400 MG</b>	Cubierto	PA; QL (60 EA per 30 days)
<b>PACERONE ORAL TABLET 100 MG</b>	Cubierto	
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>*5-LIPOXYGENASE INHIBITORS***</b>		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	Cubierto	PA; QL (120 EA per 30 days); SP
<b>*ADRENERGIC COMBINATIONS***</b>		
<b>BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT</b>	Cubierto	QL (10.2 GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Cubierto	QL (10.2 GM per 30 days)
<b>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT</b>	Cubierto	QL (4 GM per 30 days)
<b>DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT</b>	Cubierto	ST; QL (13 GM per 30 days); AL (Max 12 Years)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Cubierto	PA; Step Edit Criteria applies to Dulera and Symbicort. Coverage of Dulera and Symbicort requires a prescription claim history of an orally inhaled corticosteroid or orally inhaled anticholinergic within the past 120 days OR FEV1 of less than 50%.; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	Cubierto	AL (Min 12 Years)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Cubierto	
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT</b>	Cubierto	ST
<b>WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT</b>	Cubierto	PA; QL (60 EA per 30 days)
<b>*ANTI-INFLAMMATORY AGENTS***</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Cubierto	
<b>*BETA ADRENERGICS***</b>		

Drug Name	Tier	Notes
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Cubierto	Formulary NDCs/Manufactures: Generic Proventil HFA: 69097-0142-60 Cipla US; 00254-1007-52 PAR Pharmaceutical / Generic Proair HFA: 00093-3174-31 Teva; 68180-0963-01 Lupin Pharmaceuticals; 45802-0088-01 Perrigo Pharmaceuticals
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Cubierto	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Cubierto	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Cubierto	
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT</b>	Cubierto	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	Cubierto	
<b>*BRONCHODILATORS - ANTICHOLINERGICS***</b>		
<b>ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT</b>	Cubierto	
<i>ipratropium bromide inhalation solution 0.02 %</i>	Cubierto	
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT</b>	Cubierto	
<b>*LEUKOTRIENE RECEPTOR ANTAGONISTS***</b>		
<i>montelukast sodium oral tablet 10 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Cubierto	
<b>*MIXED ADRENERGICS***</b>		
<b>ASTHMANEFRIN REFILL INHALATION NEBULIZATION SOLUTION 2.25 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***</b>		
<i>roflumilast oral tablet 500 mcg</i>	Cubierto	PA; QL (30 EA per 30 days)
<b>*STEROID INHALANTS***</b>		
<b>ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT</b>	Cubierto	QL (12.2 GM per 30 days)
<b>ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT</b>	Cubierto	QL (6.1 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Cubierto	QL (120 ML per 30 days)



Drug Name	Tier	Notes
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>	Cubierto	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>	Cubierto	
<b>QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT</b>	Cubierto	QL (10.6 GM per 30 days)
<b>QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT</b>	Cubierto	QL (21.2 GM per 30 days)
<b>*XANTHINES***</b>		
<b>ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML</b>	Cubierto	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	Cubierto	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Cubierto	
<b>*ANTICOAGULANTS*</b>		
<b>*COUMARIN ANTICOAGULANTS***</b>		
<b>JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG</b>	Cubierto	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Cubierto	
<b>*DIRECT FACTOR XA INHIBITORS***</b>		
<b>XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML</b>	Cubierto	QL (600 ML per 30 days)
<b>XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG</b>	Cubierto	QL (30 EA per 30 days)
<b>XARELTO ORAL TABLET 2.5 MG</b>	Cubierto	PA; QL (60 EA per 30 days)
<b>XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 &amp; 20 MG</b>	Cubierto	QL (51 EA per 90 days)
<b>*HEPARINS AND HEPARINOID-LIKE AGENTS***</b>		
<b>BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION 10 UNIT/ML, 100 UNIT/ML</b>	Cubierto	
<i>heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml</i>	Cubierto	
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	Cubierto	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Cubierto	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	Cubierto	
<b>*LOW MOLECULAR WEIGHT HEPARINS***</b>		

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Cubierto	PA; Maximum 30 syringes per 90 days. Prior authorization required for amounts exceeding plan quantity limits.
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Cubierto	PA; Maximum 30 syringes per 90 days. Prior authorization required for amounts exceeding plan quantity limits.
<b>FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML</b>	Cubierto	PA; QL (30 syringes per 30 days)
<b>*SYNTHETIC HEPARINOID-LIKE AGENTS***</b>		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Cubierto	PA
<b>*ANTICONVULSANTS*</b>		
<b>*ANTICONVULSANTS - BENZODIAZEPINES***</b>		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Cubierto	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Cubierto	QL (90 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Cubierto	ST; QL (5 EA per 30 days); AL (Max 17 Years)
<b>NAYZILAM NASAL SOLUTION 5 MG/0.1ML</b>	Cubierto	PA; QL (10 delivery systems per 30 days)
<b>VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML</b>	Cubierto	PA; QL (10 EA per 30 days)
<b>VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML</b>	Cubierto	PA; QL (5 packs per 30 Days)
<b>VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML</b>	Cubierto	PA; QL (5 packs per 30 Days)
<b>VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML</b>	Cubierto	PA; QL (10 EA per 30 days)
<b>*ANTICONVULSANTS - MISC.***</b>		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Cubierto	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Cubierto	
<i>carbamazepine oral suspension 100 mg/5ml</i>	Cubierto	
<i>carbamazepine oral tablet 200 mg</i>	Cubierto	
<i>carbamazepine oral tablet chewable 100 mg</i>	Cubierto	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Cubierto	
<i>gabapentin oral solution 250 mg/5ml</i>	Cubierto	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Cubierto	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>lacosamide oral solution 10 mg/ml</i>	Cubierto	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Cubierto	PA; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	Cubierto	PA; QL (60 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>lamotrigine oral tablet 25 mg</i>	Cubierto	QL (120 EA per 30 days)
<i>lamotrigine oral tablet chewable 25 mg</i>	Cubierto	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Cubierto	ST; QL (120 EA per 30 days)
<i>levetiracetam oral solution 100 mg/ml</i>	Cubierto	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Cubierto	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Cubierto	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Cubierto	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Cubierto	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	Cubierto	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Cubierto	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Cubierto	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Cubierto	
<b>*HYDANTOINS***</b>		
<b>DILANTIN ORAL CAPSULE 30 MG</b>	Cubierto	
<i>phenytoin oral suspension 125 mg/5ml</i>	Cubierto	
<i>phenytoin oral tablet chewable 50 mg</i>	Cubierto	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Cubierto	
<b>*SUCCINIMIDES***</b>		
<i>ethosuximide oral capsule 250 mg</i>	Cubierto	
<i>ethosuximide oral solution 250 mg/5ml</i>	Cubierto	
<b>*VALPROIC ACID***</b>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Cubierto	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Cubierto	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Cubierto	
<i>valproic acid oral capsule 250 mg</i>	Cubierto	
<b>*ANTIDEPRESSANTS*</b>		
<b>*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)***</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Cubierto	PA; QL (30 EA per 30 days)
<b>*ANTIDEPRESSANTS - MISC.***</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Cubierto	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	Cubierto	QL (135 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	Cubierto	QL (120 EA per 30 days)
<b>*MONOAMINE OXIDASE INHIBITORS (MAOIS)***</b>		
<b>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR</b>	Cubierto	PA; QL (30 EA per 30 days)
<b>MARPLAN ORAL TABLET 10 MG</b>	Cubierto	PA; QL (180 EA per 30 days); AL (Min 18 Years)
<i>phenelzine sulfate oral tablet 15 mg</i>	Cubierto	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Cubierto	
<b>*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Cubierto	QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Cubierto	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	Cubierto	QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>fluoxetine hcl oral capsule 10 mg, 40 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	Cubierto	QL (120 EA per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Cubierto	QL (600 ML per 30 days)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	Cubierto	ST; QL (30 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg</i>	Cubierto	QL (90 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>fluvoxamine maleate oral tablet 25 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>fluvoxamine maleate oral tablet 50 mg</i>	Cubierto	QL (45 EA per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Cubierto	ST
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	Cubierto	PA; QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	Cubierto	QL (45 EA per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Cubierto	QL (300 ML per 30 days)
<i>sertraline hcl oral tablet 100 mg, 25 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 50 mg</i>	Cubierto	QL (45 EA per 30 days)
<b>*SEROTONIN MODULATORS***</b>		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Cubierto	PA; QL (60 EA per 30 days); AL (Min 18 Years)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Cubierto	
<b>TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>	Cubierto	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Cubierto	QL (30 EA per 30 days)
<b>*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***</b>		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Cubierto	QL (30 EA per 30 days); AL (Min 18 Years)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Cubierto	QL (60 EA per 30 days)
<b>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG</b>	Cubierto	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<b>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 &amp; 40 MG</b>	Cubierto	PA; QL (1 Pack per 6 Months); AL (Min 18 Years)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Cubierto	QL (90 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Cubierto	QL (90 EA per 30 days)
<b>*TRICYCLIC AGENTS***</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Cubierto	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Cubierto	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Cubierto	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Cubierto	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Cubierto	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Cubierto	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Cubierto	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Cubierto	
<i>protriptyline hcl oral tablet 10 mg</i>	Cubierto	PA; QL (60 EA per 30 days); AL (Min 18 Years)
<i>protriptyline hcl oral tablet 5 mg</i>	Cubierto	PA; QL (90 EA per 30 days); AL (Min 18 Years)
<i>trimipramine maleate oral capsule 100 mg, 50 mg</i>	Cubierto	PA; QL (60 EA per 30 days); AL (Min 18 Years)
<i>trimipramine maleate oral capsule 25 mg</i>	Cubierto	PA; QL (90 EA per 30 days); AL (Min 18 Years)
<b>*ANTIDIABETICS*</b>		
<b>*ALPHA-GLUCOSIDASE INHIBITORS***</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Cubierto	
<b>*ANTIDIABETIC - AMYLIN ANALOGS***</b>		
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML</b>	Cubierto	PA
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML</b>	Cubierto	PA
<b>*BIGUANIDES***</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Cubierto	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Cubierto	
<b>*DIABETIC OTHER***</b>		
<b>BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE</b>	Cubierto	
<b>BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE</b>	Cubierto	
<b>GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML</b>	Cubierto	
<b>GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML</b>	Cubierto	
<b>GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML</b>	Cubierto	
<b>GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML</b>	Cubierto	

Drug Name	Tier	Notes
<b>*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***</b>		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Cubierto	QL (30 EA per 30 days)
<b>*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***</b>		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Cubierto	ST; QL (60 EA per 30 days)
<b>*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Cubierto	ST; QL (30 EA per 30 days)
<b>*HUMAN INSULIN***</b>		
<b>ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS</b>	Cubierto	QL (45 ML per 30 days)
<b>ADMELOG SOLUTION 100 UNIT/ML INJECTION</b>	Cubierto	QL (50 ML per 30 days)
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML</b>	Cubierto	PA; QL (1 ML per 1 day)
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML</b>	Cubierto	PA; QL (18 ML per 30 days)
<i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	Cubierto	QL (45 ML per 30 days)
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	Cubierto	QL (45 ML per 30 days)
<i>insulin aspart injection solution 100 unit/ml</i>	Cubierto	QL (50 ML per 30 days)
<i>insulin aspart penfill solution cartridge 100 unit/ml subcutaneous</i>	Cubierto	QL (45 ML per 30 days)
<i>insulin aspart prot &amp; aspart suspension (70-30) 100 unit/ml subcutaneous</i>	Cubierto	QL (50 ML per 30 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	Cubierto	ST; QL (45 ML per 30 days)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Cubierto	ST; QL (50 ML per 30 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Cubierto	QL (50 ML per 30 days)
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	Cubierto	QL (45 ML per 30 days)
<b>NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>	Cubierto	QL (50 ML per 30 days)
<b>NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>	Cubierto	QL (50 ML per 30 days)
<b>NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML</b>	Cubierto	QL (45 ML per 30 days)

Drug Name	Tier	Notes
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Cubierto	QL (45 ML per 30 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Cubierto	QL (50 ML per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Cubierto	QL (50 ML per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Cubierto	QL (45 ML per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Cubierto	QL (45 ML per 30 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Cubierto	QL (50 ML per 30 days)
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Cubierto	QL (50 ML per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Cubierto	QL (45 ML per 30 days)
<b>*INCRETIN MIMETIC AGENTS (GIP &amp; GLP-1 RECEPTOR AGONISTS)***</b>		
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Cubierto	PA; QL (2 ML per 28 days)
<b>*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***</b>		
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Cubierto	PA; QL (2 ML per 28 days)
<b>*MEGLITINIDE ANALOGUES***</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Cubierto	
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Cubierto	ST; QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	Cubierto	ST; QL (240 EA per 30 days)
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG	Cubierto	PA; QL (30 EA per 30 days)
STEGLATRO ORAL TABLET 15 MG	Cubierto	ST; QL (30 EA per 30 days)
STEGLATRO ORAL TABLET 5 MG	Cubierto	ST; QL (30 EA per 30 Days)
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***</b>		
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	Cubierto	ST; QL (60 EA per 30 days)
<b>*SULFONYLUREA-BIGUANIDE COMBINATIONS***</b>		



Drug Name	Tier	Notes
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Cubierto	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>glyburide-metformin oral tablet 5-500 mg</i>	Cubierto	QL (120 EA per 30 days)
<b>*SULFONYLUREAS***</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Cubierto	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Cubierto	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Cubierto	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Cubierto	
<b>*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS***</b>		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Cubierto	ST
<b>*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS***</b>		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Cubierto	ST
<b>*THIAZOLIDINEDIONES***</b>		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Cubierto	QL (30 EA per 30 days)
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>		
<b>*ANTIPERISTALTIC AGENTS***</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Cubierto	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Cubierto	
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>		
<b>*OPIOID ANTAGONISTS***</b>		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Cubierto	Naloxone injectable used with nasal atomizer is covered.; QL (2 ML per 30 days)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	Cubierto	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Cubierto	
<i>naltrexone hcl oral tablet 50 mg</i>	Cubierto	
<b>NARCAN NASAL LIQUID 4 MG/0.1ML</b>	Cubierto	
<b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG</b>	Cubierto	QL (1 EA per 30 days)
<b>*ANTIEMETICS*</b>		

Drug Name	Tier	Notes
<b>*5-HT3 RECEPTOR ANTAGONISTS***</b>		
<b>ANZEMET ORAL TABLET 50 MG</b>	Cubierto	PA; QL (4 EA per 28 days)
<i>granisetron hcl intravenous solution 4 mg/4ml</i>	Cubierto	
<i>granisetron hcl oral tablet 1 mg</i>	Cubierto	ST; QL (20 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Cubierto	AL (Max 4 Years)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Cubierto	QL (90 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Cubierto	QL (90 EA per 30 days)
<i>palonosetron hcl intravenous solution 0.25 mg/2ml</i>	MB	QL (2 ML per 5 days)
<b>*ANTIEMETICS - ANTICHOLINERGIC***</b>		
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Cubierto	
<b>*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS***</b>		
<i>aprepitant oral capsule 125 mg, 40 mg</i>	Cubierto	PA; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 &amp; 125 mg, 80 mg</i>	Cubierto	PA; QL (3 EA per 30 days)
<b>EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML</b>	Cubierto	PA; QL (6 EA per 28 days)
<b>*ANTIFUNGALS*</b>		
<b>*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)***</b>		
<b>ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG</b>	MB	
<b>*ANTIFUNGALS***</b>		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Cubierto	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Cubierto	
<i>nystatin oral tablet 500000 unit</i>	Cubierto	
<i>terbinafine hcl oral tablet 250 mg</i>	Cubierto	QL (90 EA per 365 days)
<b>*IMIDAZOLES***</b>		
<i>ketoconazole oral tablet 200 mg</i>	Cubierto	
<b>*TRIAZOLES***</b>		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Cubierto	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Cubierto	
<i>itraconazole oral capsule 100 mg</i>	Cubierto	ST; QL (168 EA per 365 days)
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Cubierto	PA; QL (6 ML per 1 day)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Cubierto	PA; QL (60 EA per 30 days)
<b>*ANTIHISTAMINES*</b>		

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>*ANTIHISTAMINES - ETHANOLAMINES***</b>		
<i>aler-cap oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>allergy oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>allergy relief oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>BANOPHEN ORAL CAPSULE 25 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>complete allergy medicine oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>cvs allergy oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>cvs allergy relief oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>diphenhist oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>diphenhydramine hcl oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>eq allergy relief oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ft allergy relief oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>gnp allergy oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>gnp allergy relief oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>goodsense allergy relief oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>MEDI-PHEDRYL ORAL CAPSULE 25 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>meijer antihistamine allergy oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>pharbedryl oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>qc allergy relief oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ra allergy medication oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ra allergy relief oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>sb allergy oral capsule 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>WAL-DRYL ALLERGY ORAL CAPSULE 25 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*ANTIHISTAMINES - NON-SEDATING***</b>		
<i>all day allergy childrens oral solution 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>all-day allergy childrens oral solution 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>allergy relief childrens 24-hr oral solution 1 mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>allergy relief childrens oral solution 1 mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>cetirizine hcl childrens alrgy oral solution 1 mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>cetirizine hcl oral solution 1 mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>cetirizine hcl oral solution 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>childrens 24 hour allergy oral solution 1 mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>childrens loratadine oral solution 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>cvs allergy relief childrens oral solution 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>eq allerg relief child (cetir) oral solution 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>eq allergy relief (cetirizine) oral solution 1 mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>eql all day allergy childrens oral solution 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>ft allergy relief childrens oral solution 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>goodsense all day allergy oral solution 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>hm all day allergy childrens oral solution 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>loratadine oral tablet 10 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>qc allergy relief childrens oral syrup 1 mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>qc childrens allergy oral solution 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ra allergy relief childrens oral solution 1 mg/ml, 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ra allergy relief childrens oral syrup 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>sb cetirizine hcl childrens oral solution 1 mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>sm all day allergy childrens oral solution 5 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>WAL-ZYR ALLERGY CHILDRENS ORAL SOLUTION 1 MG/ML</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>WAL-ZYR CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>WAL-ZYR ORAL SOLUTION 5 MG/5ML</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*ANTIHISTAMINES - PHENOTHIAZINES***</b>		
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	Cubierto	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Cubierto	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Cubierto	
<b>*ANTIHISTAMINES - PIPERIDINES***</b>		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Cubierto	

Drug Name	Tier	Notes
<i>cyproheptadine hcl oral tablet 4 mg</i>	Cubierto	
<b>*ANTHYPERLIPIDEMICS*</b>		
<b>*BILE ACID SEQUESTRANTS***</b>		
<i>cholestyramine light oral packet 4 gm</i>	Cubierto	
<i>cholestyramine light oral powder 4 gm/dose</i>	Cubierto	
<i>cholestyramine oral packet 4 gm</i>	Cubierto	
<i>cholestyramine oral powder 4 gm/dose</i>	Cubierto	
<i>colesevelam hcl oral packet 3.75 gm</i>	Cubierto	QL (30 EA per 30 days)
<i>colesevelam hcl oral tablet 625 mg</i>	Cubierto	
<b>PREVALITE ORAL POWDER 4 GM/DOSE</b>	Cubierto	
<b>*FIBRIC ACID DERIVATIVES***</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Cubierto	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Cubierto	
<i>gemfibrozil oral tablet 600 mg</i>	Cubierto	
<b>*HMG COA REDUCTASE INHIBITORS***</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Cubierto	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Cubierto	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Cubierto	
<b>*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB***</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Cubierto	ST
<b>*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***</b>		
<i>ezetimibe oral tablet 10 mg</i>	Cubierto	
<b>*NICOTINIC ACID DERIVATIVES***</b>		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Cubierto	
<b>NIACOR ORAL TABLET 500 MG</b>	Cubierto	
<b>*PCSK9 INHIBITORS***</b>		

Drug Name	Tier	Notes
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Cubierto	PA; QL (3.5 ML per 28 days); SP
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Cubierto	PA; HeFH or ASCVD: 2 injections monthly. HoFH: 3 injections monthly.; QL (2 ML per 28 days); SP
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Cubierto	PA; HeFH or ASCVD: 2 injections monthly. HoFH: 3 injections monthly.; QL (2 ML per 30 days); SP
<b>*ANTIHYPERTENSIVES*</b>		
<b>*ACE INHIBITOR &amp; CALCIUM CHANNEL BLOCKER COMBINATIONS***</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Cubierto	
<b>*ACE INHIBITORS &amp; THIAZIDE/THIAZIDE- LIKE***</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Cubierto	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25- 25 mg, 50-15 mg, 50-25 mg</i>	Cubierto	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5- 12.5 mg</i>	Cubierto	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Cubierto	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Cubierto	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Cubierto	
<b>*ACE INHIBITORS***</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Cubierto	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Cubierto	
<i>enalapril maleate oral solution 1 mg/ml</i>	Cubierto	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Cubierto	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Cubierto	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Cubierto	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	Cubierto	
<b>QBRELIS ORAL SOLUTION 1 MG/ML</b>	Cubierto	PA
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Cubierto	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Cubierto	



Drug Name	Tier	Notes
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE***</b>		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	Cubierto	ST; QL (60 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	Cubierto	ST; QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Cubierto	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Cubierto	ST
<b>*ANGIOTENSIN II RECEPTOR ANTAGONISTS***</b>		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	Cubierto	ST; QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	Cubierto	ST; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Cubierto	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Cubierto	QL (60 EA per 30 Days)
<b>*ANTIADRENERGICS - CENTRALLY ACTING***</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Cubierto	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Cubierto	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Cubierto	
<b>*ANTIADRENERGICS - PERIPHERALLY ACTING***</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Cubierto	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Cubierto	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Cubierto	
<b>*BETA BLOCKER &amp; DIURETIC COMBINATIONS***</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Cubierto	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Cubierto	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Cubierto	
<b>*VASODILATORS***</b>		

Drug Name	Tier	Notes
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Cubierto	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Cubierto	
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
<b>*ANTI-INFECTIVE AGENTS - MISC.***</b>		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Cubierto	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	Cubierto	QL (1 EA per 28 days)
<i>trimethoprim oral tablet 100 mg</i>	Cubierto	
<b>XIFAXAN ORAL TABLET 200 MG</b>	Cubierto	PA; QL (9 EA per 30 days)
<b>XIFAXAN ORAL TABLET 550 MG</b>	Cubierto	PA; QL (60 EA per 30 days)
<b>*ANTI-INFECTIVE MISC. - COMBINATIONS***</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Cubierto	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Cubierto	
<b>*ANTIPROTOZOAL AGENTS***</b>		
<i>atovaquone oral suspension 750 mg/5ml</i>	Cubierto	
<b>*CYCLIC LIPOPEPTIDES***</b>		
<i>daptomycin intravenous solution reconstituted 500 mg</i>	MB	
<b>*GLYCOPEPTIDES***</b>		
<i>vancomycin hcl intravenous solution reconstituted 500 mg</i>	Cubierto	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	Cubierto	QL (300 ML per 14 days)
<b>*LEPROSTATICS***</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Cubierto	
<b>*LINCOSAMIDES***</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cubierto	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cubierto	
<b>*MONOBACTAMS***</b>		
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG</b>	Cubierto	PA; QL (84 ML per 56 days); SP
<b>*OXAZOLIDINONES***</b>		
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	MB	PA
<i>linezolid intravenous solution 600 mg/300ml</i>	MB	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Cubierto	PA
<i>linezolid oral tablet 600 mg</i>	Cubierto	PA
<b>ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML</b>	MB	PA
<b>*URINARY ANTI-INFECTIVES***</b>		
<i>methenamine hippurate oral tablet 1 gm</i>	Cubierto	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	Cubierto	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Cubierto	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Cubierto	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Cubierto	QL (560 ML per 7 days); AL (Max 12 Years)
<b>*ANTIMALARIALS*</b>		
<b>*ANTIMALARIALS***</b>		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Cubierto	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Cubierto	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Cubierto	
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>		
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS***</b>		
<b>FIRDAPSE ORAL TABLET 10 MG</b>	Cubierto	PA; LA; QL (240 EA per 30 days); SP
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	Cubierto	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Cubierto	
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<b>*ANTIMYCOBACTERIAL AGENTS***</b>		
<i>cycloserine oral capsule 250 mg</i>	Cubierto	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Cubierto	
<i>isoniazid oral syrup 50 mg/5ml</i>	Cubierto	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Cubierto	
<b>PRIFTIN ORAL TABLET 150 MG</b>	Cubierto	
<i>pyrazinamide oral tablet 500 mg</i>	Cubierto	
<i>rifabutin oral capsule 150 mg</i>	Cubierto	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Cubierto	
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<b>*ALKYLATING AGENTS***</b>		

Drug Name	Tier	Notes
MYLERAN ORAL TABLET 2 MG	Cubierto	PA; SP
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG	MB	PA
<b>*ANDROGEN BIOSYNTHESIS INHIBITORS***</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	Cubierto	QL (120 EA per 30 days)
<b>*ANTIADRENALS***</b>		
LYSODREN ORAL TABLET 500 MG	Cubierto	
<b>*ANTIANDROGENS***</b>		
<i>bicalutamide oral tablet 50 mg</i>	Cubierto	ST
ERLEADA ORAL TABLET 240 MG	Cubierto	PA; QL (1 EA per 1 day); SP
ERLEADA ORAL TABLET 60 MG	Cubierto	PA; QL (120 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	Cubierto	PA; QL (120 EA per 30 days); SP
XTANDI ORAL CAPSULE 40 MG	Cubierto	PA; QL (120 EA per 30 days); SP
XTANDI ORAL TABLET 40 MG	Cubierto	PA; QL (120 EA per 30 days); SP
XTANDI ORAL TABLET 80 MG	Cubierto	PA; QL (60 EA per 30 days); SP
<b>*ANTIESTROGENS***</b>		
FARESTON ORAL TABLET 60 MG	Cubierto	PA; QL (30 EA per 30 days); SP
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Cubierto	
<b>*ANTIMETABOLITES***</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Cubierto	
<i>mercaptopurine oral tablet 50 mg</i>	Cubierto	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Cubierto	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Cubierto	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	Cubierto	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Cubierto	
TABLOID ORAL TABLET 40 MG	Cubierto	PA; SP
TREXALL ORAL TABLET 5 MG	Cubierto	
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG	MB	
XATMEP ORAL SOLUTION 2.5 MG/ML	Cubierto	PA
<b>*ANTINEOPLASTIC - ALK INHIBITORS***</b>		
ALECENSA ORAL CAPSULE 150 MG	Cubierto	PA; LA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Cubierto	PA; QL (30 EA per 30 days); SP
ALUNBRIG ORAL TABLET 30 MG	Cubierto	PA; QL (60 EA per 30 days); SP

Drug Name	Tier	Notes
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Cubierto	PA; LA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	Cubierto	PA; QL (30 EA per 30 Days); SP
LORBRENA ORAL TABLET 25 MG	Cubierto	PA; QL (90 EA per 30 days); SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	Cubierto	PA; QL (60 EA per 30 days); SP
<b>*ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES***</b>		
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	MB	PA
<b>*ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES***</b>		
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	MB	PA
<b>*ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX***</b>		
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	MB	PA
<b>*ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES***</b>		
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	MB	PA
<b>*ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX***</b>		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG	MB	PA
<b>*ANTINEOPLASTIC - ANTI-HER2 AGENTS***</b>		
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	MB	
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG	MB	
TUKYSA ORAL TABLET 150 MG, 50 MG	Cubierto	PA; LA; QL (120 EA per 30 days)
<b>*ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES***</b>		
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML	MB	PA
OPDIVO INTRAVENOUS SOLUTION 120 MG/12ML	MB	PA
<b>*ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES***</b>		
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML	MB	PA

Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES***</b>		
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG	MB	PA
<b>*ANTINEOPLASTIC - BCL-2 INHIBITORS***</b>		
VENCLEXTA ORAL TABLET 10 MG	Cubierto	PA; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	Cubierto	PA; LA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	Cubierto	PA; LA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Cubierto	PA; LA; QL (1 PACK per 28 days)
<b>*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***</b>		
BOSULIF ORAL CAPSULE 100 MG	Cubierto	PA; QL (3 EA per 1 day); SP
BOSULIF ORAL TABLET 100 MG	Cubierto	PA; QL (90 EA per 30 days); SP
BOSULIF ORAL TABLET 400 MG, 500 MG	Cubierto	PA; QL (30 EA per 30 days); SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Cubierto	PA; LA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Cubierto	PA; QL (60 EA per 30 days); SP
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 70 MG, 80 MG	Cubierto	PA; QL (30 EA per 30 days); SP
SPRYCEL ORAL TABLET 140 MG	Cubierto	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Cubierto	PA; QL (120 EA per 30 days); SP
<b>*ANTINEOPLASTIC - BRAF KINASE INHIBITORS***</b>		
BRAFTOVI ORAL CAPSULE 75 MG	Cubierto	PA; QL (180 EA per 30 days); SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Cubierto	PA; QL (120 EA per 30 days); SP
ZELBORAF ORAL TABLET 240 MG	Cubierto	PA; QL (240 EA per 30 days); SP
<b>*ANTINEOPLASTIC - BTK INHIBITORS***</b>		
BRUKINSA ORAL CAPSULE 80 MG	Cubierto	PA; QL (120 EA per 30 days); SP
CALQUENCE ORAL TABLET 100 MG	Cubierto	PA; QL (60 EA per 30 days); SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Cubierto	PA; LA; QL (28 EA per 28 days)
JAYPIRCA ORAL TABLET 100 MG	Cubierto	PA; QL (60 EA per 30 days); SP
JAYPIRCA ORAL TABLET 50 MG	Cubierto	PA; QL (30 EA per 30 days); SP
<b>*ANTINEOPLASTIC - EGFR INHIBITORS***</b>		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	MB	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Cubierto	PA; QL (60 EA per 30 days); SP
<i>gefitinib oral tablet 250 mg</i>	Cubierto	PA; LA; QL (30 EA per 30 days)

Drug Name	Tier	Notes
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Cubierto	PA; LA
TAGRISSE ORAL TABLET 40 MG, 80 MG	Cubierto	PA; QL (30 EA per 30 days); SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Cubierto	PA; QL (30 EA per 30 Days); SP
<b>*ANTINEOPLASTIC - FGFR KINASE INHIBITORS***</b>		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Cubierto	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Cubierto	PA; LA; QL (14 EA per 21 days)
<b>*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS***</b>		
DAURISMO ORAL TABLET 100 MG	Cubierto	PA; QL (30 EA per 30 days); SP
DAURISMO ORAL TABLET 25 MG	Cubierto	PA; QL (60 EA per 30 days); SP
ERIVEDGE ORAL CAPSULE 150 MG	Cubierto	PA; QL (30 EA per 30 days); SP
ODOMZO ORAL CAPSULE 200 MG	Cubierto	PA; QL (30 EA per 30 days); SP
<b>*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS***</b>		
ZOLINZA ORAL CAPSULE 100 MG	Cubierto	PA; QL (120 EA per 30 days); SP
<b>*ANTINEOPLASTIC - IMMUNOMODULATORS***</b>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Cubierto	PA; QL (21 EA per 28 days); SP
<b>*ANTINEOPLASTIC - KRAS INHIBITORS***</b>		
LUMAKRAS ORAL TABLET 120 MG	Cubierto	PA; QL (240 EA per 30 days); SP
LUMAKRAS ORAL TABLET 320 MG	Cubierto	PA; QL (3 EA per 1 day); SP
<b>*ANTINEOPLASTIC - MEK INHIBITORS***</b>		
MEKINIST ORAL TABLET 0.5 MG	Cubierto	PA; QL (90 EA per 30 days); SP
MEKINIST ORAL TABLET 2 MG	Cubierto	PA; QL (30 EA per 30 days); SP
MEKTOVI ORAL TABLET 15 MG	Cubierto	PA; LA; QL (180 EA per 30 days)
<b>*ANTINEOPLASTIC - MET INHIBITORS***</b>		
TABRECTA ORAL TABLET 150 MG, 200 MG	Cubierto	PA; QL (120 EA per 30 days); SP
<b>*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS***</b>		
TAZVERIK ORAL TABLET 200 MG	Cubierto	PA; LA; QL (240 EA per 30 Days)
<b>*ANTINEOPLASTIC - MTOR KINASE INHIBITORS***</b>		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Cubierto	PA; SP
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	Cubierto	PA; SP
<b>*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***</b>		

Drug Name	Tier	Notes
<b>CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG</b>	Cubierto	PA; QL (30 EA per 30 days); SP
<b>CAPRELSA ORAL TABLET 100 MG</b>	Cubierto	PA; LA; QL (60 EA per 30 days)
<b>CAPRELSA ORAL TABLET 300 MG</b>	Cubierto	PA; LA; QL (30 EA per 30 days)
<b>COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG</b>	Cubierto	PA; LA
<i>lapatinib ditosylate oral tablet 250 mg</i>	Cubierto	PA; QL (180 EA per 30 days); SP
<b>NERLYNX ORAL TABLET 40 MG</b>	Cubierto	PA; LA; QL (180 EA per 30 days)
<i>pazopanib hcl oral tablet 200 mg</i>	Cubierto	PA; QL (120 EA per 30 days); SP
<b>QINLOCK ORAL TABLET 50 MG</b>	Cubierto	PA; LA; QL (90 EA per 30 days)
<b>RYDAPT ORAL CAPSULE 25 MG</b>	Cubierto	PA; Quantity limit for acute myeloid leukemia (AML) is 120 capsules per 30; Quantity limit for aggressive systemic mastocytosis (ASM), systemic mastocytosis w/associated hematological neoplasm (SM-AHN), and mast cell leukemia (MCL) is 240 capsules per 30; QL (120 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	Cubierto	PA; QL (120 EA per 30 days); SP
<b>STIVARGA ORAL TABLET 40 MG</b>	Cubierto	PA; QL (120 EA per 30 days); SP
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Cubierto	PA; SP
<b>XOSPATA ORAL TABLET 40 MG</b>	Cubierto	PA; LA; QL (90 EA per 30 Days)
<b>*ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES***</b>		
<b>RYBREVAANT INTRAVENOUS SOLUTION 350 MG/7ML</b>	MB	PA
<b>*ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS***</b>		
<b>AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG</b>	Cubierto	PA; QL (30 Tablets per 30 Days); SP
<b>AYVAKIT ORAL TABLET 25 MG, 50 MG</b>	Cubierto	PA; QL (30 EA per 30 days); SP
<b>*ANTINEOPLASTIC - PROTEASOME INHIBITORS***</b>		
<i>bortezomib injection solution reconstituted 3.5 mg</i>	MB	
<b>*ANTINEOPLASTIC - RET INHIBITORS***</b>		
<b>RETEVMO ORAL CAPSULE 40 MG</b>	Cubierto	PA; QL (180 EA per 30 days); SP
<b>RETEVMO ORAL CAPSULE 80 MG</b>	Cubierto	PA; QL (120 EA per 30 days); SP
<b>*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS***</b>		
<b>ROZLYTREK ORAL CAPSULE 100 MG, 200 MG</b>	Cubierto	PA; SP
<b>*ANTINEOPLASTIC - XPO1 INHIBITORS***</b>		



Drug Name	Tier	Notes
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Cubierto	PA; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Cubierto	PA; LA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Cubierto	PA; LA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Cubierto	PA; LA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Cubierto	PA; LA; QL (4 Packs per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Cubierto	PA; LA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Cubierto	PA; LA; QL (4 Packs per 28 days)
<b>*ANTINEOPLASTIC COMBINATIONS***</b>		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML	MB	PA
INQOVI ORAL TABLET 35-100 MG	Cubierto	PA; QL (5 EA per 28 days); SP
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Cubierto	PA; LA; QL (49 EA per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Cubierto	PA; LA; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Cubierto	PA; LA; QL (91 EA per 28 days)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Cubierto	PA; LA; QL (40 EA per 28 days)
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	MB	PA
<b>*ANTINEOPLASTIC ENZYMES***</b>		
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	MB	PA
<b>*ANTINEOPLASTICS MISC.***</b>		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML	Cubierto	
<i>hydroxyurea oral capsule 500 mg</i>	Cubierto	
MATULANE ORAL CAPSULE 50 MG	Cubierto	PA; SP
<b>*AROMATASE INHIBITORS***</b>		
<i>anastrozole oral tablet 1 mg</i>	Cubierto	
<i>exemestane oral tablet 25 mg</i>	Cubierto	
<i>letrozole oral tablet 2.5 mg</i>	Cubierto	
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***</b>		
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Cubierto	PA; QL (21 EA per 28 days); SP

Drug Name	Tier	Notes
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Cubierto	PA; LA; QL (21 EA per 28 Days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Cubierto	PA; LA; QL (42 EA per 28 Days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Cubierto	PA; LA; QL (63 EA per 28 Days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Cubierto	PA; LA; QL (60 EA per 30 days)
<b>*ESTROGENS-ANTINEOPLASTIC***</b>		
EMCYT ORAL CAPSULE 140 MG	Cubierto	PA; SP
<b>*FOLIC ACID ANTAGONISTS RESCUE AGENTS***</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Cubierto	
<b>*IMIDAZOTETRAZINES***</b>		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Cubierto	PA; SP
<b>*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***</b>		
TIBSOVO ORAL TABLET 250 MG	Cubierto	PA; LA; QL (60 EA per 30 Days)
<b>*JANUS ASSOCIATED KINASE (JAK) INHIBITORS***</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Cubierto	PA; QL (60 EA per 30 days); SP
<b>*LHRH ANALOGS***</b>		
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	MB	PA required if billed with Dx codes F64.1 - F64.9.
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	MB	PA required if billed with Dx codes F64.1 - F64.9.
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	MB	PA required if billed with Dx codes F64.1 - F64.9.
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	MB	PA required if billed with Dx codes F64.1 - F64.9.
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	MB	PA required if billed with Dx codes F64.1 - F64.9.
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	MB	PA
<b>*MITOTIC INHIBITORS***</b>		
<i>etoposide oral capsule 50 mg</i>	Cubierto	

Drug Name	Tier	Notes
<b>*NITROGEN MUSTARDS AND RELATED ANALOGUES***</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Cubierto	
<b>EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG</b>	MB	PA
<b>LEUKERAN ORAL TABLET 2 MG</b>	Cubierto	PA; SP
<i>melphalan oral tablet 2 mg</i>	Cubierto	
<b>*NITROSOUREAS***</b>		
<i>carmustine intravenous solution reconstituted 300 mg, 50 mg</i>	MB	
<b>*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***</b>		
<b>COPIKTRA ORAL CAPSULE 15 MG, 25 MG</b>	Cubierto	PA; LA; QL (60 EA per 30 days)
<b>PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG</b>	Cubierto	PA; QL (60 EA per 30 Days); SP
<b>PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 &amp; 50 MG</b>	Cubierto	PA; QL (60 EA per 30 Days)
<b>PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG</b>	Cubierto	PA; QL (60 EA per 30 Days); SP
<b>ZYDELIG ORAL TABLET 100 MG, 150 MG</b>	Cubierto	PA; LA; QL (60 EA per 30 days)
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***</b>		
<b>LYNPARZA ORAL TABLET 100 MG, 150 MG</b>	Cubierto	PA; QL (120 EA per 30 days); SP
<b>RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG</b>	Cubierto	PA; QL (120 EA per 30 days); SP
<b>TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG</b>	Cubierto	PA; QL (30 EA per 30 days); SP
<b>TALZENNA ORAL CAPSULE 1 MG</b>	Cubierto	PA; QL (30 EA per 30 Days); SP
<b>ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG</b>	Cubierto	PA; QL (30 EA per 30 days); SP
<b>*PROGESTINS-ANTINEOPLASTIC***</b>		
<i>megestrol acetate oral suspension 40 mg/ml</i>	Cubierto	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Cubierto	
<b>*SELECTIVE ESTROGEN RECEPTOR DEGRADERS***</b>		
<b>ORSERDU ORAL TABLET 345 MG</b>	Cubierto	PA; QL (30 EA per 30 days); SP
<b>ORSERDU ORAL TABLET 86 MG</b>	Cubierto	PA; QL (90 EA per 30 days); SP
<b>*SELECTIVE RETINOID X RECEPTOR AGONISTS***</b>		
<i>bexarotene oral capsule 75 mg</i>	Cubierto	PA; SP

Drug Name	Tier	Notes
<b>*TOPOISOMERASE I INHIBITORS***</b>		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Cubierto	PA; SP
<b>*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS***</b>		
INLYTA ORAL TABLET 1 MG, 5 MG	Cubierto	PA; QL (4 EA per 1 day); SP
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Cubierto	PA; LA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Cubierto	PA; LA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Cubierto	PA; LA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Cubierto	PA; LA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Cubierto	PA; LA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Cubierto	PA; LA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Cubierto	PA; LA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Cubierto	PA; LA; QL (60 EA per 30 days)
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS*</b>		
<b>*ANTIPARKINSON ANTICHOLINERGICS***</b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Cubierto	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Cubierto	
<b>*ANTIPARKINSON DOPAMINERGICS***</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Cubierto	
<i>amantadine hcl oral tablet 100 mg</i>	Cubierto	
<i>bromocriptine mesylate oral capsule 5 mg</i>	Cubierto	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Cubierto	
<b>*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***</b>		
<i>selegiline hcl oral capsule 5 mg</i>	Cubierto	
<i>selegiline hcl oral tablet 5 mg</i>	Cubierto	
<b>*LEVODOPA COMBINATIONS***</b>		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Cubierto	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Cubierto	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Cubierto	
<b>*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***</b>		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Cubierto	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Cubierto	
<b>*PERIPHERAL COMT INHIBITORS***</b>		
<i>entacapone oral tablet 200 mg</i>	Cubierto	
<b>ONGENTYS ORAL CAPSULE 50 MG</b>	Cubierto	PA; QL (30 EA per 30 days); SP
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>		
<b>*ANTIMANIC AGENTS***</b>		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Cubierto	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Cubierto	
<i>lithium carbonate oral tablet 300 mg</i>	Cubierto	
<i>lithium oral solution 8 meq/5ml</i>	Cubierto	
<b>*ANTIPSYCHOTICS - MISC.***</b>		
<b>CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG</b>	Cubierto	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<i>lurasidone hcl oral tablet 120 mg</i>	Cubierto	QL (30 EA per 30 days); AL (Min 13 Years)
<i>lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg</i>	Cubierto	QL (30 EA per 30 days); AL (Min 10 Years)
<i>lurasidone hcl oral tablet 80 mg</i>	Cubierto	QL (60 EA per 30 days); AL (Min 10 Years)
<b>VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG</b>	Cubierto	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<b>VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 &amp; 3 MG</b>	Cubierto	PA; QL (1 BOX per 365 days); AL (Min 18 Years)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Cubierto	QL (60 EA per 30 days); AL (Min 6 Years)
<b>*BENZISOXAZOLES***</b>		
<b>FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</b>	Cubierto	PA; QL (60 EA per 30 Days); AL (Min 18 Years)
<b>FANAPT TITRATION PACK ORAL TABLET 1 &amp; 2 &amp; 4 &amp; 6 MG</b>	Cubierto	PA; QL (1 Pack per 365 days); AL (Min 18 Years)

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML</b>	Cubierto	QL (0.75 ML per 28 Days); AL (Min 18 Years); SP
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML</b>	Cubierto	QL (1 ML per 28 Days); AL (Min 18 Years); SP
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML</b>	Cubierto	QL (1.5 ML per 28 Days); AL (Min 18 Years); SP
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML</b>	Cubierto	QL (0.25 ML per 28 Days); AL (Min 18 Years); SP
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML</b>	Cubierto	QL (0.5 ML per 28 Days); AL (Min 18 Years); SP
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML</b>	Cubierto	QL (0.88 ML per 84 days); AL (Min 18 Years); SP
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML</b>	Cubierto	QL (1.32 ML per 84 days); AL (Min 18 Years); SP
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML</b>	Cubierto	QL (1.75 ML per 84 Days); AL (Min 18 Years); SP
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML</b>	Cubierto	QL (2.63 ML per 84 days); AL (Min 18 Years); SP
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	Cubierto	PA; QL (30 EA per 30 Days); AL (Min 18 Years)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Cubierto	PA; QL (60 EA per 30 Days); AL (Min 18 Years)
<b>PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG</b>	Cubierto	PA; QL (1 EA per 28 days); AL (Min 18 Years)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Cubierto	QL (2 vials per 28 days); AL (Min 18 Years); SP
<i>risperidone oral solution 1 mg/ml</i>	Cubierto	PA required for patients younger than 5 years of age; QL (480 ML per 30 days); AL (Min 5 Years)
<i>risperidone oral tablet 0.25 mg</i>	Cubierto	PA required for patients younger than 5 years of age; QL (90 EA per 30 days); AL (Min 5 Years)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Cubierto	PA required for patients younger than 5 years of age; QL (60 EA per 30 days); AL (Min 5 Years)
<i>risperidone oral tablet 4 mg</i>	Cubierto	PA required for patients younger than 5 years of age; QL (120 EA per 30 days); AL (Min 5 Years)
<i>risperidone oral tablet dispersible 0.25 mg</i>	Cubierto	PA; PA required for patients younger than 5 years of age; QL (90 EA per 30 days); AL (Min 5 Years)
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Cubierto	PA; PA required for patients younger than 5 years of age; QL (60 EA per 30 days); AL (Min 5 Years)

Drug Name	Tier	Notes
<i>risperidone oral tablet dispersible 4 mg</i>	Cubierto	PA; PA required for patients younger than 5 years of age; QL (120 EA per 30 days); AL (Min 5 Years)
<b>*BUTYROPHENONES***</b>		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Cubierto	AL (Min 18 Years)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Cubierto	
<b>*DIBENZODIAZEPINES***</b>		
<i>clozapine oral tablet 100 mg</i>	Cubierto	QL (270 EA per 30 days); AL (Min 6 Years)
<i>clozapine oral tablet 200 mg</i>	Cubierto	QL (135 EA per 30 days); AL (Min 6 Years)
<i>clozapine oral tablet 25 mg, 50 mg</i>	Cubierto	QL (60 EA per 30 days); AL (Min 6 Years)
<i>clozapine oral tablet dispersible 100 mg</i>	Cubierto	PA; QL (270 EA per 30 days); AL (Min 6 Years)
<i>clozapine oral tablet dispersible 12.5 mg</i>	Cubierto	PA; QL (60 EA per 30 days); AL (Min 6 Years)
<i>clozapine oral tablet dispersible 25 mg</i>	Cubierto	PA; QL (180 EA per 30 days); AL (Min 6 Years)
<b>*DIBENZO-OXEPINO PYRROLES***</b>		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Cubierto	PA; QL (60 EA per 30 days); AL (Min 10 Years)
<b>SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR</b>	Cubierto	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<b>*DIBENZOTHIAZEPINES***</b>		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 50 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 400 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 400 mg, 50 mg</i>	Cubierto	QL (90 EA per 30 days); AL (Min 6 Years)
<i>quetiapine fumarate oral tablet 300 mg</i>	Cubierto	QL (60 EA per 30 days); AL (Min 6 Years)
<b>*DIBENZOXAZEPINES***</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Cubierto	
<b>*PHENOTHIAZINES***</b>		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Cubierto	
<b>COMPRO RECTAL SUPPOSITORY 25 MG</b>	Cubierto	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Cubierto	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Cubierto	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	Cubierto	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Cubierto	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Cubierto	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Cubierto	
<i>prochlorperazine rectal suppository 25 mg</i>	Cubierto	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Cubierto	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Cubierto	
<b>*QUINOLINONE DERIVATIVES***</b>		
<b>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG</b>	Cubierto	PA; QL (1 EA per 28 days); AL (Min 18 Years); SP
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG</b>	Cubierto	PA; QL (1 EA per 28 days); AL (Min 18 Years); SP
<i>aripiprazole oral solution 1 mg/ml</i>	Cubierto	QL (750 ML per 30 days); AL (Min 6 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Cubierto	QL (30 EA per 30 days); AL (Min 6 Years)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Cubierto	PA; QL (30 EA per 30 days); AL (Min 6 Years)
<b>ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML</b>	Cubierto	QL (2.4 ML per 30 days); AL (Min 18 Years); SP
<b>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML</b>	Cubierto	QL (3.9 ML per 56 days); AL (Min 18 Years); SP
<b>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML</b>	Cubierto	QL (1.6 ML per 28 days); AL (Min 18 Years); SP
<b>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML</b>	Cubierto	QL (2.4 ML per 28 days); AL (Min 18 Years); SP
<b>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML</b>	Cubierto	QL (3.2 ML per 28 days); AL (Min 18 Years); SP
<b>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</b>	Cubierto	PA; QL (30 EA per 30 days); AL (Min 13 Years)
<b>*THIENBENZODIAZEPINES***</b>		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Cubierto	PA required for patients younger than 6 years of age.; QL (30 EA per 30 days); AL (Min 6 Years)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	Cubierto	QL (30 EA per 30 days); AL (Min 6 Years)
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG</b>	Cubierto	PA; QL (2 EA per 28 days); AL (Min 18 Years); SP



<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG</b>	Cubierto	PA; QL (1 EA per 28 days); AL (Min 18 Years); SP
<b>*THIOXANTHENES***</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Cubierto	
<b>*ANTISEPTICS &amp; DISINFECTANTS*</b>		
<b>*CHLORINE ANTISEPTICS***</b>		
<i>antiseptic skin cleanser external solution 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION 4 %</b>	Cubierto	
<b>BIOPATCH EXTERNAL</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>BIOPATCH PROTECTIVE DISK/CHG EXTERNAL (DRESSING)</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>chlorhexidine gluconate external solution 2 %, 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>cvs antiseptic skin cleanser external solution 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>cvs hand wash advanced antibac external solution 2 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>DYNA-HEX 2 EXTERNAL SOLUTION 2 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>DYNA-HEX 4 EXTERNAL SOLUTION 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ft antiseptic skin cleanser external solution 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>gnp antibacterial hand soap external solution 2 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>gnp antiseptic skin cleanser external solution 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>qc antiseptic skin cleanser external solution 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans

Drug Name	Tier	Notes
<i>ra antiseptic skin cleanser external solution 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>sm antiseptic skin cleanser external solution 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*ANTIVIRALS*</b>		
<b>*ANTIRETROVIRAL COMBINATIONS***</b>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Cubierto	QL (30 EA per 30 days)
<b>BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG</b>	Cubierto	QL (30 EA per 30 days)
<b>CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 &amp; 600 MG/2ML, 600 &amp; 900 MG/3ML</b>	MB	PA
<b>CIMDUO ORAL TABLET 300-300 MG</b>	Cubierto	QL (30 EA per 30 Days)
<b>COMPLERA ORAL TABLET 200-25-300 MG</b>	Cubierto	QL (30 EA per 30 days)
<b>DELSTRIGO ORAL TABLET 100-300-300 MG</b>	Cubierto	QL (30 EA per 30 days)
<b>DESCOVY ORAL TABLET 120-15 MG, 200-25 MG</b>	Cubierto	PA for New Starts; QL (30 EA per 30 days)
<b>DOVATO ORAL TABLET 50-300 MG</b>	Cubierto	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	Cubierto	QL (30 EA per 30 days)
<b>EVOTAZ ORAL TABLET 300-150 MG</b>	Cubierto	QL (30 EA per 30 days)
<b>GENVOYA ORAL TABLET 150-150-200-10 MG</b>	Cubierto	QL (30 EA per 30 days)
<b>JULUCA ORAL TABLET 50-25 MG</b>	Cubierto	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Cubierto	QL (300 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Cubierto	QL (120 EA per 30 days)
<i>lopinavir-ritonavir tablet 100-25 mg oral</i>	Cubierto	QL (60 EA per 30 days)
<i>lopinavir-ritonavir tablet 200-50 mg oral</i>	Cubierto	QL (120 EA per 30 days)
<b>ODEFSEY ORAL TABLET 200-25-25 MG</b>	Cubierto	QL (30 EA per 30 days)
<b>PREZCOBIX ORAL TABLET 800-150 MG</b>	Cubierto	QL (30 EA per 30 days)
<b>STRIBILD ORAL TABLET 150-150-200-300 MG</b>	Cubierto	QL (30 EA per 30 days)
<b>SYMTUZA ORAL TABLET 800-150-200-10 MG</b>	Cubierto	QL (30 EA per 30 Days)
<b>TRIUMEQ ORAL TABLET 600-50-300 MG</b>	Cubierto	QL (30 EA per 30 days)
<b>TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG</b>	Cubierto	QL (180 EA per 30 days)

Drug Name	Tier	Notes
<b>*ANTIRETROVIRALS - CAPSID INHIBITORS***</b>		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	Cubierto	PA
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	MB	PA
<b>*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***</b>		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Cubierto	QL (120 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	Cubierto	QL (900 ML per 30 days)
<b>*ANTIRETROVIRALS - FUSION INHIBITORS***</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Cubierto	QL (60 EA per 30 days)
<b>*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR***</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Cubierto	QL (60 EA per 30 days)
<b>*ANTIRETROVIRALS - INTEGRASE INHIBITORS***</b>		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	MB	
ISENTRESS HD ORAL TABLET 600 MG	Cubierto	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	Cubierto	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	Cubierto	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Cubierto	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Cubierto	QL (120 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	Cubierto	QL (30 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Cubierto	PA; QL (180 EA per 30 Days); AL (Max 12 Years)
<b>*ANTIRETROVIRALS - PROTEASE INHIBITORS***</b>		
APTIVUS ORAL CAPSULE 250 MG	Cubierto	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Cubierto	QL (120 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	Cubierto	QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG, 75 MG	Cubierto	QL (60 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>REYATAZ ORAL PACKET 50 MG</b>	Cubierto	QL (150 EA per 30 days); AL (Max 8 Years)
<i>ritonavir oral tablet 100 mg</i>	Cubierto	QL (360 EA per 30 days)
<b>VIRACEPT ORAL TABLET 250 MG, 625 MG</b>	Cubierto	QL (120 EA per 30 days)
<b>*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***</b>		
<b>EDURANT ORAL TABLET 25 MG</b>	Cubierto	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg, 200 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Cubierto	QL (30 EA per 30 days)
<b>PIFELTRO ORAL TABLET 100 MG</b>	Cubierto	QL (30 EA per 30 days)
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES***</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Cubierto	QL (900 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	Cubierto	QL (60 EA per 30 days)
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES***</b>		
<i>emtricitabine oral capsule 200 mg</i>	Cubierto	QL (30 EA per 30 days)
<b>EMTRIVA ORAL SOLUTION 10 MG/ML</b>	Cubierto	QL (720 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	Cubierto	
<i>lamivudine oral tablet 150 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	Cubierto	QL (30 EA per 30 days)
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES***</b>		
<i>zidovudine oral capsule 100 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	Cubierto	
<i>zidovudine oral tablet 300 mg</i>	Cubierto	QL (60 EA per 30 days)
<b>*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES***</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Cubierto	QL (30 EA per 30 days)
<b>VIREAD ORAL POWDER 40 MG/GM</b>	Cubierto	QL (225 GM per 30 days)
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	Cubierto	QL (30 EA per 30 days)
<b>*ANTIRETROVIRALS ADJUVANTS***</b>		
<b>TYBOST ORAL TABLET 150 MG</b>	Cubierto	QL (30 EA per 30 days)
<b>*ANTIVIRAL COMBINATIONS***</b>		

Drug Name	Tier	Notes
<b>PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG &amp; 10 X 100MG</b>	Cubierto	QL (40 EA per 365 days)
<b>PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG &amp; 10 X 100MG</b>	Cubierto	QL (60 EA per 365 days)
<b>*CMV AGENTS***</b>		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Cubierto	PA; QL (900 ML per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	Cubierto	PA; QL (60 EA per 30 days)
<b>*HEPATITIS B AGENTS***</b>		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Cubierto	PA; QL (30 EA per 30 days); SP
<i>lamivudine oral tablet 100 mg</i>	Cubierto	
<b>VEMLIDY ORAL TABLET 25 MG</b>	Cubierto	QL (30 EA per 30 days); SP
<b>*HEPATITIS C AGENT - COMBINATIONS***</b>		
<b>MAVYRET ORAL PACKET 50-20 MG</b>	Cubierto	QL (150 EA per 30 days); SP
<b>MAVYRET ORAL TABLET 100-40 MG</b>	Cubierto	QL (3 EA per 1 day); SP
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Cubierto	QL (1 EA per 1 day); SP
<b>*HEPATITIS C AGENTS***</b>		
<b>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML</b>	Cubierto	PA; SP
<i>ribavirin oral tablet 200 mg</i>	Cubierto	PA; SP
<b>*HERPES AGENTS - PURINE ANALOGUES***</b>		
<i>acyclovir oral capsule 200 mg</i>	Cubierto	
<i>acyclovir oral suspension 200 mg/5ml</i>	Cubierto	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Cubierto	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Cubierto	
<b>*HERPES AGENTS - THYMIDINE ANALOGUES***</b>		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Cubierto	ST
<b>*INFLUENZA AGENTS***</b>		
<i>rimantadine hcl oral tablet 100 mg</i>	Cubierto	
<b>*MISC. ANTIVIRALS***</b>		
<b>LAGEVRIO ORAL CAPSULE 200 MG</b>	Cubierto	QL (80 EA per 365 days)
<b>VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</b>	MB	
<b>*NEURAMINIDASE INHIBITORS***</b>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Cubierto	QL (20 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Cubierto	QL (10 EA per 180 days)

Drug Name	Tier	Notes
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Cubierto	QL (180 ML per 180 days)
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT</b>	Cubierto	QL (20 EA per 180 days)
<b>*BETA BLOCKERS*</b>		
<b>*ALPHA-BETA BLOCKERS***</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Cubierto	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Cubierto	
<b>*BETA BLOCKERS CARDIO-SELECTIVE***</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Cubierto	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Cubierto	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	Cubierto	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Cubierto	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Cubierto	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Cubierto	
<b>*BETA BLOCKERS NON-SELECTIVE***</b>		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Cubierto	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Cubierto	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Cubierto	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Cubierto	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Cubierto	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Cubierto	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Cubierto	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Cubierto	
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<b>*CALCIUM CHANNEL BLOCKERS***</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Cubierto	
<b>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG</b>	Cubierto	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Cubierto	

Drug Name	Tier	Notes
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Cubierto	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	Cubierto	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	Cubierto	
<i>diltiazem hcl intravenous solution 50 mg/10ml</i>	Cubierto	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Cubierto	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Cubierto	
<b>KATERZIA ORAL SUSPENSION 1 MG/ML</b>	Cubierto	AL (Max 12 Years)
<i>nicardipine hcl in nacl intravenous solution 20-0.9 mg/200ml-%, 40-0.9 mg/200ml-%</i>	MB	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Cubierto	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Cubierto	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Cubierto	
<i>nimodipine oral capsule 30 mg</i>	Cubierto	
<i>nisoldipine er oral tablet extended release 24 hour 20 mg, 30 mg, 40 mg</i>	Cubierto	
<b>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</b>	Cubierto	
<b>TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	Cubierto	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 200 mg, 240 mg, 300 mg</i>	Cubierto	
<i>verapamil hcl er oral capsule extended release 24 hour 180 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Cubierto	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Cubierto	
<b>*CARDIOTONICS*</b>		
<b>*CARDIAC GLYCOSIDES***</b>		
<i>digoxin oral solution 0.05 mg/ml</i>	Cubierto	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Cubierto	
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
<b>*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***</b>		

Drug Name	Tier	Notes
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Cubierto	PA; QL (60 EA per 30 days)
<b>*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Cubierto	PA; QL (30 EA per 30 days); SP
<b>*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***</b>		
<i>sildenafil citrate oral tablet 20 mg</i>	Cubierto	PA; QL (90 EA per 30 days)
<b>*CEPHALOSPORINS*</b>		
<b>*CEPHALOSPORIN COMBINATIONS***</b>		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED 2.5 (2-0.5) GM	MB	
<b>*CEPHALOSPORINS - 1ST GENERATION***</b>		
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Cubierto	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Cubierto	
<b>*CEPHALOSPORINS - 2ND GENERATION***</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Cubierto	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Cubierto	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Cubierto	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Cubierto	
<b>*CEPHALOSPORINS - 3RD GENERATION***</b>		
<i>cefdinir oral capsule 300 mg</i>	Cubierto	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Cubierto	
<i>cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Cubierto	
<i>cefepodoxime proxetil oral tablet 100 mg, 200 mg</i>	Cubierto	
<b>*CONTRACEPTIVES*</b>		
<b>*BIPHASIC CONTRACEPTIVES - ORAL***</b>		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Cubierto	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Cubierto	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Cubierto	



Drug Name	Tier	Notes
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Cubierto	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Cubierto	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Cubierto	
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Cubierto	
<b>*COMBINATION CONTRACEPTIVES - ORAL ***</b>		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Cubierto	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Cubierto	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Cubierto	
APRI ORAL TABLET 0.15-30 MG-MCG	Cubierto	
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Cubierto	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	Cubierto	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Cubierto	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Cubierto	
AVIANE ORAL TABLET 0.1-20 MG-MCG	Cubierto	
AYUNA ORAL TABLET 0.15-30 MG-MCG	Cubierto	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Cubierto	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Cubierto	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Cubierto	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Cubierto	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Cubierto	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Cubierto	
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	Cubierto	
DELYLA ORAL TABLET 0.1-20 MG-MCG	Cubierto	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	Cubierto	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Cubierto	
ELINEST ORAL TABLET 0.3-30 MG-MCG	Cubierto	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Cubierto	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Cubierto	AL (Max 55 Years)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Cubierto	
FALMINA ORAL TABLET 0.1-20 MG-MCG	Cubierto	

Drug Name	Tier	Notes
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Cubierto	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Cubierto	
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Cubierto	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	Cubierto	
JASMIEL ORAL TABLET 3-0.02 MG	Cubierto	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Cubierto	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Cubierto	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Cubierto	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Cubierto	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Cubierto	
KALLIGA ORAL TABLET 0.15-30 MG-MCG	Cubierto	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Cubierto	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	Cubierto	
KURVELO ORAL TABLET 0.15-30 MG-MCG	Cubierto	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Cubierto	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Cubierto	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Cubierto	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Cubierto	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Cubierto	
LESSINA ORAL TABLET 0.1-20 MG-MCG	Cubierto	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Cubierto	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	Cubierto	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Cubierto	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Cubierto	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Cubierto	
LORYNA ORAL TABLET 3-0.02 MG	Cubierto	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Cubierto	
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	Cubierto	
LUTERA ORAL TABLET 0.1-20 MG-MCG	Cubierto	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Cubierto	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Cubierto	

Drug Name	Tier	Notes
<b>MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG</b>	Cubierto	
<b>MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	Cubierto	
<b>MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	Cubierto	
<b>MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG</b>	Cubierto	AL (Max 55 Years)
<b>NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	Cubierto	
<b>NIKKI ORAL TABLET 3-0.02 MG</b>	Cubierto	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Cubierto	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Cubierto	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	Cubierto	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Cubierto	AL (Max 55 Years)
<b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	Cubierto	
<b>NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG</b>	Cubierto	
<b>NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	Cubierto	
<b>NYMYO ORAL TABLET 0.25-35 MG-MCG</b>	Cubierto	AL (Max 55 Years)
<b>OCELLA ORAL TABLET 3-0.03 MG</b>	Cubierto	
<b>ORSYTHIA ORAL TABLET 0.1-20 MG-MCG</b>	Cubierto	
<b>PHILITH ORAL TABLET 0.4-35 MG-MCG</b>	Cubierto	
<b>PORTIA-28 ORAL TABLET 0.15-30 MG-MCG</b>	Cubierto	
<b>RECLIPSEN ORAL TABLET 0.15-30 MG-MCG</b>	Cubierto	
<b>SOLIA ORAL TABLET 0.15-30 MG-MCG</b>	Cubierto	
<b>SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG</b>	Cubierto	AL (Max 55 Years)
<b>SRONYX ORAL TABLET 0.1-20 MG-MCG</b>	Cubierto	
<b>SYEDA ORAL TABLET 3-0.03 MG</b>	Cubierto	
<b>TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)</b>	Cubierto	
<b>VIENVA ORAL TABLET 0.1-20 MG-MCG</b>	Cubierto	
<b>VYFEMLA ORAL TABLET 0.4-35 MG-MCG</b>	Cubierto	
<b>WERA ORAL TABLET 0.5-35 MG-MCG</b>	Cubierto	
<b>WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG</b>	Cubierto	
<b>ZUMANDIMINE ORAL TABLET 3-0.03 MG</b>	Cubierto	
<b>*COMBINATION CONTRACEPTIVES - TRANSDERMAL***</b>		

Drug Name	Tier	Notes
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Cubierto	QL (3 EA per 28 days); AL (Max 55 Years)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Cubierto	AL (Max 55 Years)
<b>*COMBINATION CONTRACEPTIVES - VAGINAL***</b>		
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	Cubierto	QL (1 EA per 28 days); AL (Max 55 Years)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	Cubierto	QL (1 EA per 28 days); AL (Max 55 Years)
<b>*CONTINUOUS CONTRACEPTIVES - ORAL***</b>		
AMETHYST ORAL TABLET 90-20 MCG	Cubierto	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Cubierto	
<b>*COPPER CONTRACEPTIVES - IUD***</b>		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Cubierto	AL (Max 55 Years)
<b>*EMERGENCY CONTRACEPTIVES***</b>		
AFTERA ORAL TABLET 1.5 MG	Cubierto	QL (6 EA per 365 days)
ELLA ORAL TABLET 30 MG	Cubierto	QL (6 EA per 365 days); AL (Max 55 Years)
<i>levonorgestrel oral tablet 1.5 mg</i>	Cubierto	QL (6 EA per 365 days)
MY WAY ORAL TABLET 1.5 MG	Cubierto	QL (6 EA per 365 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Cubierto	QL (6 EA per 365 days)
<b>*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***</b>		
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	Cubierto	AL (Max 55 Years)
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Cubierto	AL (Max 55 Years)
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	Cubierto	AL (Max 55 Years)
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	Cubierto	AL (Max 55 Years)
ICLEVIA ORAL TABLET 0.15-0.03 MG	Cubierto	AL (Max 55 Years)
INTROVALE ORAL TABLET 0.15-0.03 MG	Cubierto	AL (Max 55 Years)
JAIMIESS ORAL TABLET 0.15-0.03 & 0.01 MG	Cubierto	AL (Max 55 Years)
JOLESSA ORAL TABLET 0.15-0.03 MG	Cubierto	AL (Max 55 Years)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	Cubierto	AL (Max 55 Years)
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	Cubierto	AL (Max 55 Years)
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG	Cubierto	AL (Max 55 Years)
<b>*PROGESTIN CONTRACEPTIVES - IMPLANTS***</b>		

Drug Name	Tier	Notes
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Cubierto	QL (1 EA per 3 Years); AL (Max 55 Years)
<b>*PROGESTIN CONTRACEPTIVES - INJECTABLE***</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	Cubierto	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Cubierto	AL (Max 55 Years)
<b>*PROGESTIN CONTRACEPTIVES - IUD***</b>		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Cubierto	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	Cubierto	AL (Max 55 Years)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Cubierto	
<b>*PROGESTIN CONTRACEPTIVES - ORAL ***</b>		
CAMILA ORAL TABLET 0.35 MG	Cubierto	AL (Max 55 Years)
DEBLITANE ORAL TABLET 0.35 MG	Cubierto	AL (Max 55 Years)
ERRIN ORAL TABLET 0.35 MG	Cubierto	AL (Max 55 Years)
HEATHER ORAL TABLET 0.35 MG	Cubierto	AL (Max 55 Years)
JENCYCLA ORAL TABLET 0.35 MG	Cubierto	AL (Max 55 Years)
LYLEQ ORAL TABLET 0.35 MG	Cubierto	AL (Max 55 Years)
LYZA ORAL TABLET 0.35 MG	Cubierto	AL (Max 55 Years)
NORA-BE ORAL TABLET 0.35 MG	Cubierto	AL (Max 55 Years)
<i>norethindrone oral tablet 0.35 mg</i>	Cubierto	AL (Max 55 Years)
NORLYROC ORAL TABLET 0.35 MG	Cubierto	AL (Max 55 Years)
OPILL ORAL TABLET 0.075 MG	Cubierto	
SHAROBEL ORAL TABLET 0.35 MG	Cubierto	AL (Max 55 Years)
<b>*TRIPHASIC CONTRACEPTIVES - ORAL ***</b>		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Cubierto	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Cubierto	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Cubierto	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	Cubierto	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	Cubierto	

Drug Name	Tier	Notes
<b>LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG</b>	Cubierto	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Cubierto	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Cubierto	AL (Max 55 Years)
<b>NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	Cubierto	
<b>PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	Cubierto	
<b>TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>	Cubierto	
<b>TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	Cubierto	AL (Max 55 Years)
<b>TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>	Cubierto	
<b>TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	Cubierto	AL (Max 55 Years)
<b>TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG</b>	Cubierto	
<b>TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG</b>	Cubierto	
<b>TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG</b>	Cubierto	
<b>TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG</b>	Cubierto	
<b>TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	Cubierto	AL (Max 55 Years)
<b>TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	Cubierto	AL (Max 55 Years)
<b>TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	Cubierto	AL (Max 55 Years)
<b>TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG</b>	Cubierto	
<b>TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG</b>	Cubierto	
<b>VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG</b>	Cubierto	
<b>*CORTICOSTEROIDS*</b>		
<b>*GLUCOCORTICOSTEROIDS***</b>		
<i>budesonide oral capsule delayed release particles 3 mg</i>	Cubierto	QL (448 EA per 365 days)
<b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML</b>	Cubierto	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Cubierto	

Drug Name	Tier	Notes
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Cubierto	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Cubierto	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cubierto	
<b>MEDROL ORAL TABLET 2 MG</b>	Cubierto	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	Cubierto	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Cubierto	
<i>prednisolone oral solution 15 mg/5ml</i>	Cubierto	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	Cubierto	
<i>prednisone oral solution 5 mg/5ml</i>	Cubierto	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Cubierto	
<b>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG</b>	Cubierto	
<b>*MINERALOCORTICOIDS***</b>		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Cubierto	
<b>*COUGH/COLD/ALLERGY*</b>		
<b>*ANTITUSSIVE - NONNARCOTIC***</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Cubierto	QL (90 EA per 30 days)
<b>*ANTITUSSIVE-EXPECTORANT***</b>		
<i>chest congestion relief dm oral tablet 20-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>chest congestion/cough relief oral tablet 20-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>curanex dm oral tablet 20-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>cvs chest congestion relief dm oral tablet 20-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>dextromethorphan-guaifenesin oral tablet 20-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>FENESIN DM IR ORAL TABLET 20-400 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ft chest congestion relief dm oral tablet 20-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>gnp mucus relief dm oral tablet 20-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>gnp tab tussin dm oral tablet 20-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>goodsense mucus relief dm oral tablet 20-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>mucus relief dm cough oral tablet 20-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>mucus relief dm oral tablet 20-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>pharbinex-dm oral tablet 20-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>qc medifin dm oral tablet 20-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>refenesen dm oral tablet 400-20 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>sb mucus relief dm oral tablet 20-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>SB TAB TUSSIN DM ORAL TABLET 20-400 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>sm chest congestion relief dm oral tablet 20-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*DECONGESTANT W/ EXPECTORANT***</b>		
<i>mucus relief d oral tablet 40-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>qc mucus relief sinus d oral tablet 40-400 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*MISC. RESPIRATORY INHALANTS***</b>		
<i>nasal mist inhalation aerosol solution 0.9 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans



<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>SIMPLY SALINE BABY INHALATION AEROSOL SOLUTION 0.9 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>sodium chloride inhalation nebulization solution 0.9 %, 7 %</i>	Cubierto	
<b>*MUCOLYTICS***</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Cubierto	
<b>*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***</b>		
<i>bio-rytuss oral liquid 5-2-10 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ed-a-hist dm oral liquid 10-4-15 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>GENCONTUSS ORAL LIQUID 5-2-10 MG/5ML</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>GILTUSS ALLERGY CGH&amp;CONG CHILD ORAL LIQUID 5-2-10 MG/5ML</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>GILTUSS ALLERGY COUGH &amp; CONGES ORAL LIQUID 5-2-10 MG/5ML</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>nohist-dm oral liquid 10-4-15 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*DERMATOLOGICALS*</b>		
<b>*ACNE ANTIBIOTICS***</b>		
<i>clindamycin phosphate external gel 1 %</i>	Cubierto	QL (60 GM per 30 days)
<i>clindamycin phosphate external lotion 1 %</i>	Cubierto	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	Cubierto	
<i>clindamycin phosphate external swab 1 %</i>	Cubierto	
<i>dapsone external gel 5 %, 7.5 %</i>	Cubierto	
<i>erythromycin external gel 2 %</i>	Cubierto	
<i>erythromycin external solution 2 %</i>	Cubierto	
<b>*ACNE COMBINATIONS***</b>		
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Cubierto	
<i>sulfacetamide sodium-sulfur external cream 10-5 %</i>	Cubierto	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	Cubierto	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	Cubierto	
<b>*ACNE PRODUCTS***</b>		
<i>adapalene external cream 0.1 %</i>	Cubierto	The following Prior authorization criteria applies to patients greater than 40 years of age: The patient must have a diagnosis of actinic keratosis OR adult acne. **Approval length if criteria is met: 1 year; AL (Max 40 Years)
<b>AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG</b>	Cubierto	Length of therapy is limited to 24 weeks. Prior authorization is required for treatment beyond this.; QL (60 EA per 30 days)
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	Cubierto	
<i>benzoyl peroxide wash external liquid 10 %, 5 %</i>	Cubierto	
<b>CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	Cubierto	Length of therapy is limited to 24 weeks. Prior authorization is required for treatment beyond this.; QL (60 EA per 30 days)
<b>DIFFERIN EXTERNAL GEL 0.1 %</b>	Cubierto	The following Prior authorization criteria applies to patients greater than 40 years of age: The patient must have a diagnosis of actinic keratosis OR adult acne. **Approval length if criteria is met: 1 year; AL (Max 40 Years)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Cubierto	Length of therapy is limited to 24 weeks. Prior authorization is required for treatment beyond this.; QL (60 EA per 30 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Cubierto	Details: The following Prior authorization criteria applies to patients greater than 40 years of age: The patient must have a diagnosis of actinic keratosis OR adult acne. **Approval length if criteria is met: 1 year; QL (45 GM per 30 days); AL (Max 40 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Cubierto	Details: The following Prior authorization criteria applies to patients greater than 40 years of age: The patient must have a diagnosis of actinic keratosis OR adult acne. **Approval length if criteria is met: 1 year; QL (45 GM per 30 days); AL (Max 40 Years)

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	Cubierto	Length of therapy is limited to 24 weeks. Prior authorization is required for treatment beyond this.; QL (60 EA per 30 days)
<b>*ANTIBIOTICS - TOPICAL ***</b>		
<i>bacitracin external ointment 500 unit/gm</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>bacitracin zinc external ointment 500 unit/gm</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>bacitracin zinc-aloe external ointment 500 unit/gm</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>cvs bacitracin zinc external ointment 500 unit/gm</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>eq bacitracin zinc external ointment 500 unit/gm</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>eql bacitracin zinc external ointment 500 unit/gm</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>gentamicin sulfate external cream 0.1 %</i>	Cubierto	
<i>gentamicin sulfate external ointment 0.1 %</i>	Cubierto	
<i>gnp bacitracin zinc external ointment 500 unit/gm</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>mupirocin external ointment 2 %</i>	Cubierto	
<i>ra bacitracin external ointment 500 unit/gm</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ra bacitracin zinc first aid external ointment 500 unit/gm</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>sm antibiotic external ointment 500 unit/gm</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*ANTIFUNGALS - TOPICAL COMBINATIONS***</b>		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Cubierto	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Cubierto	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Cubierto	

Drug Name	Tier	Notes
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Cubierto	
<b>*ANTIFUNGALS - TOPICAL***</b>		
<i>ciclopirox external gel 0.77 %</i>	Cubierto	
<i>ciclopirox external solution 8 %</i>	Cubierto	QL (6.6 ML per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	Cubierto	
<i>ciclopirox olamine external suspension 0.77 %</i>	Cubierto	
<b>NYAMYC EXTERNAL POWDER 100000 UNIT/GM</b>	Cubierto	
<i>nystatin external cream 100000 unit/gm</i>	Cubierto	
<i>nystatin external ointment 100000 unit/gm</i>	Cubierto	
<i>nystatin external powder 100000 unit/gm</i>	Cubierto	
<b>NYSTOP EXTERNAL POWDER 100000 UNIT/GM</b>	Cubierto	
<b>*ANTI-INFLAMMATORY AGENTS - TOPICAL***</b>		
<i>diclofenac sodium external gel 1 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (300 GM per 30 days)
<b>*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***</b>		
<i>fluorouracil external cream 5 %</i>	Cubierto	
<i>fluorouracil external solution 2 %, 5 %</i>	Cubierto	
<b>*ANTIPSORIATICS - SYSTEMIC***</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Cubierto	PA; QL (60 EA per 30 days); SP
<b>COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML</b>	Cubierto	PA; QL (2 ML per 28 days); SP
<b>COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML</b>	MB	PA
<b>COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>	Cubierto	PA; QL (2 ML per 28 days); SP
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>	Cubierto	PA; QL (1 ML per 28 days); SP
<b>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML</b>	Cubierto	PA; QL (1 ML per 28 days); SP
<b>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML</b>	Cubierto	PA; QL (0.5 ML per 28 days); SP
<b>SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>	Cubierto	PA; QL (1 ML per 12 weekss); SP
<b>SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML</b>	Cubierto	PA; QL (1 ML per 12 weekss); SP

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	Cubierto	PA; QL (0.5 ML per 12 Weeks); SP
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML</b>	Cubierto	PA; QL (0.5 ML per 12 Weeks); SP
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML</b>	Cubierto	PA; QL (1 ML per 8 Weeks); SP
<b>TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML</b>	Cubierto	PA; QL (1 ML per 28 days); SP
<b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML</b>	Cubierto	PA; QL (1 ML per 28 days); SP
<b>*ANTIPSORIATICS***</b>		
<i>calcipotriene external cream 0.005 %</i>	Cubierto	
<i>calcipotriene external ointment 0.005 %</i>	Cubierto	
<i>calcipotriene external solution 0.005 %</i>	Cubierto	
<b>CALCITRENE EXTERNAL OINTMENT 0.005 %</b>	Cubierto	
<b>*ANTISEBORRHEIC PRODUCTS***</b>		
<i>anti-dandruff external shampoo 1 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>selenium sulfide external lotion 2.5 %</i>	Cubierto	
<b>*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***</b>		
<b>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML</b>	Cubierto	PA; QL (2.28 ML per 28 days); SP
<b>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML</b>	Cubierto	PA; QL (4 ML per 28 days); SP
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML</b>	Cubierto	PA; QL (2.28 ML per 28 days); SP
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML</b>	Cubierto	PA; QL (4 ML per 28 days); SP
<b>*BURN PRODUCTS***</b>		
<i>silver sulfadiazine external cream 1 %</i>	Cubierto	
<b>*CORTICOSTEROIDS - TOPICAL ***</b>		
<i>alclometasone dipropionate external ointment 0.05 %</i>	Cubierto	
<b>AQUANIL HC EXTERNAL LOTION 1 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>beta hc external lotion 1 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Cubierto	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Cubierto	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Cubierto	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Cubierto	
<i>betamethasone dipropionate external cream 0.05 %</i>	Cubierto	
<i>betamethasone dipropionate external lotion 0.05 %</i>	Cubierto	
<i>betamethasone dipropionate external ointment 0.05 %</i>	Cubierto	
<i>betamethasone valerate external cream 0.1 %</i>	Cubierto	
<i>betamethasone valerate external lotion 0.1 %</i>	Cubierto	
<i>betamethasone valerate external ointment 0.1 %</i>	Cubierto	
<i>clobetasol propionate e external cream 0.05 %</i>	Cubierto	
<i>clobetasol propionate external cream 0.05 %</i>	Cubierto	QL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	Cubierto	
<i>clobetasol propionate external ointment 0.05 %</i>	Cubierto	
<i>clobetasol propionate external solution 0.05 %</i>	Cubierto	
<b>CORTIBALM EXTERNAL STICK 1 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>CORTIZONE-10 COOLING EXTERNAL GEL 1 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION 1 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>CORTIZONE-10 ECZEMA EXTERNAL LOTION 1 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>CORTIZONE-10 EXTERNAL GEL 1 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION 1 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>CORTIZONE-10 PSORIASIS EXTERNAL LOTION 1 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>cvs cortisone maximum strength external gel 1 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>cvs cortisone maximum strength external lotion 1 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>DERMAREST ECZEMA EXTERNAL LOTION 1 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>fluocinolone acetonide body external oil 0.01 %</i>	Cubierto	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Cubierto	
<i>fluocinolone acetonide external ointment 0.025 %</i>	Cubierto	
<i>fluocinolone acetonide external solution 0.01 %</i>	Cubierto	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Cubierto	
<i>fluocinonide external cream 0.05 %</i>	Cubierto	
<i>fluocinonide external gel 0.05 %</i>	Cubierto	
<i>fluocinonide external ointment 0.05 %</i>	Cubierto	
<i>fluocinonide external solution 0.05 %</i>	Cubierto	
<i>fluticasone propionate external cream 0.05 %</i>	Cubierto	
<i>fluticasone propionate external ointment 0.005 %</i>	Cubierto	
<i>hydrocortisone external cream 0.5 %, 1 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>hydrocortisone external cream 2.5 %</i>	Cubierto	
<i>hydrocortisone external lotion 1 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>hydrocortisone external lotion 2.5 %</i>	Cubierto	
<i>hydrocortisone external ointment 0.5 %, 1 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>hydrocortisone external ointment 2.5 %</i>	Cubierto	
<i>hydrocortisone valerate external cream 0.2 %</i>	Cubierto	
<b>MG217 PSORIASIS ANIT-ITCH EXTERNAL GEL 1 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>mometasone furoate external cream 0.1 %</i>	Cubierto	
<i>mometasone furoate external ointment 0.1 %</i>	Cubierto	
<i>mometasone furoate external solution 0.1 %</i>	Cubierto	
<b>SARNOL-HC EXTERNAL LOTION 1 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>scalp relief maximum strength external solution 1 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>SCALPICIN MAXIMUM STRENGTH EXTERNAL SOLUTION 1 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Cubierto	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Cubierto	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Cubierto	
<b>*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***</b>		
<i>clotrimazole anti-fungal external cream 1 %</i>	Cubierto	
<i>econazole nitrate external cream 1 %</i>	Cubierto	
<i>ketoconazole external cream 2 %</i>	Cubierto	
<i>ketoconazole external shampoo 2 %</i>	Cubierto	
<b>*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL***</b>		
<i>imiquimod external cream 5 %</i>	Cubierto	QL (12 EA per 28 days)
<b>*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS***</b>		
<i>podofilox external solution 0.5 %</i>	Cubierto	
<b>*LOCAL ANESTHETICS - TOPICAL***</b>		
<b>ANECREAM EXTERNAL CREAM 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>ASPERCREME LIDOCAINE EXTERNAL CREAM 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>ASPERCREME LIDOCAINE EXTERNAL PATCH 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<b>ASPERCREME W/LIDOCAINE EXTERNAL CREAM 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>ASPERFLEX LIDOCAINE EXTERNAL CREAM 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>asperflex max st external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)



<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>ASPERFLEX PAIN RELIEVING EXTERNAL PATCH 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<b>BENGAY LIDOCAINE EXTERNAL CREAM 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>BLUE-EMU PAIN RELIEF DRY EXTERNAL PATCH 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<i>cvs lidocaine maximum strength external cream 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>cvs pain relief external cream 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>cvs pain relief external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<i>eq lidocaine pain relieving external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<i>eq pain relieving external cream 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>FIRST CARE PAIN RELIEF EXTERNAL PATCH 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<i>gnp lidocaine pain relief external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 Days)
<i>gnp lidocaine pain relieving external cream 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>GOLD BOND MULTI-SYMP TOM EXTERNAL CREAM 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>GOLD BOND PAIN &amp; ITCH RELIEF EXTERNAL CREAM 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>HEALTHWISE PAIN RELIEF EXTERNAL PATCH 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<b>LIDO KING EXTERNAL PATCH 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>lidocaine external cream 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>lidocaine external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<i>lidocaine hcl external cream 3 %</i>	Cubierto	
<i>lidocaine hcl external cream 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>lidocaine max st 24 hours external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<i>lidocaine pain relief external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<i>lidocaine pain relief max st external cream 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>lidocaine pain relief max st external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<i>lidocaine pain relieving external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<i>lidocaine plus external cream 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>lidocanna external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<i>lidocore external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<i>pain relief maximum strength external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<i>pain relieving + lidocaine external cream 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>pain relieving lidocaine external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 Days)
<b>PHARMACIST CHOICE PAIN RELIEF EXTERNAL PATCH 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>qc lidocaine pain relief external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 Days)
<i>qc pain relieving + lidocaine external cream 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ra lidocaine pain relieving external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 Days)
<i>ra pain relief external cream 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ra pain relieving external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<b>RE-LIEVED MAXIMUM STRENGTH EXTERNAL PATCH 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<b>SALONPAS PAIN RELIEVING EXTERNAL PATCH 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<i>theracare pain relief external patch 4 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 Days)
<b>WELMATE LIDOCAINE PAIN RELIEV EXTERNAL PATCH 4 %</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (30 EA per 30 days)
<b>*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL***</b>		
<i>pimecrolimus external cream 1 %</i>	Cubierto	**Approval length if criteria met: 2 months; QL (120 GM per 365 days); AL (Min 2 Years)
<i>tacrolimus external ointment 0.03 %</i>	Cubierto	Continuous long-term use of Protopic is not recommended by the FDA. The length of treatment will be limited to 60 days. **Approval length if criteria met: 60 days; AL (Min 2 Years)
<i>tacrolimus external ointment 0.1 %</i>	Cubierto	Continuous long-term use of Protopic is not recommended by the FDA. The length of treatment will be limited to 60 days. **Approval length if criteria met: 60 days.; AL (Min 2 Years)
<b>*ROSACEA AGENTS***</b>		
<i>azelaic acid external gel 15 %</i>	Cubierto	ST
<b>FINACEA EXTERNAL FOAM 15 %</b>	Cubierto	ST
<i>metronidazole external cream 0.75 %</i>	Cubierto	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>metronidazole external gel 0.75 %</i>	Cubierto	
<i>metronidazole external lotion 0.75 %</i>	Cubierto	
<b>*SCABICIDES &amp; PEDICULICIDES***</b>		
<i>ivermectin external lotion 0.5 %</i>	Cubierto	ST; OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>permethrin external cream 5 %</i>	Cubierto	
<b>*TOPICAL ANESTHETIC COMBINATIONS***</b>		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Cubierto	
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*DIAGNOSTIC TESTS***</b>		
<b>ACCU-CHEK AVIVA PLUS IN VITRO STRIP</b>	Cubierto	100 test strips per 30 days or 300 test strips for 90 days are covered for members who are not on insulin. 200 test strips per 30 days or 600 test strips per 90 days are covered for members who are receiving insulin. 50 test strips per 30 days or 150 test strips per 90 days are covered for members on a continuous glucose monitoring system.; QL (100 EA per 30 days)
<b>ACCU-CHEK GUIDE IN VITRO STRIP</b>	Cubierto	100 test strips per 30 days or 300 test strips for 90 days are covered for members who are not on insulin. 200 test strips per 30 days or 600 test strips per 90 days are covered for members who are receiving insulin. 50 test strips per 30 days or 150 test strips per 90 days are covered for members on a continuous glucose monitoring system.; QL (100 EA per 30 days)
<b>ACCU-CHEK SMARTVIEW IN VITRO STRIP</b>	Cubierto	100 test strips per 30 days or 300 test strips for 90 days are covered for members who are not on insulin. 200 test strips per 30 days or 600 test strips per 90 days are covered for members who are receiving insulin. 50 test strips per 30 days or 150 test strips per 90 days are covered for members on a continuous glucose monitoring system.; QL (100 EA per 30 days)

Drug Name	Tier	Notes
CLEARBLUE DIGITAL PLUS IN VITRO DIAGNOSTIC TEST	Cubierto	
CLEARBLUE DIGITAL PREGNANCY IN VITRO DIAGNOSTIC TEST	Cubierto	
CLEARBLUE PLUS PREGNANCY IN VITRO DIAGNOSTIC TEST	Cubierto	
EPT DIGITAL IN VITRO DIAGNOSTIC TEST	Cubierto	
EPT IN VITRO DIAGNOSTIC TEST	Cubierto	
KETOSTIX IN VITRO STRIP	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>one step pregnancy in vitro diagnostic test</i>	Cubierto	
PRECISION XTRA KETONE IN VITRO STRIP	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<b>*INFECTION TESTS***</b>		
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT	Cubierto	QL (8 EA per 30 days)
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT	Cubierto	QL (8 EA per 30 days)
IHEALTH COVID-19 RAPID TEST IN VITRO KIT	Cubierto	QL (8 EA per 30 days)
PILOT COVID-19 AT-HOME TEST IN VITRO KIT	Cubierto	QL (8 EA per 30 days)
<b>*MULTIPLE URINE TESTS***</b>		
CHEMSTRIP UGK IN VITRO STRIP	Cubierto	
<b>*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS*</b>		
<b>*NUTRITIONAL SUPPLEMENTS***</b>		
BOOST ORAL LIQUID	Cubierto	PA
<b>*DIGESTIVE AIDS*</b>		
<b>*DIGESTIVE ENZYMES***</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Cubierto	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	Cubierto	
<b>*DIURETICS*</b>		
<b>*CARBONIC ANHYDRASE INHIBITORS***</b>		

Drug Name	Tier	Notes
acetazolamide er oral capsule extended release 12 hour 500 mg	Cubierto	
acetazolamide oral tablet 125 mg, 250 mg	Cubierto	
methazolamide oral tablet 25 mg, 50 mg	Cubierto	
<b>*DIURETIC COMBINATIONS***</b>		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Cubierto	
spironolactone-hctz oral tablet 25-25 mg	Cubierto	
triamterene-hctz oral capsule 37.5-25 mg	Cubierto	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Cubierto	
<b>*LOOP DIURETICS***</b>		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Cubierto	
ethacrynic acid oral tablet 25 mg	Cubierto	PA
furosemide oral solution 10 mg/ml, 8 mg/ml	Cubierto	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Cubierto	
torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Cubierto	
<b>*POTASSIUM SPARING DIURETICS***</b>		
amiloride hcl oral tablet 5 mg	Cubierto	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Cubierto	
triamterene oral capsule 100 mg, 50 mg	Cubierto	
<b>*THIAZIDES AND THIAZIDE-LIKE DIURETICS***</b>		
chlorthalidone oral tablet 25 mg, 50 mg	Cubierto	
hydrochlorothiazide oral capsule 12.5 mg	Cubierto	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Cubierto	
indapamide oral tablet 1.25 mg, 2.5 mg	Cubierto	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Cubierto	
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<b>*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS***</b>		
mifepristone oral tablet 200 mg	Cubierto	
<b>*BISPHOSPHONATES***</b>		
alendronate sodium oral tablet 10 mg, 5 mg	Cubierto	
alendronate sodium oral tablet 35 mg, 70 mg	Cubierto	QL (4 EA per 28 days)
ibandronate sodium oral tablet 150 mg	Cubierto	ST; QL (1 EA per 28 days)

Drug Name	Tier	Notes
<b>*CALCIMIMETIC AGENTS***</b>		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Cubierto	PA
<b>*CALCITONINS***</b>		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Cubierto	
<b>*DOPAMINE RECEPTOR AGONISTS***</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Cubierto	QL (56 EA per 28 days)
<b>*GNRH/LHRH ANTAGONISTS***</b>		
<b>ORILISSA ORAL TABLET 150 MG</b>	Cubierto	PA; QL (30 EA per 30 days); SP
<b>ORILISSA ORAL TABLET 200 MG</b>	Cubierto	PA; QL (60 EA per 30 days); SP
<b>*GROWTH HORMONES***</b>		
<b>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG</b>	Cubierto	PA; SP
<b>*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Cubierto	
<i>calcitriol oral solution 1 mcg/ml</i>	Cubierto	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Cubierto	
<b>*HYPOPHOSPHATASIA (HPP) AGENTS***</b>		
<b>STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML</b>	Cubierto	PA; LA
<b>*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)***</b>		
<b>INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML</b>	Cubierto	PA; SP
<b>*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***</b>		
<b>LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG</b>	MB	PA required if billed with Dx codes F64.1 - F64.9.
<b>*PARATHYROID HORMONE AND DERIVATIVES***</b>		
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	Cubierto	PA; SP
<b>TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML</b>	Cubierto	PA; SP
<b>*PHENYLKETONURIA TREATMENT - AGENTS***</b>		
<b>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML</b>	Cubierto	PA; LA; QL (7 ML per 28 days)

Drug Name	Tier	Notes
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML	Cubierto	PA; LA; QL (3 ML per 35 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Cubierto	PA; LA; QL (28 ML per 28 days)
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Cubierto	PA; LA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Cubierto	PA; LA
<b>*RANK LIGAND (RANKL) INHIBITORS***</b>		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	MB	
<b>*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***</b>		
<i>raloxifene hcl oral tablet 60 mg</i>	Cubierto	
<b>*SOMATOSTATIC AGENTS***</b>		
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	MB	
<b>*UREA CYCLE DISORDER - AGENTS***</b>		
PHEBURANE ORAL PELLETT 483 MG/GM	Cubierto	PA; QL (20 GM per 1 day); SP
<b>*VASOPRESSIN***</b>		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Cubierto	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Cubierto	
<b>*ESTROGENS*</b>		
<b>*ESTROGEN &amp; PROGESTIN***</b>		
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Cubierto	ST; QL (8 EA per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Cubierto	
JINTELI ORAL TABLET 1-5 MG-MCG	Cubierto	
MIMVEY ORAL TABLET 1-0.5 MG	Cubierto	
PREMPHASE ORAL TABLET 0.625-5 MG	Cubierto	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-5 MG	Cubierto	
<b>*ESTROGEN-PROGESTIN-GNRH ANTAGONIST***</b>		
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Cubierto	PA; QL (60 EA per 30 days)
<b>*ESTROGENS***</b>		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Cubierto	QL (8 EA per 28 days)



Drug Name	Tier	Notes
<b>DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	Cubierto	QL (8 EA per 28 Days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Cubierto	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Cubierto	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Cubierto	
<b>LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	Cubierto	QL (8 EA per 28 days)
<b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</b>	Cubierto	
<b>PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</b>	Cubierto	
<b>*FLUOROQUINOLONES*</b>		
<b>*FLUOROQUINOLONES***</b>		
<b>CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)</b>	Cubierto	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Cubierto	
<i>levofloxacin oral solution 25 mg/ml</i>	Cubierto	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Cubierto	
<i>moxifloxacin hcl oral tablet 400 mg</i>	Cubierto	
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<b>*GALLSTONE SOLUBILIZING AGENTS***</b>		
<i>ursodiol oral capsule 300 mg</i>	Cubierto	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Cubierto	
<b>*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS***</b>		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Cubierto	ST; QL (60 EA per 30 days)
<b>*GASTROINTESTINAL STIMULANTS***</b>		
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Cubierto	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Cubierto	
<b>*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS***</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Cubierto	
<b>*INFLAMMATORY BOWEL AGENTS***</b>		

Drug Name	Tier	Notes
<i>balsalazide disodium oral capsule 750 mg</i>	Cubierto	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Cubierto	ST; QL (120 EA per 30 days)
<i>mesalamine oral capsule delayed release 400 mg</i>	Cubierto	ST; QL (180 EA per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Cubierto	ST; QL (120 EA per 30 days)
<i>mesalamine rectal enema 4 gm</i>	Cubierto	
<i>mesalamine rectal suppository 1000 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	Cubierto	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Cubierto	
<b>*INTERLEUKIN ANTAGONISTS***</b>		
<b>SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML</b>	MB	PA; QL (30 ML per 365 days); SP
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML</b>	Cubierto	PA; QL (1.2 ML per 56 days); SP
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML</b>	Cubierto	PA; QL (2.4 ML per 8 weeks); SP
<b>*INTESTINAL ACIDIFIERS***</b>		
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Cubierto	
<b>*PHOSPHATE BINDER AGENTS***</b>		
<b>AURYXIA ORAL TABLET 1 GM 210 MG(Fe)</b>	Cubierto	PA; QL (12 EA per 1 day)
<i>calcium acetate oral tablet 667 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg</i>	Cubierto	PA; QL (3 EA per 1 day)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	Cubierto	PA; QL (6 EA per 1 day)
<i>sevelamer carbonate oral tablet 800 mg</i>	Cubierto	
<b>*TRYPTOPHAN HYDROXYLASE INHIBITORS***</b>		
<b>XERMELO ORAL TABLET 250 MG</b>	Cubierto	PA; LA; QL (90 EA per 30 days)
<b>*TUMOR NECROSIS FACTOR ALPHA BLOCKERS***</b>		
<b>AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</b>	MB	PA
<b>CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML</b>	Cubierto	PA; QL (1 kit per 28 days); SP
<b>CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML</b>	Cubierto	PA; QL (3 kit per 28 days); SP
<b>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</b>	Cubierto	PA; QL (1 kit per 28 days); SP
<b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>		

Drug Name	Tier	Notes
<b>*5-ALPHA REDUCTASE INHIBITORS***</b>		
<i>dutasteride oral capsule 0.5 mg</i>	Cubierto	ST; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	Cubierto	
<b>*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Cubierto	
<b>*ANTI-INFECTIVE GENITOURINARY IRRIGANTS***</b>		
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	Cubierto	
<b>*CITRATES***</b>		
<i>cytra-2 oral solution 500-334 mg/5ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<b>ORACIT ORAL SOLUTION 490-640 MG/5ML</b>	Cubierto	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>	Cubierto	
<b>UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG)</b>	Cubierto	
<b>*INTERSTITIAL CYSTITIS AGENTS***</b>		
<b>ELMIRON ORAL CAPSULE 100 MG</b>	Cubierto	PA; QL (90 EA per 30 days)
<b>*URINARY ANALGESICS***</b>		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Cubierto	
<b>*URINARY STONE AGENTS***</b>		
<i>tiopronin oral tablet 100 mg</i>	Cubierto	PA; LA; QL (300 EA per 30 days)
<b>*GOUT AGENTS*</b>		
<b>*GOUT AGENT COMBINATIONS***</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Cubierto	
<b>*GOUT AGENTS***</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Cubierto	
<i>colchicine oral tablet 0.6 mg</i>	Cubierto	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Cubierto	PA; QL (30 EA per 30 days)
<b>*URICOSURICS***</b>		
<i>probenecid oral tablet 500 mg</i>	Cubierto	
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
<b>*ANTHEMOPHILIC PRODUCTS***</b>		

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT</b>	MB	
<b>ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT</b>	MB	
<b>ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT</b>	MB	
<b>BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	MB	
<b>CORIFACT INTRAVENOUS KIT 1000-1600 UNIT</b>	MB	
<b>HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT</b>	MB	
<b>HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT</b>	MB	
<b>IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	MB	
<b>KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT</b>	MB	
<b>KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT</b>	MB	
<b>KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	MB	
<b>NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	MB	
<b>NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG</b>	MB	
<b>NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT</b>	MB	
<b>NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT</b>	MB	
<i>obizur intravenous solution reconstituted 500 unit</i>	MB	
<b>PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT</b>	MB	
<b>RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT</b>	MB	
<b>RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED</b>	MB	

Drug Name	Tier	Notes
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	MB	
<b>WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT</b>	MB	
<b>XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	MB	
<b>XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	MB	
<b>*C1 ESTERASE INHIBITORS***</b>		
<b>HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT</b>	MB	PA; SP
<b>*COMPLEMENT C5 INHIBITORS***</b>		
<b>ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML</b>	MB	PA
<b>*DIRECT-ACTING P2Y12 INHIBITORS***</b>		
<b>BRILINTA ORAL TABLET 60 MG</b>	Cubierto	PA; QL (60 EA per 30 days)
<b>BRILINTA ORAL TABLET 90 MG</b>	Cubierto	PA; Maximum of 730 tablets per lifetime; QL (60 EA per 30 days)
<b>*HEMATORHEOLOGIC AGENTS***</b>		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Cubierto	
<b>*PHOSPHODIESTERASE III INHIBITORS***</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Cubierto	
<b>*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***</b>		
<b>TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML</b>	Cubierto	PA; QL (2 vials per 28 days); SP
<b>TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML</b>	Cubierto	PA; QL (2 ML per 28 days); SP
<b>TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML</b>	Cubierto	PA; QL (4 ML per 28 days); SP
<b>*PLATELET AGGREGATION INHIBITORS***</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Cubierto	
<b>*QUINAZOLINE AGENTS***</b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Cubierto	
<b>*THIENOPYRIDINE DERIVATIVES***</b>		
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Cubierto	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Cubierto	PA; QL (30 EA per 30 days)
<b>*HEMATOPOIETIC AGENTS*</b>		

Drug Name	Tier	Notes
<b>*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***</b>		
RETACRIT INJECTION SOLUTION 10000 UNIT/ML	MB	PA; QL (12 ML per 28 days); SP
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	MB	PA; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	MB	PA; QL (4 ML per 28 days)
<b>*FOLIC ACID/FOLATES***</b>		
<i>folic acid oral tablet 1 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Cubierto	AL (Max 55 Years)
<b>*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***</b>		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	MB	PA; Specialty Pharmacy Required if drug is filled through pharmacy benefit; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	MB	PA; Specialty Pharmacy Required if drug is filled through pharmacy benefit; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	MB	PA; Specialty Pharmacy Required if drug is filled through pharmacy benefit; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	MB	PA; Specialty Pharmacy Required if drug is filled through pharmacy benefit; SP
<b>*IRON***</b>		
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
EZFE 200 ORAL CAPSULE 434.8 (200 FE) MG	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML	MB	PA
FERREX 150 ORAL CAPSULE 150 MG	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ferric x-150 oral capsule 150 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
FERRIMIN 150 ORAL TABLET 150 MG	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>ferrous gluconate oral tablet 240 (27 fe) mg, 324 (38 fe) mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>ferrous sulfate oral solution 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ferumoxytol intravenous solution 510 mg/17ml</i>	MB	PA
<i>fe-vite iron oral solution 75 (15 fe) mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>IFEREX 150 ORAL CAPSULE 150 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML</b>	MB	PA
<i>iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>iron infant &amp; toddler oral solution 75 (15 fe) mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>iron infant/toddler oral solution 75 (15 fe) mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>iron supplement oral solution 15 mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>NU-IRON ORAL CAPSULE 150 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>pc pediatric iron drops oral solution 75 (15 fe) mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>POLY-IRON 150 ORAL CAPSULE 150 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>polysaccharide iron complex oral capsule 150 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>polysaccharide-iron complex oral capsule 150 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>PROFE ORAL CAPSULE 391.3 (180 FE) MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>PROFERRIN ES ORAL TABLET 12 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS***</b>		
<b>MULPLETA ORAL TABLET 3 MG</b>	Cubierto	PA; QL (7 EA per 7 Days); SP
<b>*HEMOSTATICS*</b>		
<b>*HEMOSTATICS - SYSTEMIC***</b>		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	Cubierto	PA; AL (Max 12 Years)
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Cubierto	
<i>tranexamic acid oral tablet 650 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>tranexamic acid-nacl intravenous solution 1000-0.7 mg/100ml-%</i>	MB	
<b>*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*</b>		
<b>*ANTIHISTAMINE HYPNOTICS***</b>		
<i>gnp sleep aid oral tablet 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>kls sleep aid oral tablet 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>ra night sleep aid oral tablet 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>ra sleep aid oral tablet 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>sleep aid (doxylamine) oral tablet 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>sleep aid oral tablet 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>sleep-aid oral tablet 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>sm sleep aid oral tablet 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans



Drug Name	Tier	Notes
wal-som oral tablet 25 mg	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<b>*BARBITURATE HYPNOTICS***</b>		
phenobarbital oral elixir 20 mg/5ml	Cubierto	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Cubierto	
<b>*BENZODIAZEPINE HYPNOTICS***</b>		
flurazepam hcl oral capsule 15 mg, 30 mg	Cubierto	QL (30 EA per 30 days)
midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/ml	Cubierto	ST
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml	Cubierto	ST
temazepam oral capsule 15 mg	Cubierto	QL (60 EA per 30 days)
temazepam oral capsule 30 mg	Cubierto	QL (30 EA per 30 days)
triazolam oral tablet 0.125 mg, 0.25 mg	Cubierto	QL (60 EA per 30 days)
<b>*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***</b>		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Cubierto	QL (30 EA per 30 days)
zaleplon oral capsule 10 mg, 5 mg	Cubierto	QL (60 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	Cubierto	PA; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	Cubierto	QL (30 EA per 30 days)
<b>*OREXIN RECEPTOR ANTAGONISTS***</b>		
<b>BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</b>	Cubierto	PA; QL (30 EA per 30 days)
<b>DAYVIGO ORAL TABLET 10 MG, 5 MG</b>	Cubierto	PA; QL (30 EA per 30 days)
<b>*SELECTIVE MELATONIN RECEPTOR AGONISTS***</b>		
ramelteon oral tablet 8 mg	Cubierto	PA; QL (30 EA per 30 Days)
<b>*LAXATIVES*</b>		
<b>*BOWEL EVACUANT COMBINATIONS***</b>		
<b>GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM</b>	Cubierto	QL (8000 ML per 365 days)
<b>GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM</b>	Cubierto	QL (8000 ML per 365 days)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Cubierto	QL (8000 ML per 365 days); AL (Min 50 Years)
peg-3350/electrolytes oral solution reconstituted 236 gm	Cubierto	QL (8000 ML per 365 days)

Drug Name	Tier	Notes
<b>*LAXATIVES - MISCELLANEOUS***</b>		
<i>constulose oral solution 10 gm/15ml</i>	Cubierto	
<i>lactulose oral solution 10 gm/15ml</i>	Cubierto	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Cubierto	
<b>*SURFACTANT LAXATIVES***</b>		
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (60 EA per 30 days)
<b>DOK ORAL TABLET 100 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ft stool softener oral tablet 100 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>HEALTHY MAMA MOVE IT ALONG ORAL TABLET 100 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>PEDIA-LAX ORAL LIQUID 50 MG/15ML</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (900 ML per 30 days)
<b>PROMOLAXIN ORAL TABLET 100 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>sm stool softener oral tablet 100 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>stool softener oral capsule 100 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (60 EA per 30 days)
<i>stool softener oral tablet 100 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*LOCAL ANESTHETICS-PARENTERAL *</b>		
<b>*LOCAL ANESTHETICS - AMIDES***</b>		
<b>EXPAREL INJECTION SUSPENSION 1.3 %</b>	MB	
<b>*MACROLIDES*</b>		
<b>*AZITHROMYCIN***</b>		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Cubierto	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Cubierto	
<b>*CLARITHROMYCIN***</b>		

Drug Name	Tier	Notes
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Cubierto	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Cubierto	
<b>*ERYTHROMYCINS***</b>		
<b>E.E.S. 400 ORAL TABLET 400 MG</b>	Cubierto	
<b>E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML</b>	Cubierto	AL (Max 12 Years)
<b>ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML</b>	Cubierto	AL (Max 12 Years)
<b>ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML</b>	Cubierto	AL (Max 12 Years)
<b>ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG</b>	Cubierto	
<b>ERYTHROCIN STEARATE ORAL TABLET 250 MG</b>	Cubierto	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Cubierto	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Cubierto	AL (Max 12 Years)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Cubierto	
<i>erythromycin stearate oral tablet 250 mg</i>	Cubierto	
<b>*FIDAXOMICIN***</b>		
<b>DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML</b>	Cubierto	PA; QL (136 ML per 30 days)
<b>*MEDICAL DEVICES AND SUPPLIES*</b>		
<b>*CERVICAL CAPS***</b>		
<b>FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM</b>	Cubierto	AL (Max 55 Years)
<b>*CONDOMS - MALE***</b>		
<i>condoms</i>	Cubierto	
<b>*DIAPHRAGMS***</b>		
<b>CAYA VAGINAL DIAPHRAGM</b>	Cubierto	AL (Max 55 Years)
<b>OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM</b>	Cubierto	AL (Max 55 Years)
<b>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %</b>	Cubierto	AL (Max 55 Years)
<b>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %</b>	Cubierto	AL (Max 55 Years)
<b>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %</b>	Cubierto	AL (Max 55 Years)
<b>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %</b>	Cubierto	AL (Max 55 Years)
<b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %</b>	Cubierto	AL (Max 55 Years)

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %</b>	Cubierto	AL (Max 55 Years)
<b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %</b>	Cubierto	AL (Max 55 Years)
<b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %</b>	Cubierto	AL (Max 55 Years)
<b>*GLUCOSE MONITORING TEST SUPPLIES***</b>		
<b>ACCU-CHEK FASTCLIX LANCETS</b>	Cubierto	102 lancets per 30 days or 306 lancets for 90 days are covered for members who are not on insulin. 204 lancets per 30 days or 612 lancets per 90 days are covered for members who are receiving insulin. 51 lancets per 30 days or 153 lancets per 90 days are covered for members on a continuous glucose monitoring system.; QL (102 EA per 30 days)
<b>ACCU-CHEK GUIDE KIT W/DEVICE</b>	Cubierto	QL (1 EA per 180 days)
<b>ACCU-CHEK SOFTCLIX LANCETS</b>	Cubierto	100 lancets per 30 days or 300 lancets for 90 days are covered for members who are not on insulin. 200 lancets per 30 days or lancets per 90 days are covered for members who are receiving insulin. 50 lancets per 30 days or 150 lancets per 90 days are covered for members on a continuous glucose monitoring system.; QL (100 EA per 30 days)
<b>DEXCOM G6 RECEIVER DEVICE</b>	Cubierto	PA; QL (1 EA per 365 days)
<b>DEXCOM G6 SENSOR</b>	Cubierto	PA; QL (3 EA per 30 days)
<b>DEXCOM G6 TRANSMITTER</b>	Cubierto	PA; QL (1 EA per 90 days)
<b>DEXCOM G7 RECEIVER DEVICE</b>	Cubierto	PA; QL (1 EA per 365 Days)
<b>DEXCOM G7 SENSOR</b>	Cubierto	PA; QL (3 EA per 30 Days)
<b>FREESTYLE LIBRE 14 DAY READER DEVICE</b>	Cubierto	Use of 30-day supply of insulin in the past 120 days required for new starts and continuations; QL (1 EA per 365 days)
<b>FREESTYLE LIBRE 14 DAY SENSOR</b>	Cubierto	Use of 30-day supply of insulin in the past 120 days required for new starts and continuations; QL (2 EA per 28 days)
<b>FREESTYLE LIBRE 2 READER DEVICE</b>	Cubierto	Use of 30-day supply of insulin in the past 120 days required for new starts and continuations; QL (1 EA per 365 days)

Drug Name	Tier	Notes
FREESTYLE LIBRE 2 SENSOR	Cubierto	Use of 30-day supply of insulin in the past 120 days required for new starts and continuations; QL (6 EA per 84 days)
FREESTYLE LIBRE 3 READER DEVICE	Cubierto	Use of 30-day supply of insulin in the past 120 days required for new starts and continuations; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR	Cubierto	Use of 30-day supply of insulin in the past 120 days required for new starts and continuations; QL (6 EA per 84 days)
FREESTYLE LIBRE READER DEVICE	Cubierto	Use of 30-day supply of insulin in the past 120 days required for new starts and continuations; QL (1 EA per 365 days)
GUARDIAN 4 GLUCOSE SENSOR	Cubierto	PA; QL (5 EA per 30 days)
GUARDIAN 4 TRANSMITTER	Cubierto	PA; QL (1 EA per 365 days)
GUARDIAN LINK 3 TRANSMITTER	Cubierto	PA; QL (1 EA per 365 days)
GUARDIAN SENSOR (3)	Cubierto	PA; QL (5 EA per 30 days)
<i>guardian sensor 3</i>	Cubierto	PA; QL (5 EA per 30 days)
<b>*INSULIN ADMINISTRATION SUPPLIES***</b>		
OMNIPOD 5 G6 INTRO (GEN 5) KIT	Cubierto	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	Cubierto	PA; QL (15 Pods per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	Cubierto	PA; QL (15 EA per 365 days)
OMNIPOD DASH INTRO (GEN 4) KIT	Cubierto	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	Cubierto	PA; QL (15 Pods per 30 days)
<b>*NEEDLES &amp; SYRINGES***</b>		
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
BD PEN NEEDLE MICRO U/F 32G X 6 MM	Cubierto	QL (200 EA per 30 days)
BD PEN NEEDLE MINI U/F 31G X 5 MM	Cubierto	QL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	Cubierto	QL (200 EA per 30 days)
BD PEN NEEDLE NANO U/F 32G X 4 MM	Cubierto	QL (200 EA per 30 days)
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	Cubierto	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT U/F 31G X 8 MM	Cubierto	QL (200 EA per 30 days)
<b>*PEAK FLOW METERS***</b>		
ASSESS PEAK FLOW METER DEVICE	Cubierto	
<b>*SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES***</b>		
OPTICHAMBER DIAMOND	Cubierto	QL (2 EA per 180 days)

Drug Name	Tier	Notes
OPTICHAMBER DIAMOND-MD MASK	Cubierto	QL (2 EA per 180 days)
OPTICHAMBER DIAMOND-SM MASK	Cubierto	QL (2 EA per 180 days)
POCKET CHAMBER DEVICE	Cubierto	QL (2 EA per 180 days)
VORTEX VALVED HOLDING CHAMBER DEVICE	Cubierto	QL (2 EA per 180 days)
<b>*MIGRAINE PRODUCTS*</b>		
<b>*CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES***</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Cubierto	PA; QL (1 ML per 28 days); SP
<b>*ERGOT COMBINATIONS***</b>		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Cubierto	QL (40 EA per 30 days)
<b>*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***</b>		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Cubierto	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Cubierto	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Cubierto	QL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	Cubierto	QL (6 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Cubierto	QL (18 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Cubierto	QL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Cubierto	QL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Cubierto	QL (2 ML per 30 days)
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<b>*CALCIUM COMBINATIONS***</b>		
<i>calcium 500 + d oral tablet 500-3.125 mg-mcg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>calcium-vitamin d oral tablet 600-3.125 mg-mcg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 250-6.25 mg-mcg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<b>*FLUORIDE***</b>		

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Cubierto	AL (Max 6 Years)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	Cubierto	AL (Max 6 Years)
<b>*PHOSPHATE***</b>		
<b>PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG</b>	Cubierto	
<b>*POTASSIUM***</b>		
<b>K-BICARB ORAL CAPSULE 99 MG</b>	Cubierto	
<b>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ</b>	Cubierto	
<b>KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ</b>	Cubierto	
<b>KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ</b>	Cubierto	
<b>KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ</b>	Cubierto	
<b>KLOR-CON ORAL PACKET 20 MEQ</b>	Cubierto	
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ</b>	Cubierto	
<b>KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ</b>	Cubierto	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	Cubierto	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Cubierto	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Cubierto	
<i>potassium chloride oral packet 20 meq</i>	Cubierto	
<b>*MISCELLANEOUS THERAPEUTIC CLASSES*</b>		
<b>*ANTILEPROTICS***</b>		
<b>THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG</b>	Cubierto	PA; SP
<b>*B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS***</b>		
<b>BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG</b>	MB	PA
<b>BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML</b>	Cubierto	PA; QL (4 ML per 28 days); SP
<b>BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML</b>	Cubierto	PA; QL (4 ML per 28 days)

Drug Name	Tier	Notes
<b>*CHELATING AGENTS***</b>		
<i>penicillamine oral tablet 250 mg</i>	Cubierto	PA; QL (240 EA per 30 days)
<b>*CYCLOSPORINE ANALOGS***</b>		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Cubierto	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Cubierto	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Cubierto	
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	Cubierto	
<b>GENGRAF ORAL SOLUTION 100 MG/ML</b>	Cubierto	
<b>SANDIMMUNE ORAL SOLUTION 100 MG/ML</b>	Cubierto	
<b>*ENZYMES***</b>		
<b>HYLENEX INJECTION SOLUTION 150 UNIT/ML</b>	MB	PA
<b>*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES***</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	Cubierto	PA; LA
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	Cubierto	PA; SP
<b>*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***</b>		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Cubierto	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	Cubierto	PA; AL (Max 12 Years)
<i>mycophenolate mofetil oral tablet 500 mg</i>	Cubierto	
<b>*MACROLIDE IMMUNOSUPPRESSANTS***</b>		
<b>ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG</b>	Cubierto	PA; QL (30 EA per 30 days)
<b>ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 1 MG</b>	Cubierto	PA; QL (120 EA per 30 days)
<b>ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG</b>	Cubierto	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	Cubierto	PA; SP
<i>everolimus oral tablet 1 mg</i>	Cubierto	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Cubierto	
<b>*MONOCLONAL ANTIBODIES***</b>		
<b>GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 50 MG/10ML</b>	MB	PA
<b>*POTASSIUM REMOVING AGENTS***</b>		
<b>LOKELMA ORAL PACKET 10 GM</b>	Cubierto	PA; QL (30 EA per 30 days)



Drug Name	Tier	Notes
<b>LOKELMA ORAL PACKET 5 GM</b>	Cubierto	PA; QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	Cubierto	
<b>VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM</b>	Cubierto	PA; QL (30 EA per 30 days)
<b>*PURINE ANALOGS***</b>		
<i>azathioprine oral tablet 50 mg</i>	Cubierto	
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>		
<b>*ANTI-INFECTIVES - THROAT***</b>		
<i>clotrimazole mouth/throat troche 10 mg</i>	Cubierto	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Cubierto	
<b>*ANTISEPTICS - MOUTH/THROAT***</b>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Cubierto	
<b>PERIOGARD MOUTH/THROAT SOLUTION 0.12 %</b>	Cubierto	
<b>*FLUORIDE DENTAL PRODUCTS***</b>		
<b>CLINPRO 5000 DENTAL PASTE 1.1 %</b>	Cubierto	
<i>sf dental gel 1.1 %</i>	Cubierto	
<b>*SALIVA STIMULANTS***</b>		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Cubierto	QL (90 EA per 30 days)
<b>*STEROIDS - MOUTH/THROAT/DENTAL ***</b>		
<b>ORALONE MOUTH/THROAT PASTE 0.1 %</b>	Cubierto	QL (5 GM per 30 days)
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Cubierto	QL (5 GM per 30 days)
<b>*MULTIVITAMINS*</b>		
<b>*B-COMPLEX W/ C &amp; FOLIC ACID***</b>		
<i>b complex-c-folic acid oral tablet</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>b-complex balanced oral tablet</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>b-complex/vitamin c oral tablet</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>b-complex-c (w/folic acid) oral tablet</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>DIALYVITE ORAL TABLET</b>	Cubierto	
<i>eq1 super b complex/vitamin c oral tablet</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>kp b complex-c oral tablet</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>NEPHRONEX ORAL TABLET</b>	Cubierto	
<b>RENAL ORAL CAPSULE 1 MG</b>	Cubierto	
<i>rena-vite oral tablet</i>	Cubierto	
<i>rena-vite rx oral tablet 1 mg</i>	Cubierto	
<i>reno caps oral capsule 1 mg</i>	Cubierto	
<i>sm b super vitamin complex oral tablet</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>sm b-complex/vitamin c oral tablet</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>stress formula (folic acid) oral tablet</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>super b complex/fa/vit c oral tablet</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>super b-complex/vit c/fa oral tablet</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*B-COMPLEX W/ C***</b>		
<i>super b complex/vitamin c oral tablet</i>	Cubierto	
<b>*PED MULTI VITAMINS W/FL &amp; FE***</b>		
<i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*PED MV W/ FLUORIDE***</b>		
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>QUFLORA PEDIATRIC ORAL SOLUTION 0.5 MG/ML</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*PRENATAL MV &amp; MIN W/FE-FA***</b>		

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>CO-NATAL FA ORAL TABLET</b>	Cubierto	
<b>INATAL GT ORAL TABLET</b>	Cubierto	
<i>m-natal plus oral tablet 27-1 mg</i>	Cubierto	
<i>multi prenatal oral tablet 27-0.8 mg</i>	Cubierto	AL (Max 55 Years)
<i>neonatal complete oral tablet 27-1 mg</i>	Cubierto	
<b>NEONATAL PLUS ORAL TABLET 27-1 MG</b>	Cubierto	
<b>NIVA-PLUS ORAL TABLET 27-1 MG</b>	Cubierto	
<b>OBTREX ORAL TABLET</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>one vite womens plus oral tablet 27-1 mg</i>	Cubierto	
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	Cubierto	
<b>PRENATABS RX ORAL TABLET 29-1 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>	Cubierto	
<i>prenatal one daily oral tablet 27-0.8 mg</i>	Cubierto	AL (Max 55 Years)
<i>prenatal oral tablet 27-0.8 mg</i>	Cubierto	AL (Max 55 Years)
<i>prenatal oral tablet 27-1 mg</i>	Cubierto	
<i>prenatal plus oral tablet 27-1 mg</i>	Cubierto	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Cubierto	
<b>PRENATAL-U ORAL CAPSULE 106.5-1 MG</b>	Cubierto	
<b>PRENATRIX ORAL TABLET 27-1 MG</b>	Cubierto	
<b>PRENATRYL ORAL TABLET 27-1 MG</b>	Cubierto	
<b>RIGHT STEP PRENATAL ORAL TABLET 27-0.8 MG</b>	Cubierto	AL (Max 55 Years)
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	Cubierto	
<b>THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>thrivite rx oral tablet 29-1 mg</i>	Cubierto	
<b>VITATHELY WITH GINGER ORAL TABLET 27-1 MG</b>	Cubierto	
<i>westab plus oral tablet 27-1 mg</i>	Cubierto	
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<b>*CENTRAL MUSCLE RELAXANTS***</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	Cubierto	
<i>chlorzoxazone oral tablet 500 mg</i>	Cubierto	

Drug Name	Tier	Notes
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Cubierto	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Cubierto	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	Cubierto	
<b>*VISCOSUPPLEMENTS***</b>		
<b>DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML</b>	MB	PA
<b>GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML</b>	MB	PA; QL (2 ML per 180 days)
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<b>*NASAL ANTICHOLINERGICS***</b>		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Cubierto	
<b>*NASAL ANTIHISTAMINES***</b>		
<i>azelastine hcl nasal solution 0.1 %</i>	Cubierto	
<b>*NASAL MAST CELL STABILIZERS***</b>		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<b>*NASAL STEROIDS***</b>		
<i>allergy spray 24 hour nasal aerosol 55 mcg/act</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>cvs nasal allergy spray nasal aerosol 55 mcg/act</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>eq nasal allergy nasal aerosol 55 mcg/act</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<b>FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT</b>	Cubierto	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Cubierto	
<i>gnp 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>goodsense nasal allergy spray nasal aerosol 55 mcg/act</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>hm 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>nasal allergy 24 hour nasal aerosol 55 mcg/act</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>ra nasal allergy nasal aerosol 55 mcg/act</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<b>*NUTRIENTS*</b>		
<b>*LIPIDS***</b>		
<b>MCT OIL ORAL OIL</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>organic mct oil oral oil</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<b>*OPHTHALMIC AGENTS*</b>		
<b>*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***</b>		
<i>eq lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Cubierto	
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Cubierto	
<i>sm lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Cubierto	
<b>SYSTANE NIGHTTIME OPHTHALMIC OINTMENT</b>	Cubierto	
<b>*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS***</b>		
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Cubierto	
<b>*BETA-BLOCKERS - OPHTHALMIC***</b>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Cubierto	ST
<b>BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %</b>	Cubierto	ST
<i>carteolol hcl ophthalmic solution 1 %</i>	Cubierto	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Cubierto	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Cubierto	
<b>*CYCLOPLEGIC MYDRIATICS***</b>		
<i>atropine sulfite ophthalmic ointment 1 %</i>	Cubierto	
<i>atropine sulfite ophthalmic solution 1 %</i>	Cubierto	
<b>HOMATROPAIRE OPHTHALMIC SOLUTION 5 %</b>	Cubierto	
<i>phenylephrine hcl ophthalmic solution 10 %</i>	Cubierto	

Drug Name	Tier	Notes
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	Cubierto	
<b>*MIOTICS - CHOLINESTERASE INHIBITORS***</b>		
<b>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %</b>	Cubierto	
<b>*MIOTICS - DIRECT ACTING***</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Cubierto	
<b>*OPHTHALMIC ANTIALLERGIC***</b>		
<i>cromolyn sodium ophthalmic solution 4 %</i>	Cubierto	
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<b>*OPHTHALMIC ANTIBIOTICS***</b>		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Cubierto	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Cubierto	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Cubierto	AL (Max 1 Years)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Cubierto	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Cubierto	
<i>tobramycin ophthalmic solution 0.3 %</i>	Cubierto	
<b>*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***</b>		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Cubierto	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Cubierto	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Cubierto	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Cubierto	
<b>*OPHTHALMIC ANTIVIRALS***</b>		
<i>trifluridine ophthalmic solution 1 %</i>	Cubierto	
<b>*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***</b>		
<i>brinzolamide ophthalmic suspension 1 %</i>	Cubierto	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Cubierto	
<b>*OPHTHALMIC IMMUNOMODULATORS***</b>		
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Cubierto	QL (60 EA per 30 days)

Drug Name	Tier	Notes
<b>*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***</b>		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Cubierto	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Cubierto	
<b>*OPHTHALMIC RHO KINASE INHIBITORS***</b>		
<b>RHOPRESSA OPHTHALMIC SOLUTION 0.02 %</b>	Cubierto	ST
<b>*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***</b>		
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	Cubierto	
<b>*OPHTHALMIC STEROID COMBINATIONS***</b>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Cubierto	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Cubierto	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Cubierto	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Cubierto	
<b>*OPHTHALMIC STEROIDS***</b>		
<b>ALREX OPHTHALMIC SUSPENSION 0.2 %</b>	Cubierto	ST
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Cubierto	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Cubierto	
<b>FML FORTE OPHTHALMIC SUSPENSION 0.25 %</b>	Cubierto	
<b>LOTEMAX SM OPHTHALMIC GEL 0.38 %</b>	Cubierto	ST
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	Cubierto	ST
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	Cubierto	ST
<b>PRED MILD OPHTHALMIC SUSPENSION 0.12 %</b>	Cubierto	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Cubierto	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Cubierto	
<b>*OPHTHALMIC SULFONAMIDES***</b>		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Cubierto	
<b>*PROSTAGLANDINS - OPHTHALMIC***</b>		
<i>latanoprost ophthalmic solution 0.005 %</i>	Cubierto	

Drug Name	Tier	Notes
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Cubierto	ST
<b>*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS***</b>		
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07ML	MB	
<b>*OTIC AGENTS*</b>		
<b>*OTIC AGENTS - MISCELLANEOUS***</b>		
<i>acetic acid otic solution 2 %</i>	Cubierto	
<b>*OTIC ANTI-INFECTIVES***</b>		
<i>ofloxacin otic solution 0.3 %</i>	Cubierto	
<b>*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS***</b>		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Cubierto	ST; QL (7.5 ML per 30 days); AL (Max 12 Years)
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	Cubierto	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Cubierto	
<b>*OTIC STEROIDS***</b>		
<i>fluocinolone acetonide otic oil 0.01 %</i>	Cubierto	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Cubierto	
<b>*OXYTOCICS*</b>		
<b>*OXYTOCICS***</b>		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Cubierto	
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b>		
<b>*ANTIVIRAL MONOCLONAL ANTIBODIES***</b>		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	MB	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	MB	PA
<b>*PENICILLINS*</b>		
<b>*AMINOPENICILLINS***</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Cubierto	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Cubierto	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Cubierto	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Cubierto	



Drug Name	Tier	Notes
<i>ampicillin oral capsule 500 mg</i>	Cubierto	
<b>*NATURAL PENICILLINS***</b>		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Cubierto	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Cubierto	
<b>*PENICILLIN COMBINATIONS***</b>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Cubierto	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Cubierto	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Cubierto	
<b>*PENICILLINASE-RESISTANT PENICILLINS***</b>		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Cubierto	
<b>*PHARMACEUTICAL ADJUVANTS*</b>		
<b>*THICKENING AGENTS***</b>		
<i>cvs instant food thickener oral powder</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>THICK &amp; EASY ORAL PACKET</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>THICK &amp; EASY ORAL POWDER</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>THICK NOW ORAL POWDER</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>THICK-IT ORAL PACKET</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*PROGESTINS*</b>		
<b>*PROGESTINS***</b>		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Cubierto	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Cubierto	PA
<i>norethindrone acetate oral tablet 5 mg</i>	Cubierto	
<i>progesterone oral capsule 100 mg, 200 mg</i>	Cubierto	

Drug Name	Tier	Notes
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<b>*ALCOHOL DETERRENTS***</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Cubierto	QL (180 EA per 30 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Cubierto	
<b>*ANTI-CATAPLECTIC AGENTS***</b>		
<i>sodium oxybate oral solution 500 mg/ml</i>	Cubierto	PA; LA; QL (540 ML per 30 days); AL (Min 7 Years)
<b>*CHOLINOMIMETICS - ACHE INHIBITORS***</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Cubierto	PA; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Cubierto	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Cubierto	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Cubierto	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<b>*MOVEMENT DISORDER DRUG THERAPY***</b>		
<b>AUSTEDO ORAL TABLET 12 MG</b>	Cubierto	PA; QL (120 EA per 30 days); SP
<b>AUSTEDO ORAL TABLET 6 MG, 9 MG</b>	Cubierto	PA; QL (30 EA per 30 days); SP
<i>tetrabenazine oral tablet 12.5 mg</i>	Cubierto	PA; QL (90 EA per 30 days); SP
<i>tetrabenazine oral tablet 25 mg</i>	Cubierto	PA; QL (120 EA per 30 days); SP
<b>*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***</b>		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Cubierto	QL (30 EA per 30 days); SP
<b>*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES***</b>		
<b>MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG</b>	Cubierto	PA; QL (20 EA per 326 days); SP
<b>MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG</b>	Cubierto	PA; QL (8 EA per 326 days); SP
<b>MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG</b>	Cubierto	PA; QL (10 EA per 326 days); SP
<b>MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG</b>	Cubierto	PA; QL (12 EA per 326 days); SP
<b>MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG</b>	Cubierto	PA; QL (14 EA per 326 days); SP

Drug Name	Tier	Notes
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	Cubierto	PA; QL (16 EA per 326 days); SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	Cubierto	PA; QL (18 EA per 326 days); SP
<b>*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Cubierto	QL (1 EA per 28 days); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Cubierto	QL (1 EA per 28 days); SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Cubierto	QL (1 EA per 30 days); SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Cubierto	QL (6 ML per 28 days); SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Cubierto	QL (1 Kit per 28 days); SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Cubierto	QL (6 ML per 28 days); SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Cubierto	QL (1 Kit per 28 days); SP
<b>*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***</b>		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Cubierto	QL (60 EA per 30 days); SP
<b>*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS***</b>		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Cubierto	QL (60 EA per 30 days)
<b>*MULTIPLE SCLEROSIS AGENTS***</b>		
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Cubierto	QL (30 ML per 30 days); SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Cubierto	QL (12 ML per 28 days); SP
<b>*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***</b>		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Cubierto	ST; QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Cubierto	QL (60 EA per 30 days)
<b>*PHENOTHIAZINES &amp; TRICYCLIC AGENTS***</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Cubierto	

Drug Name	Tier	Notes
<b>*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS***</b>		
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	Cubierto	PA; QL (30 EA per 30 days); AL (Min 18 Years)
<b>*PSEUDOBULBAR AFFECT AGENT COMBINATIONS***</b>		
<b>NUEDEXTA ORAL CAPSULE 20-10 MG</b>	Cubierto	PA; QL (60 EA per 30 days)
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.***</b>		
<i>ergoloid mesylates oral tablet 1 mg</i>	Cubierto	
<i>pimozide oral tablet 1 mg</i>	Cubierto	PA; QL (60 EA per 30 days); AL (Min 2 Years)
<i>pimozide oral tablet 2 mg</i>	Cubierto	PA; QL (150 EA per 30 days); AL (Min 2 Years)
<b>*SMOKING DETERRENTS***</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Cubierto	
<i>goodsense nicotine mouth/throat gum 2 mg</i>	Cubierto	
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Cubierto	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Cubierto	
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	Cubierto	
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Cubierto	
<b>NICOTROL INHALATION INHALER 10 MG</b>	Cubierto	
<b>NICOTROL NS NASAL SOLUTION 10 MG/ML</b>	Cubierto	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	Cubierto	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Cubierto	
<b>*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***</b>		
<b>MAYZENT ORAL TABLET 0.25 MG</b>	Cubierto	PA; QL (120 EA per 30 days); SP
<b>MAYZENT ORAL TABLET 2 MG</b>	Cubierto	PA; QL (30 EA per 30 days); SP
<b>*THIENBENZODIAZEPINES &amp; OPIOID ANTAGONISTS***</b>		
<b>LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG</b>	Cubierto	PA; QL (30 EA per 30 days)
<b>*THIENBENZODIAZEPINES &amp; SSRIS***</b>		
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Cubierto	PA; QL (30 EA per 30 days); AL (Min 18 Years)

Drug Name	Tier	Notes
<b>*RESPIRATORY AGENTS - MISC.*</b>		
<b>*CFTR POTENTIATORS***</b>		
KALYDECO ORAL PACKET 13.4 MG	Cubierto	PA; QL (2 packets per 1 day); AL (Max 6 Years); SP
KALYDECO ORAL PACKET 25 MG	Cubierto	PA; QL (60 EA per 30 days); AL (Min 4 Years and Max 6 Years); SP
KALYDECO ORAL PACKET 50 MG, 75 MG	Cubierto	PA; QL (60 EA per 30 days); AL (Min 4 Years); SP
KALYDECO ORAL TABLET 150 MG	Cubierto	PA; QL (60 EA per 30 days); AL (Min 6 Years); SP
<b>*CYSTIC FIBROSIS AGENT - COMBINATIONS***</b>		
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Cubierto	PA; QL (120 EA per 30 days); SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	Cubierto	PA; QL (60 EA per 30 days); SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	Cubierto	PA; QL (60 Tablets per 30 Days); AL (Min 6 Years and Max 12 Years); SP
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Cubierto	PA; QL (90 EA per 30 days); SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Cubierto	PA; QL (2 packets per 1 day)
<b>*HYDROLYTIC ENZYMES***</b>		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Cubierto	LA
<b>*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	Cubierto	PA; QL (60 EA per 30 days); SP
<b>*TETRACYCLINES*</b>		
<b>*TETRACYCLINES***</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Cubierto	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Cubierto	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Cubierto	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	Cubierto	
<b>*THYROID AGENTS*</b>		
<b>*ANTITHYROID AGENTS***</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Cubierto	
<i>propylthiouracil oral tablet 50 mg</i>	Cubierto	

Drug Name	Tier	Notes
<b>*THYROID HORMONES***</b>		
<b>EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	Cubierto	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Cubierto	
<b>LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	Cubierto	
<i>lithyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Cubierto	
<b>NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG</b>	Cubierto	
<b>UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>	Cubierto	
<b>*TOXOIDS*</b>		
<b>*TOXOID COMBINATIONS***</b>		
<b>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</b>	Cubierto	
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5</b>	Cubierto	
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5</b>	Cubierto	
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	Cubierto	
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*</b>		
<b>*ANTISPASMODICS***</b>		
<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	MB	
<i>dicyclomine hcl oral capsule 10 mg</i>	Cubierto	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Cubierto	
<i>dicyclomine hcl oral tablet 20 mg</i>	Cubierto	
<b>*BELLADONNA ALKALOIDS***</b>		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Cubierto	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Cubierto	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Cubierto	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Cubierto	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Cubierto	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Cubierto	
<b>*H-2 ANTAGONISTS***</b>		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Cubierto	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Cubierto	
<i>famotidine oral tablet 20 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>famotidine oral tablet 40 mg</i>	Cubierto	
<b>*MISC. ANTI-ULCER***</b>		
<i>sucralfate oral suspension 1 gm/10ml</i>	Cubierto	QL (1200 ML per 30 days); AL (Max 12 Years)
<i>sucralfate oral tablet 1 gm</i>	Cubierto	
<b>*PROTON PUMP INHIBITORS***</b>		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Cubierto	ST; OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Cubierto	ST; QL (60 EA per 30 days)
<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>	Cubierto	PA; OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans; QL (60 EA per 30 days); AL (Max 1 Years)
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>	Cubierto	PA; QL (60 EA per 30 days); AL (Max 1 Years)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	MB	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Cubierto	QL (60 EA per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Cubierto	ST; QL (60 EA per 30 days)
<b>*QUATERNARY ANTICHOLINERGICS***</b>		
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml</i>	Cubierto	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Cubierto	QL (120 EA per 30 days)
<b>*ULCER DRUGS - PROSTAGLANDINS***</b>		

Drug Name	Tier	Notes
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cubierto	
<b>*URINARY ANTISPASMODICS*</b>		
<b>*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)***</b>		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Cubierto	
<i>oxybutynin chloride oral tablet 5 mg</i>	Cubierto	
<b>OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR</b>	Cubierto	QL (8 EA per 28 days)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Cubierto	ST; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Cubierto	ST
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	Cubierto	QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	Cubierto	
<b>*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Cubierto	
<b>*VACCINES*</b>		
<b>*BACTERIAL VACCINES***</b>		
<b>MENQUADFI INTRAMUSCULAR SOLUTION</b>	Cubierto	
<b>MENVEO INTRAMUSCULAR SOLUTION</b>	Cubierto	
<b>MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	Cubierto	
<b>PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Cubierto	
<b>PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML</b>	Cubierto	
<b>PREVNAR 13 INTRAMUSCULAR SUSPENSION</b>	Cubierto	
<b>PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	Cubierto	QL (0.5 ML per 1 Lifetime)
<b>TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Cubierto	
<b>VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	Cubierto	
<b>*VIRAL VACCINE COMBINATIONS***</b>		
<b>M-M-R II INJECTION SOLUTION RECONSTITUTED</b>	Cubierto	



Drug Name	Tier	Notes
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Cubierto	
<b>*VIRAL VACCINES***</b>		
ABRYSSO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	Cubierto	AL (Min 60 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	Cubierto	QL (0.5 ML per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Cubierto	QL (0.5 ML per 180 days)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	Cubierto	AL (Min 60 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	Cubierto	QL (0.3 ML per 21 days); AL (Min 12 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	Cubierto	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Cubierto	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	Cubierto	
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	Cubierto	
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Cubierto	QL (0.5 ML per 180 days)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Cubierto	PA; QL (0.5 ML per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	Cubierto	QL (0.5 ML per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Cubierto	QL (0.5 ML per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Cubierto	QL (0.5 ML per 180 days)
FLUMIST QUADRIVALENT NASAL SUSPENSION	Cubierto	QL (1 EA per 180 days); AL (Min 2 Years and Max 49 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	Cubierto	QL (0.7 ML per 180 days); AL (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	Cubierto	QL (0.5 ML per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Cubierto	QL (0.5 ML per 180 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Cubierto	AL (Min 9 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Cubierto	AL (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	Cubierto	

Drug Name	Tier	Notes
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Cubierto	
IPOL INJECTION INJECTABLE	Cubierto	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML	Cubierto	
<i>novavax covid-19 vaccine intramuscular suspension 5 mcg/0.5ml</i>	Cubierto	Max 2 doses in 365 days; QL (0.5 ML per 21 days); AL (Min 12 Years)
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	Cubierto	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	Cubierto	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Cubierto	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Cubierto	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Cubierto	QL (2 Vials per 1 Lifetime); AL (Min 50 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML	Cubierto	Max 3 doses in 365 days; QL (0.5 ML per 28 days); AL (Min 6 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Cubierto	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Cubierto	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	Cubierto	
<b>*VAGINAL AND RELATED PRODUCTS*</b>		
<b>*IMIDAZOLE-RELATED ANTIFUNGALS***</b>		
<i>clotrimazole vaginal cream 1 %</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Cubierto	
<i>terconazole vaginal suppository 80 mg</i>	Cubierto	
<b>*SPERMICIDES***</b>		
ENCARE VAGINAL SUPPOSITORY 100 MG	Cubierto	AL (Max 55 Years)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	Cubierto	AL (Max 55 Years)
TODAY SPONGE VAGINAL 1000 MG	Cubierto	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Cubierto	AL (Max 55 Years)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	Cubierto	AL (Max 55 Years)
<b>*VAGINAL ANTI-INFECTIVES***</b>		

Drug Name	Tier	Notes
<b>CLEOCIN VAGINAL SUPPOSITORY 100 MG</b>	Cubierto	
<i>clindamycin phosphate vaginal cream 2 %</i>	Cubierto	
<i>metronidazole vaginal gel 0.75 %</i>	Cubierto	
<b>*VAGINAL ESTROGENS***</b>		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Cubierto	
<i>estradiol vaginal tablet 10 mcg</i>	Cubierto	
<b>PREMARIN VAGINAL CREAM 0.625 MG/GM</b>	Cubierto	
<b>YUVAFEM VAGINAL TABLET 10 MCG</b>	Cubierto	
<b>*VAGINAL PROGESTINS***</b>		
<b>CRINONE VAGINAL GEL 8 %</b>	Cubierto	PA
<b>*VASOPRESSORS*</b>		
<b>*ANAPHYLAXIS THERAPY AGENTS***</b>		
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Cubierto	
<b>*VASOPRESSORS***</b>		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Cubierto	
<b>*VITAMINS*</b>		
<b>*VITAMIN B-3***</b>		
<i>kp niacin oral tablet 500 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>niacin er oral tablet extended release 1000 mg, 250 mg, 500 mg, 750 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<i>niacin oral tablet 500 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>plain niacin oral tablet 500 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ra niacin oral tablet 500 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>ra no flush niacin oral tablet 500 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>true vitamin b3 oral tablet 500 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*VITAMIN B-6***</b>		
<i>pyridoxine hcl oral tablet 25 mg</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - Not covered for ABP plans
<b>*VITAMIN D***</b>		
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML</b>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>d-vite pediatric oral liquid 10 mcg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Cubierto	
<i>pharmacist choice d-vitamin oral liquid 400 unit/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Cubierto	
<i>vitamin d infant oral liquid 10 mcg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>vitamin d oral liquid 10 mcg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<i>vitamin d3 oral liquid 10 mcg/ml</i>	Cubierto	OTC - Benefit Exclusion for ABP Plans; OTC - not covered for ABP plans
<b>*VITAMIN K***</b>		
<i>phytonadione oral tablet 5 mg</i>	Cubierto	

## Medical Benefit

Drug Name	Tier	Notes
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	MB	
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	MB	SP
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	MB	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	MB	
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	MB	PA
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	MB	PA
AMELUZ EXTERNAL GEL 10 %	MB	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	MB	PA
<i>bcg vaccine injection solution reconstituted 50 mg</i>	MB	
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	MB	PA
BERINERT INTRAVENOUS KIT 500 UNIT	MB	PA; SP
BESPOLSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG	MB	PA
<i>betamethasone combo injection suspension 6 (3-3) mg/ml</i>	MB	
<i>betamethasone sod phos &amp; acet injection suspension 6 (3-3) mg/ml</i>	MB	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	MB	
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG	MB	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	MB	PA
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	MB	
<i>cidofovir intravenous solution 75 mg/ml</i>	MB	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	MB	PA; SP
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML	MB	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	MB	PA

Drug Name	Tier	Notes
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	MB	
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	MB	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT	MB	PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	MB	
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	MB	PA required if billed with Dx codes F64.1 - F64.9.
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	MB	PA
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	MB	PA; QL (1 Vial per 56 days); SP
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	MB	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	MB	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML	MB	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML	MB	
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML	MB	PA
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	MB	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	MB	PA
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	MB	
<i>fosaprepitant dimeglumine intravenous solution reconstituted 150 mg</i>	MB	QL (4 EA per 30 days)
<i>fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i>	MB	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	Cubierto	PA; QL (30 Syringes per 30 days)
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	MB	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	MB	PA
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML	MB	PA

Drug Name	Tier	Notes
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml</i>	MB	
<b>IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML</b>	MB	PA
<i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i>	MB	
<b>INFED INJECTION SOLUTION 50 MG/ML</b>	MB	PA
<b>INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML</b>	MB	PA
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	MB	
<b>JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG</b>	MB	PA; QL (17 Doses per 1 Lifetime)
<b>KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG</b>	MB	PA
<b>KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML</b>	MB	PA
<b>KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML</b>	MB	PA
<b>KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	MB	
<b>KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG</b>	MB	PA
<b>LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG</b>	MB	PA required if billed with Dx codes F64.1 - F64.9.
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	MB	
<b>MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML</b>	MB	
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	MB	PA
<b>OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML</b>	MB	PA; SP
<b>ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML</b>	MB	PA
<b>OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 240 MG/24ML, 40 MG/4ML</b>	MB	PA
<b>PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG</b>	MB	PA
<i>palonosetron hcl intravenous solution 0.25 mg/5ml</i>	MB	QL (5 ML per 5 days)
<b>PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG</b>	MB	
<b>PERJETA INTRAVENOUS SOLUTION 420 MG/14ML</b>	MB	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML</b>	MB	PA
<b>RETROVIR INTRAVENOUS SOLUTION 10 MG/ML</b>	MB	
<i>romidepsin intravenous solution 27.5 mg/5.5ml</i>	MB	PA
<b>SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML</b>	MB	PA
<b>SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML</b>	MB	PA
<b>SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE</b>	MB	PA
<b>SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE</b>	MB	PA
<b>TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML</b>	MB	PA
<b>TESTOPEL IMPLANT PELLETT 75 MG</b>	MB	PA; QL (6 EA per 90 days)
<b>TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG</b>	MB	PA
<b>TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML</b>	MB	
<b>TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML</b>	MB	PA
<b>UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML</b>	MB	PA; Specialty Pharmacy Required if drug is filled through pharmacy benefit; SP
<b>UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML</b>	MB	PA
<i>valrubicin intravesical solution 40 mg/ml</i>	MB	
<b>VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML</b>	MB	PA
<b>VENOFER INTRAVENOUS SOLUTION 20 MG/ML</b>	MB	PA
<i>voriconazole intravenous solution reconstituted 200 mg</i>	MB	PA
<b>XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML</b>	MB	PA
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML</b>	MB	PA
<b>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG</b>	MB	PA
<b>YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML</b>	MB	PA
<b>ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML</b>	MB	PA
<i>zinc sulfate intravenous solution 3 mg/ml</i>	MB	
<b>ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML</b>	MB	PA



Drug Name	Tier	Notes
<b>ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG</b>	MB	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	MB	
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	MB	

## Limitación de responsabilidad

La lista de medicamentos que favorece Presbyterian Turquoise Care (que se conoce como *formulary* en inglés) puede cambiar en cualquier momento. Favor de visitar nuestro sitio web para conseguir la lista más actualizada en [www.phs.org/formsanddocuments](http://www.phs.org/formsanddocuments). Además, se puede poner en contacto con nuestro personal de servicios de farmacia en:

Personal de Servicios de Farmacia				
<b>Presbyterian Turquoise Care</b>	<b>Línea principal:</b>	(505) 923-5200 o 1-888-977-2333 (TTY 711)	<b>Línea de Navajo/Diné Line:</b>	(505) 923-5157 o 1-888-806-8793 (TTY 711)
<b>Niños bajo custodia del estado asegurados</b>	<b>Línea principal:</b>	(505) 923-8417 o 1-844-233-4887 (TTY 711)	<b>Línea de Navajo/Diné Line:</b>	(505) 923-5157 o 1-888-806-8793 (TTY 711)
<b>Corresponde a ambos</b>	<b>Horario:</b>	De las 8:00 de la mañana a las 5:00 de la tarde, de lunes a viernes (salvo los días feriados)	<b>Correo electrónico:</b>	<b>info@phs.org</b>

## Sobre esta lista de medicamentos

- Esta no es una lista completa.
- No garantiza la cobertura del plan (que lo pague su seguro).
- La cobertura del plan para algunos de los medicamentos que se enumeran a lo mejor solo sea para ciertas formas de la dosis y/o potencias específicas.
- Los medicamentos que no se encuentran en la lista de medicamentos **no** los cubrirá el plan a menos que usted haya probado primero todos los medicamentos que se encuentran en la lista de medicamentos y su médico ha afirmado por escrito que no funcionan.
- El beneficio de medicamentos de Presbyterian Turquoise Care exige que los medicamentos genéricos sustituyan los medicamentos de marca siempre que sea posible.
- En lugar de los medicamentos que provienen de fuentes vivas (biológicos) se pueden sustituir medicamentos que se consideran clínicamente similares en su estructura y uso (biosimilar) o por medicamentos de marca aprobados por la FDA que se promocionan sin la marca en la etiqueta (alternativas autorizadas en lugar de los medicamentos de marca).
- Se excluyen de la cobertura del plan ciertos tipos de medicamentos y no se pueden cubrir, por ejemplo:
  - Medicamentos que se usan para perder peso
  - Medicamentos que se usan para tratar la disfunción sexual
  - Medicamentos que se usan para tratar la infertilidad
  - Medicamentos que se usan para tratar la caída del cabello
  - Medicamentos que se usan para tratar problemas cosméticos
  - Ciertos productos farmacéuticos compuestos

- Medicamentos para la tos y los resfríos para los asegurados menores de cuatro años de edad
- Medicamentos que se consideran experimentales y de investigación
- Medicamentos que se haya determinado que son menos que efectivos [*Less Than Effective, LTE*] por los procedimientos de la implementación del estudio de la efectividad de medicamentos [*Drug Efficacy Study Implementation, DESI*].

El diseño de sus beneficios determina lo que cubre el plan y la cantidad de su copago. Sírvase consultar los materiales de sus beneficios para los datos de la cobertura específica de su plan.

### Explicación de los términos

1. **Límite de edad [*Age Limit, AG*]** – El asegurado tiene que tener cierta edad para que el plan cubra el medicamento.
2. **Implementación del estudio de la efectividad de medicamentos [*Drug Efficacy Study Implementation, DESI*]** – La implementación del estudio de la efectividad de medicamentos de la Administración de Medicamentos y Alimentos [*FDA*, en inglés] evalúa la efectividad de los medicamentos que se han aprobado anteriormente, del 1938 al 1962, basándose solo en el fundamento de la seguridad. Los medicamentos que se determinen que son menos que efectivos por los procedimientos de la implementación del estudio de la efectividad de medicamentos, una designación de cinco o seis, se excluyen de la cobertura de su plan.
3. **Medicamentos médicos [*Medical Drugs, MED*]** – Un medicamento médico es cualquier medicamento que le proporcione un proveedor de atención médica y que típicamente se administra en la casa del asegurado, en el consultorio médico, en una clínica independiente de infusiones (ambulatorio) o en un centro clínico para pacientes ambulatorios. A lo mejor se exija que se consiga la autorización previa (permiso) para los medicamentos médicos y algunos de ellos se tienen que obtener mediante la red especializada. Si desea conseguir una lista completa de los medicamentos médicos a fin de determinar para cuáles se exige que se consiga la autorización previa, sírvase consultar el sitio web de farmacia de *Presbyterian* en [www.phs.org](http://www.phs.org).
4. **Excepción médica (*ME*)** – Permiso para utilizar un medicamento que no se encuentra en la lista de medicamentos de *Presbyterian Turquoise Care*. Usted puede conseguir una excepción médica para utilizar un medicamento que no se encuentra en la lista de medicamentos si tiene cualquier alergia o una reacción mala a todos los medicamentos de la lista o si no funcionan los medicamentos de la lista. Tanto usted mismo como su médico pueden pedir una excepción médica por fax, teléfono o correo electrónico. Su médico tiene que explicar por qué está pidiendo una excepción médica.
5. **Venta libre [*Over-the-Counter, OTC*]** -- Usted tiene que tener una receta médica para que el plan cubra estos medicamentos. Fíjese bien: Los medicamentos de venta libre para los asegurados del paquete alternativo de beneficios [*Alternative Benefit Package*] solo se cubren para los asegurados de 19 y 20 años de edad.
6. **Autorización previa [*Prior Authorization, PA*]** – Usted mismo o su médico tienen que pedir permiso (una aprobación) de *Presbyterian Turquoise Care* antes de que le surtan su medicamento con receta. Si no consiguiera la autorización previa, a lo mejor *Presbyterian Turquoise Care* no pague por el medicamento. Tanto usted mismo como su médico pueden pedir permiso por fax, teléfono o correo electrónico.

7. **Límite que rige las cantidades [*Quantity Limit, QL*]** – Un límite que rige la cantidad de un medicamento por el cual pagará Presbyterian Turquoise Care por un período de tiempo.
8. **Fármacos especializados [*Specialty Pharmaceuticals, SP*]** -- Los fármacos especializados autoadministrados se autoadministran; es decir, que el paciente, un familiar o un cuidador los administra. Por lo general, se utilizan los fármacos especializados para tratar enfermedades complicadas, crónicas y raras y/o problemas médicos que ponen en riesgo la vida. Por lo general, los fármacos especializados son caros; típicamente un suministro máximo de 30 días cuesta más de \$600.
  - a. Los fármacos especializados no están disponibles por medio de la opción de tiendas o de encargos por correo y se limitan a suministro máximo de 30 días.
  - b. La mayoría de los fármacos especializados se tienen que obtener por medio de la red de farmacias especializadas.
  - c. Pudiera haber restricciones adicionales que rigen los días del suministro de algunos fármacos especializados.
  - d. Se exige la autorización previa para la mayoría de los fármacos especializados.
9. **Eliminación escalonada [*Step Edit, ST*]** – Primero usted tiene que probar unos medicamentos específicos para tratar un problema médico antes de que el plan cubra un medicamento diferente para el mismo problema médico. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan su problema médico, a lo mejor *Presbyterian Turquoise Care* no cubra el Medicamento B a menos que primero pruebe el Medicamento A. Si no funciona para usted el Medicamento A, entonces el plan tal vez cubra el Medicamento B.

**Infórmese más a fondo sobre el aviso de no discriminación y los servicios de intérpretes en <https://www.phs.org/nondiscrimination>.**