



Purchasing Department  
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Fairfax, VA 22030  
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<http://fiscal.gmu.edu/purchasing/>

**STUDENT HEALTH INSURANCE**  
**GMU-1600-20**

This Contract entered on this August 5, 2020 by Aetna Life Insurance Company DBA Aetna Student Health hereinafter called "Contractor" (located at 151 Farmington Avenue, Hartford, CT, 061560 and George Mason University hereinafter called "Mason," "University").

- I. **WITNESSETH** that the Contractor and Mason, in consideration of the mutual covenants, promises and agreement herein contained, agree as follows:
- II. **SCOPE OF CONTRACT:** The Contractor shall furnish all goods, services and resources as may be required to provide Student Health Insurance Services to George Mason University as set forth in the Contract documents.
- III. **PERIOD OF CONTRACT:** Date of contract execution through August 15, 2021 with nine (9) consecutive one-year renewal options. The effective coverage dates for the initial plan year shall be August 16, 2020 through August 15, 2021.
- IV. **CONTRACT ADMINISTRATION:** Della Jarrett, Insurance Program Administrator, Student Health Services, shall serve as Contract Administrator for this Contract and shall use all powers under the Contract to enforce its faithful performance. The Contract Administrators shall determine the amount, quality and acceptability of work and shall decide all other questions in connection with the work. All direction and order from Mason shall be transmitted through the Contract Administrator, however, the Contract Administrator shall have no authority to approve changes which shall alter the concept or scope or change the basis for compensation.
- V. **METHOD OF PAYMENT:** Net 30 Payment Terms. Contractor is enrolled in Paymode-X.
- VI. **THE CONTRACT DOCUMENTS SHALL CONSIST OF (In order of precedence):**
  - A. This signed form;
  - B. ATTACHMENT A – Data Security Addendum (attached);
  - C. ATTACHMENT B – Negotiations Summary (attached);
  - D. ATTACHMENT C – Rx Exceptions (attached);
  - E. ATTACHMENT D – Rate Sheet 2020/2021 (attached);
  - F. ATTACHMENT E – Retrospective Premium Agreement (attached);
  - G. ATTACHEMNT F – Performance Guarantees (attached);
  - H. RFP No. GMU-1600-20, in its entirety (incorporated herein by reference);
  - I. ATTACHMENT G – Standard Opt Out Plan – Aetna (attached);
  - J. ATTACHMENT H – Dental Plan Design and Benefits Summary (attached);
  - K. Contractor's proposal dated January 9, 2020 (incorporated herein by reference);
  - L. The Group Master Application;
  - M. The Master Policy.
- VII. **GOVERNING RULES:** This Contract is governed by the provisions of the Restructured Higher Education Financial and Administrative Operations Act, Chapter 10 (§ 23.1-1000 et seq.) of Title 23.1 of the Code of Virginia, and in particular § 23.1-1003 of the Restructuring Act ("Memoranda of Understanding"), and the "Governing Rules" and the *Purchasing Manual for Institutions of Higher Education and their Vendors*. Documents may be viewed at: <https://vascupp.org>.
- VIII. **CONTRACT PARTICIPATION:** It is the intent of this Contract to allow for cooperative procurement. Accordingly, any public body, public or private health or educational institutions, or affiliated corporations may access this Contract if authorized by the Contractor.  
Participation in this Contract is strictly voluntary. If authorized by the Contractor, the contract will be extended to the entities indicated above to purchase goods and services in accordance with contract terms. As a separate contractual

relationship, the participating entity will place its own orders directly with the Contractor(s) and shall fully and independently administer its use of the contract(s) to include contractual disputes, invoicing and payments without direct administration from the University. The participating entity and the Contractor may modify the general terms and conditions of the contract to accommodate specific governing laws, regulations, policies, and business goals required by the participating entity; however, the fees and premiums are unique to this institution and cannot be extended to other educational institutions, and any new participating entity will be required to sign a group master application and will be issued a unique group master policy and certificate of coverage. Any such modification will apply solely between the participating entity and the Contractor.

The University may request the Contractor provide semi-annual usage reports for all entities accessing the Contract. The University shall not be held liable for any costs or damages incurred by any other participating entity as a result of any authorization by the Contractor to extend the Contract. It is understood and agreed that the University is not responsible for the acts or omissions of any entity and will not be considered in default of the contract no matter the circumstances.

Use of this Contract does not preclude any participating entity from using other contracts or competitive processes as needed.

#### **IX. STANDARD TERMS AND CONDITIONS:**

- A. APPLICABLE LAW AND CHOICE OF FORUM: This Contract shall be construed, governed, and interpreted pursuant to the laws of the Commonwealth of Virginia. All disputes arising under this Contract shall be brought before an appropriate court in the Commonwealth of Virginia.
- B. ANTI-DISCRIMINATION: By entering into this Contract Contractor certifies to the Commonwealth that they will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians With Disabilities Act, the Americans With Disabilities Act and §§ 9&10 of the *Governing Rules*. If Contractor is a faith-based organization, the organization shall not discriminate against any recipient of goods, services, or disbursements made pursuant to the Contract on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender or national origin and shall be subject to the same rules as other organizations that contract with public bodies to account for the use of the funds provided; however, if the faith-based organization segregates public funds into separate accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (*Governing Rules*, § 36).

In every contract over \$10,000 the provisions in 1. and 2. below apply:

1. During the performance of this Contract, the Contractor agrees as follows:
    - a. The Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the Contractor. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
    - b. The Contractor, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, will state that such Contractor is an equal opportunity employer.
    - c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting these requirements.
  2. The Contractor will include the provisions of I. Above in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or Contractor.
- C. ANTITRUST: By entering into a contract, the Contractor conveys, sells, assigns, and transfers to the Commonwealth of Virginia all rights, title and interest in and to all causes of action it may now have or hereafter acquire under the antitrust laws of the United States and the Commonwealth of Virginia, relating to the particular customized goods or services purchased or acquired by the Commonwealth of Virginia under said contract. For purposes of said contract, customized goods and services shall mean goods and services which are: (i) based on Mason's written specifications; (ii) paid for separately by Mason to Aetna; and (iii) pursuant

to a written statement of work signed by both parties.

- D. ASSIGNMENT: Neither party will assign or otherwise transfer its rights or obligations under this Contract without both parties' prior written consent. Any attempted assignment, transfer, without such consent is void. In the event that the Contractor desires to subcontract some part of the work specified herein, the Contractor shall remain fully liable and responsible for the work to be done by its subcontractor(s) and shall assure compliance with all requirements of this Contract.
- E. AUDIT: The Contractor shall retain all books, records, and other documents relative to this Contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The agency, its authorized agents, and/or state auditors shall have full access to and the right to examine any of said materials during said period, so long as no audit unreasonably interferes with Contractor's business operations or the confidential interests of Contractor or another party, and excluding audits of claims transactions or other transactions containing members' Protected Health Information for the purpose of assessing the accuracy of benefit determinations.
- F. AVAILABILITY OF FUNDS: It is understood and agreed between the parties herein that the agency shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.
- G. AUTHORIZED SIGNATURES: The signatory for each Party certifies that he or she is an authorized agent to sign on behalf such Party.
- H. BACKGROUND CHECKS: Contractor's employees performing services on any Mason campus must have successfully completed a criminal background check prior to the start of their work assignment/service. As stated in Administrative Policy Number 2221 – Background Investigations, the criminal background investigation will normally include a review of the individual's records to include Social Security Number Search, Credit Report (if related to potential job duties), Criminal Records Search (any misdemeanor convictions and/or felony convictions are reported) in all states in which the employee has lived or worked over the past seven years, and the National Sex Offender Registry. In addition, the Global Watch list (maintained by the Office of Foreign Assets Control of The US Department of Treasury) should be reviewed. Signature on this contract confirms your compliance with this requirement. Contractor represents that no subcontractor with a breach of trust crime conviction or a conviction under the Violent Crime and Control Act (18 USC 1033) will perform services on any Mason campus.
- I. CANCELLATION OF CONTRACT: Mason reserves the right to cancel this Contract, in part or in whole, without penalty, for any reason, upon 60 days written notice to the Contractor. Upon written notice of cancellation from Mason, Mason shall be fully released from any further obligation under the Contract and Contractor agrees to directly refund all payments, for services not already performed, to Mason, including any pre-paid deposits, within 14 days. In the event the initial Contract period is for more than 12 months, the resulting Contract may be terminated by either party, without penalty, after the initial 12 months of the Contract period upon 60 days written notice to the other party. Any contract cancellation notice shall not relieve the Contractor of the obligation to deliver and/or perform on all outstanding orders issued prior to the effective date of cancellation.
- J. CHANGES TO THE CONTRACT: Changes can be made to the Contract in any of the following ways:
1. The parties may agree in writing to modify the scope of the Contract. An increase or decrease in the price of the Contract resulting from such modification or any change that has a material impact on services shall be agreed to by the parties as a part of their written agreement to modify the scope of the Contract.
  2. George Mason University may order changes within the general scope of the Contract at any time by written notice to the Contractor. Changes within the scope of the Contract include, but are not limited to, things such as services to be performed, the method of packing or shipment, and the place of delivery or installation. The Contractor shall comply with the notice upon receipt. The Contractor shall be compensated for any additional costs incurred as the result of such order and shall give George Mason University a credit for any savings. Said compensation shall be determined by one of the following methods:
    - a. By mutual agreement between the parties in writing; or

- b. By agreeing upon a unit price or using a unit price set forth in the Contract, if the work to be done can be expressed in units, and the contractor accounts for the number of units of work performed, subject to the George Mason University's right to audit the Contractor's records and/or to determine the correct number of units independently; or
- c. By ordering the contractor to proceed with the work and keep a record of all costs incurred and savings realized. A markup for overhead and profit may be allowed if provided by the Contract. The same markup shall be used for determining a decrease in price as the result of savings realized. The contractor shall present George Mason University with all vouchers and records of expenses incurred and savings realized. George Mason University shall have the right to audit the records of the Contractor as it deems necessary to determine costs or savings. Any claim for an adjustment in price under this provision must be asserted by written notice to George Mason University within thirty (30) days from the date of receipt of the written order from George Mason University. If the parties fail to agree on an amount of adjustment, the question of an increase or decrease in the Contract price or time for performance shall be resolved in accordance with the procedures for resolving disputes provided by the Disputes Clause of this contract or, if there is none, in accordance with the disputes provisions of the Commonwealth of Virginia Purchasing Manual for Institutions of Higher Education and Their Contractors. Neither the existence of a claim nor a dispute resolution process, litigation or any other provision of this Contract shall excuse the Contractor from promptly complying with the changes ordered by George Mason University or with the performance of the contract generally.

K. CLAIMS: Contractual claims, whether for money or other relief, shall be submitted in writing no later than 60 days after final payment. However, written notice of the Contractor's intention to file a claim shall be given at the time of the occurrence or beginning of the work upon which the claim is based. Nothing herein shall preclude a contract from requiring submission of an invoice for final payment within a certain time after completion and acceptance of the work or acceptance of the goods. Pendency of claims shall not delay payment of amounts agreed due in the final payment.

1. The firm must submit written claim to:  
Chief Procurement Officer  
George Mason University  
4400 University Drive, MSN 3C5  
Fairfax, VA 22030
2. The firm must submit any unresolved claim in writing no later than 60 days after final payment to the Chief Procurement Officer.
3. Upon receiving the written claim, the Chief Procurement Officer will review the written materials relating to the claim and will mail his or her decision to the firm within 60 days after receipt of the claim.
4. The firm may appeal the Chief Procurement Officer's decision in accordance with § 55 of the *Governing Rules*.

L. COLLECTION AND ATTORNEY'S FEES: The Contractor shall pay to Mason any reasonable attorney's fees or collection fees under its obligation of indemnification, at the maximum allowable rate permitted under Virginia law. Responsibilities for all other fees incurred in enforcing this Contract or pursuing and collecting past-due amounts under this Contract shall be determined by the court.

M. COMPLIANCE: All goods and services provided to Mason shall be done so in accordance with any and all applicable local, state, federal, and international laws, regulations and/or requirements and any industry standards, including but not limited to: the Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH), Government Data Collection and Dissemination Practices Act, Gramm-Leach-Bliley Financial Modernization Act (GLB), Payment Card Industry Data Security Standards (PCI-DSS), Americans with Disabilities Act (ADA), and Federal Export Administration Regulations. Any Contractor personnel visiting Mason facilities will comply with all applicable Mason policies regarding access to, use of,



and conduct within such facilities. Mason's policies can be found at <https://universitypolicy.gmu.edu/all-policies/> and any facility specific policies can be obtained from the facility manager.

- N. CONFIDENTIALITY OF PERSONALLY IDENTIFIABLE INFORMATION: The Contractor shall ensure that personally identifiable information ("PII") which is defined as any information that by itself or when combined with other information can be connected to a specific person and may include but is not limited to personal identifiers such as name, address, phone, date of birth, Social Security number, student or personal identification numbers, driver's license numbers, state or federal identification numbers, biometric information, religious or political affiliation, non-directory information, and any other information protected by state or federal privacy laws, will be collected and held confidential and in accordance with this agreement, during and following the term of this Contract, and will be divulged only in accordance with federal law or the Code of Virginia.
- O. CONFLICT OF INTEREST: Contractor represents to Mason that its entering into this Contract with Mason and its performance through its agents, officers and employees does not and will not involve, contribute to nor create a conflict of interest prohibited by Virginia State and Local Government Conflict of Interests Act (Va. Code 2.2-3100 *et seq*), the Virginia Ethics in Public Contracting Act (§57 of the *Governing Rules*), the Virginia Governmental Frauds Act (Va. Code 18.2 – 498.1 *et seq*) or any other applicable law or regulation.
- P. DEBARMENT STATUS: As of the effective date, the Contractor certifies that it is not currently debarred by the Commonwealth of Virginia from submitting bids or proposals on contracts for the type of services covered by this Contract, nor is the Contractor an agent of any person or entity that is currently so debarred.
- Q. DEFAULT: In the case of failure to deliver goods or services in accordance with any resulting contract terms and conditions, George Mason University, after due oral or written notice, may procure them from other sources and hold the contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies which George Mason University may have.
- R. DRUG-FREE WORKPLACE: During the performance of this Contract, the Contractor agrees to (i) provide a drug-free workplace for the Contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the Contractor that the Contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or Contractor.
- For the purposes of this section, "*drug-free workplace*" means a site for the performance of work done in connection with a specific contract awarded to a contractor, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of this Contract.
- S. ENTIRE CONTRACT: This Contract constitutes the entire understanding of the Parties with respect to the subject matter herein and supersedes all prior oral or written contracts with respect to the subject matter herein. This Contract can be modified or amended only by a writing signed by all of the Parties.
- T. EXPORT CONTROL:
1. **Munitions Items**: If the Contractor is providing any items, data or services under this order that are controlled by the Department of State, Directorate of Defense Trade Controls, International Traffic in Arms Regulations ("ITAR"), or any items, technology or software controlled under the "600 series" classifications of the Bureau of Industry and Security's Commerce Control List ("CCL") (collectively, "Munitions Items"), prior to delivery, Contractor must:
    - a. notify Mason (by sending an email to [export@gmu.edu](mailto:export@gmu.edu)), and
    - b. receive written authorization for shipment from Mason's Director of Export Controls.

The notification provided by the Contractor must include the name of the Mason point of contact, identify and describe each ITAR or CCL-controlled commodity, provide the associated U.S.

Munitions List (USML) category number(s) or Export Control Classification Number, and indicate whether or not the determination was reached as a result of a commodity jurisdiction determination, or self-classification process. The Contractor promises that if it fails to obtain the required written pre-authorization approval for shipment to Mason of any Munitions Item, it will reimburse Mason for any fines, legal costs and other fees imposed for any violation of export controls regarding the Munition Item that are reasonably related to the Contractor's failure to provide notice or obtain Mason's written pre-authorization.

2. **Dual-Use Items:** If the Contractor is providing any dual-use items, technology or software under this order that are listed on the CCL in a series other than a "600 series", Contractor must (i) include the Export Control Classification Number (ECCN) on the packing or other transmittal documentation traveling with the item(s) and, (ii) send a description of the item, its ECCN, and the name of the Mason point of contact to: [export@gmu.edu](mailto:export@gmu.edu).
- U. **FORCE MAJEURE:** Mason shall be excused from any and all liability for failure or delay in performance of any obligation under this Contract resulting from any cause not within the reasonable control of Mason, which includes but is not limited to acts of God, fire, flood, explosion, earthquake, or other natural forces, war, civil unrest, accident, any strike or labor disturbance, travel restrictions, acts of government, disease, pandemic, or contagion, whether such cause is similar or dissimilar to any of the foregoing. Upon written notification from Mason that such cause has occurred, Contractor agrees to directly refund all payments to Mason, for services not yet performed, including any pre-paid deposits within 14 days.
- V. **IMMIGRATION REFORM AND CONTROL ACT OF 1986:** By entering into this Contract Contractor certifies that they do not and will not during the performance of this Contract employ illegal alien workers or otherwise violate the provisions of the federal Immigration Reform and Control Act of 1986.
- W. **INDEMNIFICATION:** Contractor agrees to discharge its obligations under this Contract with that level of reasonable care which a similarly situated health insurer would exercise under similar circumstances and agrees to indemnify and hold harmless Mason its officers, agents, and employees from and against that portion of any Claims arising failure to provide the Services in accordance with that standard of care, including any claims, damages and actions of any kind or nature, whether at law or in equity provided that such liability is not attributable to the sole negligence of Mason or to the failure of Mason to use the materials, goods, or equipment in the manner already and permanently described by the Contractor on the materials, goods or equipment delivered. Each party seeking indemnification hereunder shall provide the other party reasonable notice of any actual or threatened action.
- X. **INDEPENDENT CONTRACTOR:** The Contractor is not an employee of Mason, but is engaged as an independent contractor. The Contractor shall indemnify and hold harmless the Commonwealth of Virginia, Mason, and its employees and agents, with respect to all withholding, Social Security, unemployment compensation and all other taxes or amounts of any kind relating to the Contractor's performance of this Contract. Nothing in this Contract shall be construed as authority for the Contractor to make commitments which will bind Mason or to otherwise act on behalf of Mason, except as Mason may expressly authorize in writing.
- Y. **INFORMATION TECHNOLOGY ACCESS ACT:** Computer and network security is of paramount concern at George Mason University. The University wants to ensure that computer/network hardware and software does not compromise the security of its IT environment. Contractor agrees to use commercially reasonable measures in connection with any offering your company makes to avoid any known threat to the security of the IT environment at George Mason University.

All e-learning and information technology developed, purchased, upgraded or renewed by or for the use of George Mason University shall comply with all applicable University policies, Federal and State laws and regulations including but not limited to Section 508 of the Rehabilitation Act (29 U.S.C. 794d), the Information Technology Access Act, §§2.2-3500 through 2.2-3504 of the Code of Virginia, as amended, and all other regulations promulgated under Title II of The Americans with Disabilities Act which are applicable to all benefits, services, programs, and activities provided by or on behalf of the University. The Contractor shall also comply with the Web Content Accessibility Guidelines (WCAG) 2.0. For more information please visit <http://ati.gmu.edu>, under Policies and Procedures.
- Z. **INSURANCE:** The Contractor shall maintain all insurance necessary with respect to the services provided to Mason. The Contractor further certifies that they will maintain the insurance coverage during the entire term of

the Contract and that all insurance is to be placed with insurers with a current reasonable A.M. Best's rating authorized to sell insurance in the Commonwealth of Virginia by the Virginia State Corporation Commission. The Commonwealth of Virginia and Mason shall be named as an additional insured with the exception of Contractor's Workers Compensation Insurance policy.

1. Commercial General Liability Insurance in an amount not less than \$1,000,000 per occurrence for bodily injury or property damage, personal injury and advertising injury, products and completed operations coverage;
2. Workers Compensation Insurance in an amount not less than that prescribed by statutory limits; and, as applicable;
3. Commercial Automobile Liability Insurance applicable to bodily injury and property damage, covering owned, non-owned, leased, and hired vehicles in an amount not less than \$1,000,000 per occurrence; and
4. An umbrella/excess policy in an amount not less than five million dollars (\$5,000,000) to apply over and above Commercial General Liability, Employer's Liability, Workers' Compensation, and Commercial Automobile Liability Insurance.

AA. INTELLECTUAL PROPERTY: Contractor warrants and represents that it will not violate or infringe any intellectual property right or any other personal or proprietary right and shall indemnify and hold harmless Mason against the portion of the claim of infringement of intellectual property rights which may arise under this Contract for which Contractor is responsible.

Unless expressly agreed to the contrary in writing, all goods, products, materials, documents, reports, writings, video images, photographs or papers of any nature including software or computer images prepared or provided by Contractor (or its subcontractors) for Mason will not be disclosed to any other person or entity without the written permission of Mason.

Work Made for Hire. Contractor warrants to Mason that Mason will own all rights, title and interest in any and all intellectual property rights created in the performance or otherwise arising from the Contract and will have full ownership and beneficial use thereof, free and clear of claims of any nature by any third party including, without limitation, copyright or patent infringement claims. Contractor agrees to assign and hereby assigns all rights, title, and interest in any and all intellectual property created in the performance or otherwise arising from the Contract, and will execute any future assignments or other documents needed for Mason to document, register, or otherwise perfect such rights. Notwithstanding the foregoing, for research collaboration pursuant to subcontracts under sponsored research Contracts administered by the University's Office of Sponsored Programs, intellectual property rights will be governed by the terms of the grant or contract to Mason to the extent such grant or contract requires intellectual property terms to apply to subcontractors.

BB. NON-DISCRIMINATION: All parties to this Contract agree to not discriminate on the basis of race, color, religion, national origin, sex, pregnancy, childbirth or related medical conditions, age (except where sex or age is a bona fide occupational qualification, marital status or disability).

CC. PUBLICITY: The Contractor shall not use, in its external advertising, marketing programs or promotional efforts, any data, pictures, trademarks or other representation of Mason except on the specific written authorization in advance by Mason's designated representative.

DD. REMEDIES: If the Contractor breaches this Contract and fails to cure the breach within 15 days, in addition to any other rights or remedies, Mason may terminate this Contract without prior notice.

EE. RENEWAL OF CONTRACT: This Contract may be renewed by Mason upon written agreement of both parties for nine (9) successive one-year renewal options under the terms and conditions and price schedule of this Contract (except as modified by the parties in writing pursuant to this Contract), and at a reasonable time (normally 90 days) prior to the expiration of the current term. Contractor will issue a proposal of benefits and rates for the upcoming renewal year for review and discussion with Mason. The parties' agreement to the renewal benefits and rates will be documented by their signatures on the final proposal.

FF. REPORTING OF CRIMES, ACCIDENTS, FIRES AND OTHER EMERGENCIES: Any Mason Employee, including contracted service providers, who is not a staff member in Counseling and Psychological Services

(CAPS) or a pastoral counselor, functioning within the scope of that recognition, is considered a "Campus Security Authority (CSA)." CSAs must promptly report all crimes and other emergencies occurring on or near property owned or controlled by Mason to the Department of Police & Public Safety or local police and fire authorities by dialing 9-1-1. At the request of a victim or survivor, identifying information may be excluded from a report (e.g., names, initials, contact information, etc.). Please visit the following website for more information and training: <http://police.gmu.edu/clery-act-reporting/campus-security-authority-csa/>."

- GG. RESPONSE TO LEGAL ORDERS, DEMANDS, OR REQUESTS FOR DATA: Except as otherwise expressly prohibited by law, Contractor will: i) immediately notify Mason of any subpoenas, warrants, or other legal orders, demands or requests received by Contractor seeking University Data; ii) consult with Mason regarding its response; iii) cooperate with Mason's reasonable requests in connection with efforts by Mason to intervene and quash or modify the legal order, demand or request; and iv) upon Mason's request, provide Mason with a copy of its response.

If Mason receives a subpoena, warrant, or other legal order, demand (including request pursuant to the Virginia Freedom of Information Act) or request seeking University Data maintained by Contractor, Mason will promptly provide a copy to Contractor. Contractor will promptly supply Mason with copies of data required for Mason to respond, and will cooperate with Mason's reasonable requests in connection with its response.

- HH. SEVERABILITY: Should any portion of this Contract be declared invalid or unenforceable for any reason, such portion is deemed severable from the Contract and the remainder of this Contract shall remain fully valid and enforceable.

- II. SOVEREIGN IMMUNITY: Nothing in this Contract shall be deemed a waiver of the sovereign immunity of the Commonwealth of Virginia and of Mason.

- JJ. SUBCONTRACTS: In the event that the Contractor desires to subcontract some part of the work specified herein, the Contractor shall remain fully liable and responsible for the work to be done by its subcontractor(s) and shall assure compliance with all requirements of this Contract. This paragraph applies to, but is not limited to, subcontractor(s) who process University Data.

- KK. UNIVERSITY DATA: University Data includes all Mason owned, controlled, or collected PII and any other information that is not intentionally made available by Mason on public websites, including but not limited to business, administrative and financial data, intellectual property, and patient, student and personnel data. Contractor agrees to the following regarding University Data it may collect or process as part of this Contract:

1. Contractor will use University Data only for the purpose of fulfilling its duties under the Contract and will not share such data with or disclose it to any third party without the prior written consent of Mason, except as required by the Contract or as otherwise required by law. University Data will only be processed by Contractor to the extent necessary to fulfill its responsibilities under the Contract or as otherwise directed by Mason.
2. University Data, including any back-ups, will not be accessed, stored, or transferred outside the United States without prior written consent from Mason. Contractor will provide access to University Data only to its employees and subcontractors who need to access the data to fulfill Contractor's obligations under the Contract. Contractor will ensure that employees who perform work under the Contract have read, understood, and received appropriate instruction as to how to comply with the data protection provisions of the Contract and to maintain the confidentiality of the University Data.
3. The parties agree that as between them, all rights including all intellectual property rights in and to University Data shall remain the exclusive property of Mason, and Contractor has a limited, nonexclusive license to use the University Data as provided in the Contract solely for the purpose of performing its obligations under the Contract. The Contract does not give a party any rights, implied or otherwise, to the other party's data, content, or intellectual property, except as expressly stated in the Contract.
4. Contractor will take reasonable measures, including audit trails, to protect University Data against deterioration or degradation of data quality and authenticity. Contractor shall be responsible for ensuring that University Data, per the Virginia Public Records Act, is preserved, maintained, and accessible throughout their lifecycle, including converting and migrating electronic data as often as necessary so that information is not lost due to hardware, software, or media obsolescence or



deterioration.

5. Contractor shall notify Mason within three business days if it receives a request from an individual under any applicable law regarding PII about the individual, including but not limited to a request to view, access, delete, correct, or amend the information. Contractor shall not take any action regarding such a request except as directed by Mason.
6. If Contractor will have access to University Data that includes "education records" as defined under the Family Educational Rights and Privacy Act (FERPA), the Contractor acknowledges that for the purposes of the Contract it will be designated as a "school official" with "legitimate educational interests" in the University education records, as those terms have been defined under FERPA and its implementing regulations, and the Contractor agrees to abide by the limitations and requirements imposed on school officials. Contractor will use the education records only for the purpose of fulfilling its duties under the Contract for Mason's and its end user's benefit, and will not share such data with or disclose it to any third party except as provided for in the Contract, required by law, or authorized in writing by the University.
7. Mason may require that Mason and Contractor complete a Data Processing Addendum ("DPA"). If a DPA is completed, Contractor agrees that the information in the DPA is accurate. Contractor will only collect or process University Data that is identified in the DPA and will only handle that data (e.g., type of processing activities, storage, security, disclosure) as described in the DPA. If Contractor intends to do anything regarding University Data that is not reflected in the DPA, Contractor must request an amendment to the DPA and may not take the intended action until the amendment is approved and documented by Mason.

LL. UNIVERSITY DATA SECURITY: Data security is of paramount concern to Mason. Contractor will utilize, store and process University Data in a secure environment in accordance with commercial best practices, including appropriate administrative, physical, and technical safeguards, to secure such data from unauthorized access, disclosure, alteration, and use. Such measures will be no less protective than those used to secure Contractor's own data of a similar type, and in no event less than reasonable in view of the type and nature of the data involved. At a minimum, Contractor shall use industry-standard and up-to-date security tools and technologies such as anti-virus protections and intrusion detection methods to protect University Data.

Immediately upon becoming aware of circumstances that could have resulted in unauthorized access to or disclosure or use of University Data, Contractor will notify Mason, fully investigate the incident, and cooperate fully with Mason's investigation of and response to and remediation of the incident. Except as otherwise required by law, Contractor will not provide notice of the incident directly to individuals who's PII was involved, regulatory agencies, or other entities, without prior written permission from Mason.

If Contractor provides goods and services that require the exchange of sensitive University Data, the Data Security Addendum attached to this Contract provides additional requirements Contractor must take to protect the University Data. Mason reserves the right to determine whether the University Data involved in this contract is sensitive, and if it so determines it will provide the Data Security Addendum to Contractor and it will be attached to and incorporated into this contract. Types of University Data that may be considered sensitive include, but is not limited to, (1) PII; (2) credit card data; (3) financial or business data which has the potential to affect the accuracy of the University's financial statements; (4) medical or health data; (5) sensitive or confidential business information; (6) trade secrets; (7) data which could create a security (including IT security) risk to Mason; and (8) confidential student or employee information.

Mason reserves the right in its sole discretion to perform audits of Contractor, at Mason's expense, to ensure compliance with all obligations regarding University Data. Contractor shall reasonably cooperate in the performance of such audits. Contractor will make available to Mason all information necessary to demonstrate compliance with its data processing obligations. Failure to adequately protect University Data or comply with the terms of this Contract with regard to University Data may be grounds to terminate this Contract.

MM. UNIVERSITY DATA UPON TERMINATION OR EXPIRATION: Upon termination or expiration of the Contract, Contractor will ensure that all University Data are securely returned or destroyed as directed by Mason in its sole discretion within 180 days of the request being made. Transfer to Mason or a third party designated by Mason shall occur within a reasonable period of time, and without significant interruption in service. Contractor shall ensure that such transfer/migration uses facilities and methods that are compatible with the relevant systems of Mason or its transferee, and to the extent technologically feasible, that Mason will

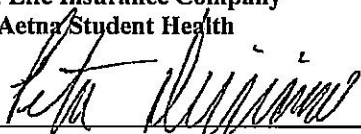


have reasonable access to University Data during the transition. In the event that Mason requests destruction of its data, Contractor agrees to destroy all data in its possession and in the possession of any subcontractors or agents to which the Contractor might have transferred University Data. Contractor agrees to provide documentation of data destruction to the University.

Contractor will notify the University of any impending cessation of its business and any contingency plans. This includes immediate transfer of any previously escrowed assets and University Data and providing Mason access to Contractor's facilities to remove and destroy Mason-owned assets and University Data. Contractor shall implement its exit plan and take all necessary actions to ensure a smooth transition of service with minimal disruption to Mason. Contractor will also provide a full inventory and configuration of servers, routers, other hardware, and software involved in service delivery along with supporting documentation, indicating which if any of these are owned by or dedicated to Mason. Contractor will work closely with its successor to ensure a successful transition to the new equipment, with minimal downtime and effect on Mason, all such work to be coordinated and performed in advance of the formal, final transition date.

- NN. UNIVERSITY REVIEW/APPROVAL: All goods, services, products, design, etc. produced by the Contractor for or on behalf of Mason are subject to Mason's review and approval.
- OO. WAIVER: The failure of a party to enforce any provision in this Contract shall not be deemed to be a waiver of such right.

**Aetna Life Insurance Company**  
**DBA Aetna Student Health**

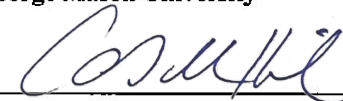
  
\_\_\_\_\_  
Signature

Name: Peter Diniaco

Title: Executive Director of Sales and Account Management

Date: 8/5/20

**George Mason University**

  
\_\_\_\_\_  
Signature

Name: Carol D. Kissal

Title: Senior VP, Administration & Finance

Date: 8/17/2020

**ATTACHMENT A  
DATA SECURITY ADDENDUM**

**Data Security Addendum for inclusion in GMU-1600-20 with  
George Mason University (the "University")**

This Addendum supplements the above-referenced Contract between the University and Aetna Life Insurance Company DBA Aetna Student Health ("Selected Firm/Vendor") dated **August 5, 2020** (the "Contract"). It is applicable only in those situations where the Selected Firm/Vendor provides goods or services under a Contract or Purchase Order which necessitate that the Selected Firm/Vendor create, obtain, transmit, use, maintain, process, store, or dispose of Sensitive University Data (as defined in the Definitions Section of this Addendum) as part of its work under the Contract.

This Addendum sets forth the terms and conditions pursuant to which Sensitive University Data will be protected by the Selected Firm/Vendor during the term of the Parties' Contract and after its termination.

**1. Definitions**

Terms used herein shall have the same definition as stated in the Contract. Additionally, the following definitions shall apply to this Addendum.

- a. **"Personally Identifiable Information ("PII")** means any information that can be connected to a specific person and may include but is not limited to personal identifiers such as name, address, phone, date of birth, Social Security number, student or personal identification numbers, state or federal identification numbers, non-directory information and any other information protected by state or federal privacy laws.
- b. **"Sensitive University Data"** means data that may include, but is not limited to: (1) PII; (2) credit card data; (3) medical or health data; and (4) confidential student or employee information.
- c. **"Securely Destroy"** means taking actions that render data written on media unrecoverable by both ordinary and extraordinary means. These actions must meet or exceed those sections of the National Institute of Standards and Technology (NIST) SP 800-88 guidelines, or comparable standard, relevant to data categorized as high security.
- d. **"Services"** means any goods or services acquired by the University from the Selected Firm/Vendor.

**2. Data Security**

- a. In addition to the security requirements stated in the Contract, Selected Firm/Vendor represents that all electronic Sensitive University Data will be encrypted in transmission (including via web interface) using industry-standard strong encryption. Additionally, Selected Firm/Vendor represents that all Sensitive University Data shall be Securely Destroyed in accordance with Selected Firm/Vendor's record retention schedule.
- b. If Selected Firm/Vendor's use of Sensitive University Data include the storing, processing or transmitting of credit card data for the University, Selected Firm/Vendor represents and warrants that for the life of the Contract and while Selected Firm/Vendor has possession of University customer cardholder data, the software and services used for processing transactions shall be compliant with standards established by the Payment Card Industry (PCI) Security Standards Council ([www.pcisecuritystandards.org](http://www.pcisecuritystandards.org)). In the case of a third-party application, the application will be listed as PA-DSS compliant at the time of implementation by the University. Selected Firm/Vendor acknowledges and agrees that it is responsible for the security of all University customer cardholder data or identity information managed, retained, or maintained by Selected Firm/Vendor, including but not limited to protecting against fraudulent or unapproved use of such credit card or identity information. Contractor agrees to indemnify and hold University, its officers, employees, and agents, harmless for, from, and against any and all claims, causes of action, suits, judgments, assessments, costs (including reasonable attorneys' fees), and expenses arising out of or relating to any loss of University customer credit card or identity information managed, retained, or maintained by contractor, including but not limited to fraudulent or unapproved use of such credit card or identity information. Selected Firm/Vendor shall, upon written request, furnish proof of compliance with the Payment Card Industry Data Security Standard (PCI DSS) within 10 business days of the request. Selected Firm/Vendor agrees that, notwithstanding anything to the contrary in the Contract or the Addendum, the University may terminate the Contract immediately without penalty upon notice to the Selected Firm/Vendor in the event Selected Firm/Vendor fails to maintain compliance with the PCI DSS or fails to maintain the confidentiality or integrity of any cardholder data.

**3. Security Breach**

- a. **Liability.** In addition to any other remedies available to the University under law or equity, Selected Firm/Vendor will reimburse the University in full for all costs incurred by the University in investigation and remediation of any Security Breach of Sensitive University Data, including but not limited to providing notification to individuals whose Personally Identifiable Information was compromised and to regulatory agencies or other entities as required by law or contract; providing one year's credit monitoring to the affected individuals if the Personally Identifiable Information exposed

during the breach could be used to commit financial identity theft; and the payment of legal fees, audit costs, fines, and other fees imposed by regulatory agencies or contracting partners as a result of the Security Breach.

**4. Audit Reports**

- a. Contractor shall, upon Mason's request, provide the results of its annual independent security audits and assessments. Contractor shall promptly modify its security measures as needed based on those results in order to meet its obligations under the Contract.

IN WITNESS WHEREOF, this Addendum has been executed by an authorized representative of each party as of the date set forth beneath such party's designated representative's signature.

**Aetna Life Insurance Company**  
**DBA Aetna Student Health**

By: Jm Clark Ha

Title: PRESIDENT

Date: 7/16/20

**George Mason University**

By: Cosmbl

Title: Senior Vice President, Administration & Finance

Date: 8/17/2020

## ATTACHMENT B NEGOTIATIONS SUMMARY

1. Please note the most recent increase in provider network reimbursement rates in GMU's area.  
Aetna - Our planned 2020 overall for Facilities, Professionals, Radiology, Laboratory, etc. is 6%. On the Behavioral Health side, it has been a while since Provider Network reimbursement rates have been increased, however, we confirmed that there will be an increase on reimbursement rates on 9/1/20.
2. Please provide a copy of your Standard Out Formulary noting all your UM programs (Step Therapy, PAs, Quantity Edits, etc.)  
Aetna - Attached in the email. See ATTACHMENT H – Standard Opt Out Plan - Aetna.
3. Please confirm that you will provide direct billing and contracting contacts for local GMU network providers.  
Aetna - Yes, we can provide direct billing and contracting for the local GMU Network of Providers.
4. Can you increase the reimbursement for primary care providers that collaborate their care with a behavioral health provider and a behavioral health care manager?  
Aetna - Yes, we can however, we would need GMU to help us identify those PCP's that are collaborating with Psychiatrists and/or other Behavioral Health Care Managers/Clinicians. Also, if these PCP's are providing services out of the Health Center:
  - Will the GMU Student Health Center be billing for PCP services via ledger bill or Fee for Service?
  - Will the SHC bill Aetna SH using one TAX ID or will each individual PCP bill Aetna SH using their own Tax ID?
  - How many PCP's at the GMU SHC will be performing this service?
5. Please confirm that you will allow flexibility to your 180-day timely filing deadlines.  
Aetna - Our standard for Participating Providers is 120 days and they cannot balance bill the member if they miss that deadline which is the deterrent. As it relates to Non-Participating Providers our standard is 15 months, far more generous than the 180 they requested. We did some research and the incumbent UHC will allow at least 90 days for participating providers and 180 days for non-participating providers from the date of service to submit claims. We at Aetna Student Health are more generous with IN and OON providers.
6. Please confirm that Aetna Student Health will commit to providing a retrospective premium agreement each year for the duration of the contract (August 16, 2020 – August 15, 2021 with Nine (9) successive one-year renewals).  
Aetna - Yes, we agree to the above. We will commit to retro agreement each year of the contract.
7. Describe your appeals process for members currently taking a drug that would be impacted by your formulary or UM programs.  
Aetna - Here is the online, external link for Pharmacy FAQ:  
<https://www.aetna.com/faqs-health-insurance/pharmacy-faqs.html>  
  
The fastest way for a provider or student to request a medical necessity review is by calling the Aetna Pharmacy Unit (there are several ways to contact). See ATTACHMENT C – Rx Exceptions.
8. Given the current worldwide conditions, will Aetna agree to hold already negotiated rates in the event Mason has lower than expected enrollment?  
Aetna - Just confirming that we are definitely holding firm our proposed rates offered for the 2020/21 Academic Year. We will hold firm the already negotiated rates.
9. Mason would like Aetna to agree to the attached PG. Does Aetna accept?  
Aetna - Yes, we definitely accept the PG on the attachment. See ATTACHMENT F – PERFORMANCE GUARANTEES
10. Aetna agrees to match current UnitedHealthcare medical and prescription drug plans in place
11. Aetna guarantees that the target loss ratio used for renewal projections will not fall below 91.1% for duration of contract.
12. Aetna shall provide insurance for the following student populations:
  - a. Voluntary/Domestic undergrad or graduate students enrolled in 3 credit hours or more, taking in person or online classes, degree seeking or non-degree students.

- b. Voluntary/Domestic PhD students enrolled in 1 credit hour or more, taking in person or online classes.
  - c. International students (F1 and J1) students
  - d. INTO students.
  - e. Subsidy graduate students: domestic and international students.
  - f. Optional Practical Training (OPT) students.
  - g. Visiting Scholars.
  - h. Medical Leave.
  - i. ADVANCE students (<https://www2.gmu.edu/admissions-aid/nova-advance>).
13. Aetna agrees to the following parameters for insurance coverage.
- a. Allow voluntary students (enrolled in 3 credit hours or more at the time of enrollment) to enroll in plan.
  - b. Mason's waiver criteria for international students. International students' waiver period will correlate with the open enrollment period dates for the voluntary students. [shs.gmu.edu/insurance/international](https://shs.gmu.edu/insurance/international)
  - c. The Student Health Service clinic will bill via ledger billing to the insurance contractor. The insurance contractor shall pay ledger-billing items at 100%.
  - d. No referrals required for students to see outside providers or for any services.
  - e. Students will not have to visit the clinic first in order to see outside providers.
  - f. No prior authorization requirements or plan limits on number of therapy visits (physical, occupational, speech).
  - g. Contractor must have a robust participation of preferred mental health providers within the plan.
  - h. The pharmacy formulary must be a high option plan.
14. Aetna will provide the GMU Student Health Plan the following:
- a. The contractor shall fund and/or operate a 24hr Nurse Line for all campus students (regardless of their enrollment in the insurance plan).
  - b. Supply 'giveaways' for summer and winter orientations, as requested by the contract administrator or her designee.
  - c. Provide printed copies of the summary brochure, translated brochures in requested languages, summary postcard, and other materials as requested by the contract administrator or her designee.
  - d. The contractor must have one person dedicated to answering questions and resolving customer service issues within one business day.
15. Reporting Requirements: Aetna must provide the following reports to the contract administrator.
- a. A weekly list of enrolled students for each of the enrollment populations.
  - b. Quarterly utilization reports, see performance guarantees.
16. Aetna will provide the following Underwriting Support:
- a. Contractor shall meet with University and its actuary during renewal process to discuss proposed rates for coming year.
  - b. Contractor shall provide detailed renewal analysis that reflects all the components factoring into the renewal pricing including but not limited to the following:
    - i. Paid claims and completion factors
    - ii. Retention costs
    - iii. Trend assumptions
    - iv. Demographic factors/assumptions
    - v. Experience Credibility/Manual Factor
    - vi. Health Insurance Fees
17. Aetna will provide one main contact for GMU's Student Health Insurance Department to access concerning all issues regarding the Student Health Program.



**ATTACHMENT C**  
**Rx Exceptions**

## Medical exceptions for non-covered drugs



### Expedited medical exceptions

In certain circumstances\*, you or your prescriber can request a medical exception for a non-covered drug. To submit a request, call our Precertification Department at 1-855-582-2025, or fax a request to 1-855-330-1716. You also can mail a written request to Aetna PA, 1300 E. Campbell Rd., Richardson, TX 75081. We will make a coverage determination within 24 hours of receiving the request, and notify you or your prescriber of our decision.

\*These circumstances exist when you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or undergoing a current course of treatment using a non-covered drug.

**The drug my doctor prescribed requires quantity limits. If they prescribe a higher drug quantity because it is medically necessary for treating my condition, can I get an exception to the quantity limit?**

To request an exception:

- You or your doctor can call the Aetna Pharmacy Precertification Unit at **1-800-414-2386**.
- You can log in to your secure member website and submit a request through the Contact Us feature.
- You or your doctor can fill out a request form and send it to us:
  - By fax. The fax number is on the form.
  - Through our secure provider website, Navinet - only your doctor can use this option.
  - By mail. The mailing address is:

Aetna Pharmacy Management

**ATTACHMENT D**  
**Rate Sheet 2020/2021**

**George Mason University - Rate Sheet**



Rate Development: 2020/2021						
No Hardwaiver						
All Groups Opt Out (Enhanced Formulary)	Annual	Fall	Summer	Spring/Summer	Monthly	Daily
Student	\$2,725.00	\$1,030.00	\$695.00	\$1,695.00	\$227.00	\$7.47
Spouse	\$2,725.00	\$1,030.00	\$695.00	\$1,695.00	\$227.00	\$7.47
Child	\$2,725.00	\$1,030.00	\$695.00	\$1,695.00	\$227.00	\$7.47
2 or More Children	\$5,450.00	\$2,060.00	\$1,390.00	\$3,390.00	\$454.00	\$14.94

All Rates Include \$8 Travel Assistance

Rates do not include Commission

Rates do not include Administrative Fees

Semester rates are prorated. Change to the term date will impact term rate

	Start Date	End Date
Annual	8/16/2020	8/15/2021
Fall	8/16/2020	12/31/2020
Summer	5/16/2021	8/15/2021
Spring/Summer	1/1/2021	8/15/2021

**DENTAL RATES**

Rate Development: 2020/2021	
PPO Dental Plan is a voluntary option not included with the medical premium.	
Tier	Annual (8/16/2020 – 8/15/2021)
Student	\$324
Spouse	\$321
Child	\$237
2 or More Children	\$569
Spouse and 2 or More Children	\$764

**ATTACHMENT E**  
**Retrospective Premium Agreement 2020-2021**

This Retrospective Premium Agreement (the “Agreement”) is effective as of 08/16/2020. It sets forth the circumstances under which George Mason University will be entitled to the return of premium surplus, based on claims experience, under the Student Accident and Sickness Insurance Policy (Policy # TBD) (the “Policy”) between George Mason University (“Policyholder”) and Aetna Life Insurance Aetna (“Aetna”).

1. The retrospective premium arrangement described in this Agreement applies to the 2020-2021 Policy Year. It may be extended to subsequent Policy Years upon written agreement of the parties.
2. Retrospective Premium Calculation. For the aforementioned Policy Year and subject to the terms set forth below, Aetna will perform a retrospective premium calculation in accordance with its standard student health plan procedures, six (6) months after the end of the Policy Year. At that time, if a surplus experience balance is created, 50% of the estimated surplus experience balance will be credited to the Aetna Premium Stabilization Reserve Account. A final calculation will be made twelve (12) months after the end of the 2020-2021 Policy Year.
3. Definitions and related provisions.
  - Earned Premium. This means: premium billed and due and remitted for the coverage provided with respect to that Policy Year, excluding: (a) any payments made to brokers on behalf of the Policyholder; (b) the estimated amounts collected by Aetna for payment for taxes and fees due under the Affordable Care Act; and (c) the estimated amounts collected by Aetna for payment to the policy situs state for state premium taxes.
  - Incurred Claims. This means: total paid claims to date for that Policy Year completed to ultimate by means of the appropriate completion factor.
  - Incurred Loss Ratio. This means: incurred claims for the Policy Year divided by earned premium for the Policy Year.
  - Premium Stabilization Reserve Account (PSR). This means: the bookkeeping account (not a separate bank account) that is established at the inception of the 2020-2021 Policy Year. Its reserve balance will be retained by Aetna. The initial reserve balance of the PSR is set at zero. Interest on the reserve balance in the PSR will be credited or charged at the rate of interest that Aetna applies to funds on deposit.
4. Experience Balance. The experience balance will be calculated in accordance with the following provisions:
  - Surplus Experience Balance: For Policy Year 2020-2021 no surplus experience balance is created unless the Incurred Loss Ratio is less than 0.860 (to 3 decimal places). If a surplus experience balance is created in Policy Year 2020-2021, the surplus experience balance is equal to: (A) X (B) X (C) where
    - (A) is the absolute value of the difference between the Incurred Loss Ratio and 0.860 (to 3 decimal places)
    - (B) is the Earned Premium
    - (C) is 50%.
5. Surplus experience balances.
  - After the final retrospective premium calculation is done for the 2020-2021 Policy Year, any surplus experience balance created will be credited to the PSR reserve balance.
  - After the final retrospective premium calculation is done for the 2020-2021 Policy Year and the experience balance is credited to the PSR reserve balance, if the PSR reserve balance is positive and exceeds 20.0% of the Earned Premium, a refund equal to the excess of the PSR reserve balance over 20.0% of the Earned Premium is payable to the Policyholder.
  - For the retrospective premium calculation for the final policy year of the Policyholder’s student health insurance coverage with the Aetna, any surplus experience balance will be first applied to the PSR reserve balance. If the remaining balance is positive, a refund equal to the balance is payable to the Policyholder. Any refunds will be paid to the Policyholder within 31 days following the date of the retrospective premium calculation.
6. This Agreement shall terminate when the 2020-2021 Policy terminates, unless otherwise terminated sooner in accordance with section 8 below or mutually extended by the parties. Termination of this Agreement shall not affect the obligations of the parties with respect to any accounting period prior to termination.

7. Use of Refunds. Any retrospective premium refunds will be returned to the Policyholder, not individual students. Upon request by the Policyholder, part or all of it will be applied against the payment of premiums or in any other manner as may be agreed to by the Policyholder and Aetna. If the sum of student contributions which have been made for student health insurance exceeds the sum of premiums which have been paid for student health insurance (after giving effect to any refunds), the excess will be applied by the Policyholder for the sole benefit of students. Aetna will not have to see to the use of such excess.
8. Aetna reserves the right to terminate this Agreement upon written notice to Policyholder, or amend it by mutual written agreement, if the below occurs:
- There is a material change in the plan of benefits offered, or a change in claim payment requirements, or a change in state premium taxes or assessments, or any other changes affecting the manner or cost of providing coverage that is required because of legislative or regulatory action.

**Aetna Life Insurance Company  
DBA Aetna Student Health**

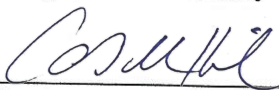
  
Signature

Name: JIN OAK HA

Title: PRESIDENT

Date: 7/16/20

**George Mason University**

  
Signature

Name: Carol D. Kissal

Title: Senior Vice President, Administration & Finance

Date: 8/17/2020

**ATTACHMENT F**  
**Performance Guarantees**

<b>Performance Measure</b>	<b>Financial Penalty as a Percentage of Monthly Premium Collected</b>
<b>1- Administrative Fee Payments</b> Administrative Fee payments to be made to the University by February 1st following the fall semester and by August 1st for the Spring & Summer semesters.	0.2% of Premium
<b>2- Customer Service Inquiry Guarantee</b> VENDOR guarantees that 90% of quarterly member telephone inquiries will be processed within 2 calendar days.	0.2% of Premium, see below
<b>3- Ad Hoc Reporting Guarantee</b> VENDOR guarantees to provide Basic Reports (described on next two pages) to the University by at least 45 days after the end of the Plan Year quarter. For example, the reports for the quarter ending November 15th will be delivered on or before December 31st.	0.2% of Premium, see below
<b>4- Behavioral Health Provider Recruitment</b> VENDOR to recruit 90% of noted providers by August 16th, 2019. VENDOR commits to aggressively recruit any provider identified by the University to be included in the VENDOR network.	0.2% of Premium
<b>5- Account Management Guarantee -</b> VENDOR guarantees that, when a problem is reported to VENDOR (via phone call or email) it will be resolved to University's satisfaction within 10 business days. To avoid penalty under this section, VENDOR must provide an initial response to reported problem within 24 hours. VENDOR will describe in its initial communication what result is expected for the Matter to be satisfactorily resolved. If VENDOR does not provide such satisfactory resolution within 10 business days after receiving notice, a penalty will apply. Within 5 business days after receiving initial communication about the Matter, VENDOR may assert that it is unable to satisfactorily resolve the Matter within the 10-business day time limit, thus avoiding penalty.	0.2% of Premium
<b>TOTAL</b>	<b>1.0% of Premium</b>
<b>6- Website Functionality</b> Vendor website and mobile application will offer a tool that will allow students to see their progress towards meeting their deductibles and out-of-pocket maximums. Providing links to EOBs which note progress to deductibles and out of pocket maximum will not meet this requirement.  Measurement. The Vendor will have this functionality in place by December 1, 2020 or penalty will apply towards 2021 - 2022 renewal.	Aetna Student Health commits to 1.0% of Premium. Penalties if applicable will be kept in a premium stabilization fund to offset future increases and will not be paid to GMU.

All guarantees will be measured on a quarterly basis. Reporting for these guarantees will follow the noted schedule on the next page.



Guarantee Time Period	Reporting Due to University	Penalty if Applicable to be Paid to University
First Quarter – August 2019 – October 2019	December 31, 2019	January 15, 2020
Second Quarter – November 2019 – January 2020	March 31, 2020	April 15, 2020
Third Quarter – February 2020 – April 2020	June 30, 2020	July 15, 2020
First Quarter – May 2020 – July 2020	September 30, 2020	October 15, 2020

Late penalty payments will be subject to the minimum prevailing federal interest rate. This agreement will renew automatically for future plan years unless terminated by the University.

Data reports will consist of the following data:

1. Separate Prescription Drug Report by Plan Year with the following data (Total Group)
  - a. Overall Total Plan Paid Cost
  - b. Member Cost Share Percentage
  - c. Total Retail Cost (broken out by generic, brand name and specialty)
  - d. Total Mail Order Cost (broken out by generic, brand name and specialty)
  - e. Total Retail Scripts (broken out by generic, brand name and specialty)
  - f. Total Mail Scripts (broken out by generic, brand name and specialty)
  - g. Day supply per script
  - h. Cost per Script
  - i. Cost per Member
  - j. Generic Dispensing Rate
  - k. Generic Substitution Rate
2. Top 25 Prescription Drugs by Paid Amount by Plan Year (Total Group)
  - a. Drug Name
  - b. Therapeutic Category
  - c. Paid Amount
  - d. Number of Scripts
  - e. Number of Members Utilizing
3. Financial Overview Report for Plan Year (Total Group)
  - a. Number of Students on Plan
  - b. Gross Premium
  - c. Taxes and Fees
  - d. Paid Medical Claims
  - e. Paid Prescription Drug Claims
4. Medical Key Statistics (Total Group)
  - a. Inpatient Paid per Member
  - b. Outpatient Paid per Member
  - c. Admissions/1,000 Members
  - d. Average Length of Stay
  - e. Office Visits/1,000 Members
  - f. ER Visits/1,000 Members
  - g. Urgent Care Visits/1,000 Members
5. Breakouts by Group for the following Reports (Domestic/International Students & Domestic/International Dependents)
  - a. Demographics by Age and Gender
  - b. Plan Experience Overview
  - c. Top 10 SR Charge Categories
  - d. Network Utilization by SR Category
6. Nurse line reporting

- 7. Paid and Denied Reports, with denial reasons
- 8. Medial
  - a. Inpatient (Non-Behavioral Health)
    - i. Facility
    - ii. Surgery
    - iii. Professional
    - iv. Ancillary
  - b. Outpatient (Non-Behavioral Health)
    - i. Physician Office Visits
    - ii. Emergency Room Visits
    - iii. Surgeries
    - iv. Lab
    - v. Radiology
    - vi. Physiotherapy
    - vii. Immunizations
    - viii. Chemo/Radiation
  - c. Behavioral Health
    - i. Inpatient Substance Abuse
    - ii. Outpatient Mental Health
    - iii. Inpatient Substance Abuse
    - iv. Outpatient Substance Abuse
  - d. Health Center

ATTACHMENT G

# Plan for your best health

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## **2020 Aetna Pharmacy Drug Guide**

Standard Opt Out Plan - Aetna

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefits portion of your health plan and has no financial responsibility therefor.**

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# How to use this guide

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

## Your plan includes

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

## What you can expect to pay

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

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

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

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

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

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

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

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

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

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

## Have more questions about your pharmacy benefits?

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

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

## Specialty Pharmacy Network

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

## How to get started with a specialty pharmacy

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

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

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

## CVS Caremark Mail Service Pharmacy®

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

## Get started right away

You can submit your order using one of these options:

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

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

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

# Frequently asked questions

## How can I save on prescriptions?

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

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

## What are generic drugs?

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

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

## What is precertification?

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

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

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

## What is step therapy?

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

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

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

## What are quantity limits?

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

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

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

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

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

## How can your provider request a medical exception?

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

## Pharmacy and Therapeutics (P&T) committee

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

## Can the formulary change during the year?

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

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



## **Commercial 1557 Nondiscrimination Notice**

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

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

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

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

Civil Rights Coordinator,

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

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

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

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

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

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

TTY: 711

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

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

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

ເພື່ອຂໍ້ໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,  
ໃຫ້ໂທຫາເບີໂທທົບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

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

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

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់  
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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		Coverage Requirements and Limits
<b>Drug Tier</b>		AL = Age Limit
CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.		IBC = Indication Based Coverage
NF = Non-formulary, not covered unless exception request granted		LGC = Lowest Generic Copay
NP = Non-Preferred Brand and Generic		N7 = Drug tier when CE does not apply
NPS = Non-Preferred Specialty		N8 = Drug Specific Coverage
PB = Preferred Brand		PA = Prior Authorization
PG = Preferred Generic		QL = Quantity Limit
PSP = Preferred Specialty		SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.
lowercase <b>italics</b> = Generic drugs		ST = Step Therapy
UPPERCASE = Brand name drugs		STX = Safer and/or more effective treatments are available
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ADENOSINE RECEPTOR ANTAGONIST*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
NOURIANZ ORAL TABLET 20 MG, 40 MG ( <i>istradefylline</i> )	NPS	
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 5 MG, 7.5 MG ( <i>amphetamine-dextroamphetamine</i> )	NP	QL (90 TABLETS per 25 DAYS)
ADDERALL ORAL TABLET 15 MG, 20 MG ( <i>amphetamine-dextroamphetamine</i> )	NP	QL (60 TABLETS per 25 DAYS)
ADDERALL ORAL TABLET 30 MG ( <i>amphetamine-dextroamphetamine</i> )	NP	QL (30 TABLETS per 25 DAYS)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG ( <i>amphetamine-dextroamphetamine</i> )	NP	QL (90 CAPSULES per 25 DAYS)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 25 MG, 30 MG ( <i>amphetamine-dextroamphetamine</i> )	NP	QL (30 CAPSULES per 25 DAYS)
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG ( <i>methylphenidate hcl</i> )	NP	QL (60 CAPSULES per 25 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 55 MG, 70 MG, 85 MG ( <i>methylphenidate hcl</i> )	NP	QL (30 CAPSULES per 25 DAYs)
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML ( <i>amphetamine</i> )	NP	QL (450 ML per 25 DAYs)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG ( <i>amphetamine</i> )	NP	QL (30 TABLETS per 25 DAYs)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG, 6.3 MG, 9.4 MG ( <i>amphetamine</i> )	NP	QL (60 TABLETS per 25 DAYs)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	PG	STX; QL (120 TABLETS per 25 DAYs)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 5 mg</i>	PG	QL (90 CAPSULES per 25 DAYs)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	PG	QL (30 CAPSULES per 25 DAYs)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	PG	QL (90 TABLETS per 25 DAYs)
<i>amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg</i>	PG	QL (60 TABLETS per 25 DAYs)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	PG	QL (30 TABLETS per 25 DAYs)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG ( <i>methylphenidate hcl</i> )	NP	QL (60 CAPSULES per 25 DAYs)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG ( <i>methylphenidate hcl</i> )	NP	QL (30 CAPSULES per 25 DAYs)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	PG	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	PG	QL (120 CAPSULES per 25 DAYs)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	PG	QL (30 CAPSULES per 25 DAYs)
<i>atomoxetine hcl oral capsule 40 mg</i>	PG	QL (60 CAPSULES per 25 DAYs)
BELVIQ ORAL TABLET 10 MG ( <i>lorcaserin hcl</i> )	PB	SPC (Only available for select plans)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG ( <i>lorcaserin hcl</i> )	PB	SPC (Only available for select plans)
<i>benzphetamine hcl oral tablet 25 mg, 50 mg</i>	PG	SPC (Only available for select plans)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG ( <i>methylphenidate hcl</i> )	NP	QL (60 TABLETS per 25 DAYs)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG ( <i>methylphenidate hcl</i> )	NP	QL (30 TABLETS per 25 DAYs)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG ( <i>methylphenidate</i> )	NP	QL (60 TABLETS per 25 DAYs)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR ( <i>methylphenidate</i> )	NP	QL (30 PATCHES per 25 DAYs)
DESOXYN ORAL TABLET 5 MG ( <i>methamphetamine hcl</i> )	NP	QL (150 TABLETS per 25 DAYs)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG ( <i>dextroamphetamine sulfate</i> )	NP	QL (120 CAPSULES per 25 DAYs)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ( <i>dextroamphetamine sulfate</i> )	NP	QL (60 CAPSULES per 25 DAYs)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	QL (60 CAPSULES per 25 DAYs)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	PG	QL (30 CAPSULES per 25 DAYs)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	PG	QL (60 TABLETS per 25 DAYs)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 DAYs)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	PG	QL (120 CAPSULES per 25 DAYs)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	PG	QL (60 CAPSULES per 25 DAYs)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	PG	QL (1200 ML per 25 DAYs)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 DAYs)
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	PG	SPC (Only available for select plans)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diethylpropion hcl oral tablet 25 mg</i>	PG	SPC (Only available for select plans)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML ( <i>amphetamine</i> )	NP	QL (240 ML per 25 DAYs)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 5 MG ( <i>amphetamine sulfate</i> )	NP	QL (120 TABLETS per 25 days)
EVEKEO ODT ORAL TABLET DISPERSIBLE 15 MG, 20 MG ( <i>amphetamine sulfate</i> )	NP	QL (60 TABLETS per 25 days)
EVEKEO ORAL TABLET 10 MG, 5 MG ( <i>amphetamine sulfate</i> )	NP	STX; QL (120 TABLETS per 25 DAYs)
FOCALIN ORAL TABLET 10 MG ( <i>dexmethylphenidate hcl</i> )	NP	QL (60 TABLETS per 25 DAYs)
FOCALIN ORAL TABLET 2.5 MG, 5 MG ( <i>dexmethylphenidate hcl</i> )	NP	QL (120 TABLETS per 25 DAYs)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG ( <i>dexmethylphenidate hcl</i> )	NP	QL (60 CAPSULES per 25 DAYs)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG ( <i>dexmethylphenidate hcl</i> )	NP	QL (30 CAPSULES per 25 DAYs)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG ( <i>methylphenidate hcl</i> )	NP	QL (30 CAPSULES per 25 DAYs)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG ( <i>methylphenidate hcl</i> )	NP	QL (60 CAPSULES per 25 DAYs)
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	PG	QL (90 TABLETS per 25 DAYs)
<i>methamphetamine hcl oral tablet 5 mg</i>	PG	STX; QL (150 TABLETS per 25 DAYs)
METHYLIN ORAL SOLUTION 10 MG/5ML ( <i>methylphenidate hcl</i> )	NP	QL (900 ML per 25 DAYs)
METHYLIN ORAL SOLUTION 5 MG/5ML ( <i>methylphenidate hcl</i> )	NP	QL (1800 ML per 25 DAYs)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	PG	QL (90 TABLETS per 25 DAYS)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg</i>	PG	QL (60 TABLETS per 25 DAYS)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i>	PG	QL (60 TABLETS per 25 DAYS)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	PG	QL (30 TABLETS per 25 DAYS)
<i>methylphenidate hcl er oral tablet extended release 54 mg, 72 mg</i>	PG	QL (30 TABLETS per 25 DAYS)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	PG	QL (900 ML per 25 DAYS)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	PG	QL (1800 ML per 25 DAYS)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	PG	QL (180 TABLETS per 25 DAYS)
<i>methylphenidate hcl oral tablet 20 mg</i>	PG	QL (90 TABLETS per 25 DAYS)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	PG	QL (180 TABLETS per 25 DAYS)
<i>modafinil oral tablet 100 mg, 200 mg</i>	PG	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG ( <i>amphetamine-dextroamphetamine</i> )	PB	QL (60 CAPSULES per 25 DAYS)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 50 MG ( <i>amphetamine-dextroamphetamine</i> )	PB	QL (30 CAPSULES per 25 DAYS)
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	PG	SPC (Only available for select plans)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	PG	SPC (Only available for select plans)
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	PG	SPC (Only available for select plans)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phentermine hcl oral tablet 37.5 mg</i>	PG	SPC (Only available for select plans)
PROCENTRA ORAL SOLUTION 5 MG/5ML ( <i>dextroamphetamine sulfate</i> )	NP	QL (1200 ML per 25 DAYs)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG ( <i>methylphenidate hcl</i> )	NP	QL (60 TABLETS per 25 DAYs)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG ( <i>methylphenidate hcl</i> )	NP	QL (30 TABLETS per 25 DAYs)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML ( <i>methylphenidate hcl</i> )	NP	QL (360 ML per 25 DAYs)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG ( <i>methylphenidate hcl</i> )	NP	QL (30 TABLETS per 25 DAYs)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG ( <i>methylphenidate hcl</i> )	NP	QL (60 CAPSULES per 25 DAYs)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ( <i>methylphenidate hcl</i> )	NP	QL (30 CAPSULES per 25 DAYs)
RITALIN ORAL TABLET 10 MG, 5 MG ( <i>methylphenidate hcl</i> )	NP	QL (180 TABLETS per 25 DAYs)
RITALIN ORAL TABLET 20 MG ( <i>methylphenidate hcl</i> )	NP	QL (90 TABLETS per 25 DAYs)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG ( <i>atomoxetine hcl</i> )	NP	QL (120 CAPSULES per 25 DAYs)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG ( <i>atomoxetine hcl</i> )	NP	QL (30 CAPSULES per 25 DAYs)
STRATTERA ORAL CAPSULE 40 MG ( <i>atomoxetine hcl</i> )	NP	QL (60 CAPSULES per 25 DAYs)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG ( <i>lisdexamfetamine dimesylate</i> )	PB	QL (60 CAPSULES per 25 DAYs)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	PB	QL (30 CAPSULES per 25 DAYs)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG ( <i>lisdexamfetamine dimesylate</i> )	PB	QL (60 TABLETS per 25 DAYs)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG ( <i>lisdexamfetamine dimesylate</i> )	PB	QL (30 TABLETS per 25 DAYs)
ZENZEDI ORAL TABLET 15 MG, 20 MG ( <i>dextroamphetamine sulfate</i> )	PG	QL (60 TABLETS per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG ( <i>dextroamphetamine sulfate</i> )	PG	QL (120 TABLETS per 25 DAYS)
ZENZEDI ORAL TABLET 30 MG ( <i>dextroamphetamine sulfate</i> )	PG	QL (30 TABLETS per 25 DAYS)
<b>*AMINO ACIDS*** - DRUGS FOR THE BLOOD</b>		
ENDARI ORAL PACKET 5 GM ( <i>glutamine (sickle cell)</i> )	NPS	PA; QL (180 PACKET per 30 days)
<b>*AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS</b>		
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML ( <i>tobramycin</i> )	PSP	PA; QL (224 ML per 28 days)
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )	NPS	PA; QL (280 ML per 28 days)
<i>neomycin sulfate oral tablet 500 mg</i>	PG	
<i>paromomycin sulfate oral capsule 250 mg</i>	PG	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG ( <i>tobramycin</i> )	NF	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	PA; QL (280 ML per 28 days)
<b>*ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML ( <i>tocilizumab</i> )	NF	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML ( <i>tocilizumab</i> )	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML ( <i>tocilizumab</i> )	NF	
ANAPROX DS ORAL TABLET 550 MG ( <i>naproxen sodium</i> )	PB	
ARAVA ORAL TABLET 10 MG, 20 MG ( <i>leflunomide</i> )	PB	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG ( <i>rilonacept</i> )	NPS	PA; QL (4 SOLUTION RECONSTITUTED per 28 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	PG	
DAYPRO ORAL TABLET 600 MG ( <i>oxaprozin</i> )	PB	
<i>diclofenac potassium oral tablet 50 mg</i>	PG	

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<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	PG	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	PG	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	PG	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG ( <i>etanercept</i> )	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SOLUTION RECONSTITUTED per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 ML per 28 days)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PG	
<i>etodolac oral capsule 200 mg, 300 mg</i>	PG	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PG	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	NF	
<i>fenoprofen calcium oral tablet 600 mg</i>	PG	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	PG	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; QL (4 PREFILLED SYRINGE KIT per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; QL (3 PREFILLED SYRINGE KIT per 28 days)

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HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	PSP	PA; QL (2 PREFILLED SYRINGE KIT per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab</i> )	PSP	PA; QL (4 PEN-INJECTOR KIT per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; QL (6 PEN-INJECTOR KIT per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; QL (1 PEN-INJECTOR KIT per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; QL (4 PEN-INJECTOR KIT per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	PSP	PA; QL (1 PEN-INJECTOR KIT per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML ( <i>adalimumab</i> )	PSP	PA; QL (2 PREFILLED SYRINGE KIT per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; QL (4 PREFILLED SYRINGE KIT per 28 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML ( <i>canakinumab</i> )	NPS	PA
INDOCIN ORAL SUSPENSION 25 MG/5ML ( <i>indomethacin</i> )	NF	
INDOCIN RECTAL SUPPOSITORY 50 MG ( <i>indomethacin</i> )	NF	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PG	STX
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	PG	
<i>ketorolac tromethamine oral tablet 10 mg</i>	PG	QL (20 TABLETS per 25 DAYs)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	PSP	PA; QL (2 ML per 28 days)

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KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	PSP	PA; QL (2 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML ( <i>anakinra</i> )	NF	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	PG	
<i>mefenamic acid oral capsule 250 mg</i>	PG	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PG	
MOBIC ORAL TABLET 15 MG, 7.5 MG ( <i>meloxicam</i> )	PB	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	PG	
<i>naproxen oral suspension 125 mg/5ml</i>	NF	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PG	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	PG	
OLUMIANT ORAL TABLET 1 MG, 2 MG ( <i>baricitinib</i> )	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG ( <i>abatacept</i> )	NF	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML ( <i>abatacept</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 ML per 28 days)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML ( <i>methotrexate (anti-rheumatic)</i> )	NF	
<i>oxaprozin oral tablet 600 mg</i>	PG	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	

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RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML ( <i>methotrexate (anti-rheumatic)</i> )	PSP	PA; QL (4 ML per 28 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG ( <i>upadacitinib</i> )	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (30 TABLETS per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML ( <i>golimumab</i> )	PSP	PA; QL (200 ML per 56 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	NF	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY ( <i>ketorolac tromethamine</i> )	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	
<i>tolmetin sodium oral capsule 400 mg</i>	PG	
<i>tolmetin sodium oral tablet 600 mg</i>	PG	
XELJANZ ORAL TABLET 10 MG ( <i>tofacitinib citrate</i> )	PSP	PA; ST; IBC (Preferred agent for Ulcerative Colitis (after failure of Humira)); QL (60 TABLETS per 30 days)
XELJANZ ORAL TABLET 5 MG ( <i>tofacitinib citrate</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); QL (60 TABLETS per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG ( <i>tofacitinib citrate</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for Psoriatic Arthritis.); QL (30 TABLETS per 30 days)

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<b>*ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER</b>		
ALLZITAL ORAL TABLET 25-325 MG ( <i>butalbital-acetaminophen</i> )	NP	QL (96 TABLETS per 25 DAYS)
<i>aspirin 81 oral tablet delayed release 81 mg</i>	CE	N7 (PG); QL (100 TABLETS per 30 DAYS); AL (Min 12 Years and Max 59 Years)
<i>aspirin childrens oral tablet chewable 81 mg</i>	CE	N7 (PG); QL (100 TABLETS per 30 DAYS); AL (Min 12 Years and Max 59 Years)
<i>butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)</i>	PG	QL (48 TABLETS per 25 DAYS)
<i>butalbital-acetaminophen capsule 50-300 mg oral 50-300 mg</i>	NF	
<i>butalbital-acetaminophen capsule 50-300 mg oral 50-300 mg</i>	PG	QL (48 CAPSULES per 25 DAYS)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	PG	QL (48 TABLETS per 25 DAYS)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	PG	QL (48 CAPSULES per 25 DAYS)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	PG	QL (48 TABLETS per 25 DAYS)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	PG	QL (48 CAPSULES per 25 DAYS)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	NP	QL (48 TABLETS per 25 DAYS)
<i>choline-mag trisalicylate oral liquid 500 mg/5ml</i>	PG	
<i>diflunisal oral tablet 500 mg</i>	PG	
ESGIC ORAL TABLET 50-325-40 MG ( <i>butalbital-apap-caffeine</i> )	PB	QL (48 TABLETS per 25 DAYS)
FIORICET ORAL CAPSULE 50-300-40 MG ( <i>butalbital-apap-caffeine</i> )	NP	QL (48 CAPSULES per 25 DAYS)
FIORINAL ORAL CAPSULE 50-325-40 MG ( <i>butalbital-aspirin-caffeine</i> )	NP	QL (48 CAPSULES per 25 days)
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML ( <i>ziconotide acetate</i> )	NPS	

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VANATOL LQ ORAL SOLUTION 50-325-40 MG/15ML (butalbital-apap-caffeine)	NP	QL (720 ML per 25 DAYs)
VANATOL S ORAL SOLUTION 50-325-40 MG/15ML (butalbital-apap-caffeine)	NP	QL (720 ML per 25 DAYs)
<b>*ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER</b>		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl citrate)	NP	PA; QL (120 TABLETS per 25 days)
acetaminophen-codeine #2 oral tablet 300-15 mg	PG	QL (400 TABLETS per 25 days)
acetaminophen-codeine #3 oral tablet 300-30 mg	PG	QL (360 TABLETS per 25 days)
acetaminophen-codeine #4 oral tablet 300-60 mg	PG	QL (180 TABLETS per 25 days)
acetaminophen-codeine oral solution 120-12 mg/5ml	PG	QL (2700 ML per 25 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl citrate)	NP	PA; QL (120 LOZENGE ON A HANDLE per 25 days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	NP	STX; QL (168 TABLETS per 25 days)
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	PG	QL (300 CAPSULES per 25 days)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG (morphine sulfate)	NP	ST; QL (90 TABLETS per 25 DAYs)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 60 MG (morphine sulfate)	NP	ST
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG (buprenorphine hcl)	PB	ST; QL (60 FILMS per 25 DAYs)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	PB	ST
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	NP	STX; QL (168 TABLETS per 25 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG (buprenorphine hcl-naloxone hcl)	PB	QL (90 FILMS per 25 DAYs)
BUNAVAIL BUCCAL FILM 6.3-1 MG (buprenorphine hcl-naloxone hcl)	PB	QL (60 FILMS per 25 DAYs)

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<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	CE	N7 (PG); QL (90 TABLETS per 25 DAYS)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	CE	N7 (PG); QL (60 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	CE	N7 (PG); QL (90 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	N7 (PG); QL (90 TABLETS per 25 DAYS)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	PG	ST; QL (4 PATCHES per 25 DAYS)
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr</i>	PG	ST
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	PG	QL (48 CAPSULES per 25 DAYS)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	PG	QL (48 CAPSULES per 25 DAYS)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	PG	QL (2 BOTTLES per 25 DAYS)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 5 MCG/HR, 7.5 MCG/HR ( <i>buprenorphine</i> )	NP	ST; QL (4 PATCH WEEKLY per 25 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 15 MCG/HR, 20 MCG/HR ( <i>buprenorphine</i> )	NP	ST
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	NP	QL (42 TABLETS per 25 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ( <i>tramadol hcl</i> )	NP	ST; QL (30 CAPSULES per 25 DAYS)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG ( <i>tramadol hcl</i> )	NP	ST
DILAUDID ORAL LIQUID 1 MG/ML ( <i>hydromorphone hcl</i> )	NP	QL (600 ML per 25 days)
DILAUDID ORAL TABLET 2 MG ( <i>hydromorphone hcl</i> )	NP	QL (180 TABLETS per 25 days)
DILAUDID ORAL TABLET 4 MG ( <i>hydromorphone hcl</i> )	NP	QL (150 TABLETS per 25 days)
DILAUDID ORAL TABLET 8 MG ( <i>hydromorphone hcl</i> )	NP	QL (60 TABLETS per 25 days)
DOLOPHINE ORAL TABLET 10 MG ( <i>methadone hcl</i> )	NP	ST; QL (60 TABLETS per 25 DAYS)

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DOLOPHINE ORAL TABLET 5 MG ( <i>methadone hcl</i> )	NP	ST; QL (90 TABLETS per 25 DAYs)
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR ( <i>fentanyl</i> )	NP	ST
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR ( <i>fentanyl</i> )	NP	ST; QL (10 PATCH 72 HOUR per 25 days)
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR ( <i>fentanyl</i> )	NP	ST; QL (10 PATCHES per 25 DAYs)
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR ( <i>fentanyl</i> )	NP	ST
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR ( <i>fentanyl</i> )	NP	ST
DVORAH ORAL TABLET 325-30-16 MG ( <i>apap-caff-dihydrocodeine</i> )	PG	QL (300 TABLETS per 25 DAYs)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	PG	PA; QL (120 LOZENGE ON A HANDLE per 25 days)
<i>fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	PG	PA; QL (120 TABLETS per 25 DAYs)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	PG	ST
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr</i>	PG	ST; QL (10 PATCHES per 25 DAYs)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl citrate</i> )	NP	PA; QL (120 TABLETS per 25 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG ( <i>butalbital-apap-caff-cod</i> )	NP	QL (48 CAPSULES per 25 DAYs)
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG ( <i>butalbital-asa-caff-codeine</i> )	NP	QL (48 CAPSULES per 25 DAYs)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	NP	QL (2700 ML per 25 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	PG	QL (2700 ML per 25 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	PG	QL (180 TABLETS per 25 DAYs)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	PG	QL (180 TABLETS per 25 days)

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<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	PG	QL (240 TABLETS per 25 DAYS)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	PG	QL (240 TABLETS per 25 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	PG	QL (50 TABLETS per 25 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 8 mg</i>	PG	ST; QL (30 TABLETS per 25 DAYS)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 32 mg</i>	PG	ST
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	PG	QL (600 ML per 25 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	PG	QL (180 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 4 mg</i>	PG	QL (150 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>hydromorphone hcl rectal suppository 3 mg</i>	NP	QL (120 SUPPOSITORY per 25 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG ( <i>hydrocodone bitartrate</i> )	PB	ST
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG, 60 MG, 80 MG ( <i>hydrocodone bitartrate</i> )	PB	ST; QL (30 TABLETS per 25 DAYS)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 40 MG ( <i>morphine sulfate</i> )	NP	ST; QL (60 CAPSULES per 25 DAYS)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG ( <i>morphine sulfate</i> )	NP	ST
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 30 MG ( <i>morphine sulfate</i> )	NP	ST; QL (60 CAPSULES per 25 days)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 50 MG, 80 MG ( <i>morphine sulfate</i> )	NP	ST; QL (30 CAPSULES per 25 DAYS)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ( <i>morphine sulfate</i> )	NP	ST; QL (30 CAPSULES per 25 days)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT ( <i>fentanyl citrate</i> )	NF	

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<i>levorphanol tartrate oral tablet 2 mg</i>	PG	QL (120 TABLETS per 25 days)
<i>levorphanol tartrate oral tablet 3 mg</i>	NF	
LORTAB ORAL ELIXIR 10-300 MG/15ML ( <i>hydrocodone-acetaminophen</i> )	NP	QL (2025 ML per 25 days)
<i>meperidine hcl oral solution 50 mg/5ml</i>	PG	QL (90 ML per 25 days)
<i>meperidine hcl oral tablet 100 mg</i>	PG	STX; QL (18 TABLETS per 25 days)
<i>meperidine hcl oral tablet 50 mg</i>	PG	QL (18 TABLETS per 25 days)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	PG	ST; QL (60 ML per 25 DAYs)
<i>methadone hcl oral concentrate 10 mg/ml</i>	PG	QL (30 ML per 25 DAYs)
<i>methadone hcl oral solution 10 mg/5ml</i>	PG	ST; QL (300 ML per 25 DAYs)
<i>methadone hcl oral solution 5 mg/5ml</i>	PG	ST; QL (450 ML per 25 DAYs)
<i>methadone hcl oral tablet 10 mg</i>	PG	ST; QL (60 TABLETS per 25 DAYs)
<i>methadone hcl oral tablet 5 mg</i>	PG	ST; QL (90 TABLETS per 25 DAYs)
<i>methadone hcl oral tablet soluble 40 mg</i>	PG	QL (9 TABLETS per 25 DAYs)
METHADOSE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )	NP	QL (30 ML per 25 DAYs)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )	NP	QL (30 ML per 25 DAYs)
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 60 MG ( <i>morphine sulfate</i> )	NP	ST
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG, 30 MG ( <i>morphine sulfate</i> )	NP	ST; QL (90 TABLETS per 25 DAYs)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	PG	QL (135 ML per 25 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	PG	ST
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	PG	ST; QL (30 CAPSULES per 25 DAYs)

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<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	PG	ST; QL (60 CAPSULES per 25 DAYS)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	PG	ST
<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i>	PG	ST; QL (30 CAPSULES per 25 DAYS)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	PG	ST
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	PG	ST; QL (90 TABLETS per 25 DAYS)
<i>morphine sulfate oral solution 10 mg/5ml</i>	PG	QL (900 ML per 25 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	PG	QL (675 ML per 25 days)
<i>morphine sulfate oral tablet 15 mg</i>	PG	QL (180 TABLETS per 25 days)
<i>morphine sulfate oral tablet 30 mg</i>	PG	QL (90 TABLETS per 25 days)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	PG	QL (180 SUPPOSITORY per 25 days)
<i>morphine sulfate rectal suppository 20 mg</i>	PG	QL (120 SUPPOSITORY per 25 days)
<i>morphine sulfate rectal suppository 30 mg</i>	PG	QL (90 SUPPOSITORY per 25 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG ( <i>morphine sulfate</i> )	NP	ST
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG ( <i>morphine sulfate</i> )	NP	ST; QL (90 TABLETS per 25 DAYS)
<i>nalocet oral tablet 2.5-300 mg</i>	NP	QL (360 TABLETS per 25 days)
NORCO ORAL TABLET 10-325 MG, 7.5-325 MG ( <i>hydrocodone-acetaminophen</i> )	NP	QL (180 TABLETS per 25 days)
NORCO ORAL TABLET 5-325 MG ( <i>hydrocodone-acetaminophen</i> )	NP	QL (240 TABLETS per 25 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG ( <i>tapentadol hcl</i> )	PB	ST; QL (60 TABLETS per 25 DAYS)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG ( <i>tapentadol hcl</i> )	PB	ST

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NUCYNTA ORAL TABLET 100 MG ( <i>tapentadol hcl</i> )	PB	QL (60 TABLETS per 25 days)
NUCYNTA ORAL TABLET 50 MG ( <i>tapentadol hcl</i> )	PB	QL (120 TABLETS per 25 days)
NUCYNTA ORAL TABLET 75 MG ( <i>tapentadol hcl</i> )	PB	QL (90 TABLETS per 25 days)
OPANA ORAL TABLET 10 MG ( <i>oxymorphone hcl</i> )	NP	QL (90 TABLETS per 25 days)
OPANA ORAL TABLET 5 MG ( <i>oxymorphone hcl</i> )	NP	QL (180 TABLETS per 25 days)
OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG, 7.5 MG ( <i>oxycodone hcl</i> )	NP	QL (180 TABLETS per 25 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg</i>	PG	ST; QL (60 TABLETS per 25 DAYS)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 60 mg, 80 mg</i>	PG	ST
<i>oxycodone hcl oral capsule 5 mg</i>	PG	QL (180 CAPSULES per 25 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	PG	QL (90 ML per 25 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	PG	QL (900 ML per 25 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	PG	QL (180 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 15 mg</i>	PG	QL (120 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 20 mg</i>	PG	QL (90 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 30 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	PG	QL (180 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	PG	QL (360 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	QL (240 TABLETS per 25 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	PG	QL (360 TABLETS per 25 days)

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<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	PG	QL (28 TABLETS per 25 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG ( <i>oxycodone hcl</i> )	PB	ST; QL (60 TABLETS per 25 DAYS)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG ( <i>oxycodone hcl</i> )	PB	ST
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	PG	ST; QL (60 TABLETS per 25 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	PG	ST
<i>oxymorphone hcl oral tablet 10 mg</i>	PG	QL (90 TABLETS per 25 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	PG	QL (180 TABLETS per 25 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	PG	STX; QL (120 TABLETS per 25 days)
PERCOCET ORAL TABLET 10-325 MG ( <i>oxycodone-acetaminophen</i> )	NP	QL (180 TABLETS per 25 days)
PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG ( <i>oxycodone-acetaminophen</i> )	NP	QL (360 TABLETS per 25 days)
PERCOCET ORAL TABLET 7.5-325 MG ( <i>oxycodone-acetaminophen</i> )	NP	QL (240 TABLETS per 25 days)
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG ( <i>oxycodone-acetaminophen</i> )	NF	
ROXICODONE ORAL TABLET 15 MG ( <i>oxycodone hcl</i> )	NP	QL (120 TABLETS per 25 days)
ROXICODONE ORAL TABLET 30 MG ( <i>oxycodone hcl</i> )	NP	QL (60 TABLETS per 25 days)
ROXICODONE ORAL TABLET 5 MG ( <i>oxycodone hcl</i> )	NP	QL (180 TABLETS per 25 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	NP	QL (60 FILMS per 25 DAYS)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	NP	QL (90 FILM per 25 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl</i> )	PB	PA; QL (120 LIQUID per 25 days)

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SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG ( <i>fentanyl</i> )	PB	PA; QL (240 LIQUID per 25 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg</i>	PG	ST; QL (30 TABLETS per 25 DAYS)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>	PG	ST
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg</i>	PG	ST; QL (30 CAPSULES per 25 DAYS)
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	PG	ST; QL (30 CAPSULES per 25 days)
<i>tramadol hcl er oral capsule extended release 24 hour 200 mg, 300 mg</i>	PG	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	PG	ST; QL (30 TABLETS per 25 DAYS)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	PG	ST
<i>tramadol hcl oral tablet 50 mg</i>	PG	QL (180 TABLETS per 25 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	PG	QL (40 TABLETS per 25 days)
TYLENOL WITH CODEINE #3 ORAL TABLET 300-30 MG ( <i>acetaminophen-codeine</i> )	NP	QL (360 TABLETS per 25 days)
TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 MG ( <i>acetaminophen-codeine</i> )	NP	QL (180 TABLETS per 25 days)
ULTRACET ORAL TABLET 37.5-325 MG ( <i>tramadol-acetaminophen</i> )	NP	QL (40 TABLETS per 25 days)
ULTRAM ORAL TABLET 50 MG ( <i>tramadol hcl</i> )	PB	QL (180 TABLETS per 25 days)
XODOL ORAL TABLET 5-300 MG ( <i>hydrocodone-acetaminophen</i> )	NP	QL (240 TABLETS per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG ( <i>oxycodone</i> )	NP	ST; QL (60 CAPSULES per 25 DAYS)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG ( <i>oxycodone</i> )	NP	ST
ZOXYDOL ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG ( <i>hydrocodone bitartrate</i> )	NP	ST; QL (60 CAPSULES per 25 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOXYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 50 MG ( <i>hydrocodone bitartrate</i> )	NP	ST
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	PB	QL (90 TABLETS per 25 DAYs)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	PB	QL (30 TABLETS per 25 DAYs)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	PB	QL (60 TABLETS per 25 DAYs)
<b>*ANDROGENS-ANABOLIC* - HORMONES</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR ( <i>testosterone</i> )	PB	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML ( <i>testosterone undecanoate</i> )	NPS	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	PG	
<i>methyltestosterone oral capsule 10 mg</i>	PG	STX
<i>oxandrolone oral tablet 10 mg</i>	PG	
<i>testosterone cypionate injection solution 200 mg/ml</i>	PG	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	PG	
<i>testosterone transdermal gel 10 mg/lact (2%), 12.5 mg/lact (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	PG	
<i>testosterone transdermal solution 30 mg/lact</i>	PG	
<b>*ANORECTAL AGENTS* - RECTAL PREPARATIONS</b>		
ANUSOL-HC RECTAL CREAM 2.5 % ( <i>hydrocortisone</i> )	PB	
CORTIFOAM RECTAL FOAM 10 % ( <i>hydrocortisone acetate</i> )	PB	
<i>hydrocortisone rectal cream 2.5 %</i>	PG	
PROCTOFOAM HC RECTAL FOAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )	PB	
<i>hydrocortisone (Proctosol Hc Rectal Cream 2.5 %)</i>	PG	

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<b>*ANTHELMINTICS* - DRUGS FOR INFECTIONS</b>		
<i>albendazole oral tablet 200 mg</i>	PG	QL (336 TABLETS per 365 DAYs)
ALBENZA ORAL TABLET 200 MG ( <i>albendazole</i> )	NP	QL (336 TABLETS per 365 DAYs)
BILTRICIDE ORAL TABLET 600 MG ( <i>praziquantel</i> )	NP	QL (24 TABLETS per 365 DAYs)
EMVERM ORAL TABLET CHEWABLE 100 MG ( <i>mebendazole</i> )	PB	QL (12 TABLETS per 365 DAYs)
<i>ivermectin oral tablet 3 mg</i>	PG	
<i>praziquantel oral tablet 600 mg</i>	PG	QL (24 TABLETS per 365 DAYs)
<b>*ANTIANGINAL AGENTS* - DRUGS FOR THE HEART</b>		
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG ( <i>isosorbide dinitrate</i> )	PB	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	PG	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	PG	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	PG	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> )	PB	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	PG	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	PG	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	PG	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	
<b>*ANTIANXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 DAYs)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	PG	QL (90 TABLETS per 25 DAYs)

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ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>alprazolam</i> )	NP	QL (300 ML per 25 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>lorazepam</i> )	PB	QL (150 TABLETS per 25 DAYs)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	PG	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	PG	QL (360 CAPSULES per 25 DAYs)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	PG	QL (180 TABLETS per 25 days)
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	PG	QL (240 ML per 25 DAYs)
<i>diazepam oral solution 5 mg/5ml</i>	PG	QL (1200 ML per 25 DAYs)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 DAYs)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	PG	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	PG	QL (150 ML per 25 DAYs)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 DAYs)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	PG	QL (120 CAPSULES per 25 DAYs)
TRANXENE-T ORAL TABLET 7.5 MG ( <i>clorazepate dipotassium</i> )	NP	QL (180 TABLETS per 25 days)
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>diazepam</i> )	PB	QL (120 TABLETS per 25 DAYs)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG ( <i>alprazolam</i> )	NP	QL (150 TABLETS per 25 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG ( <i>alprazolam</i> )	NP	QL (150 TABLETS per 25 DAYs)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG ( <i>alprazolam</i> )	NP	QL (90 TABLETS per 25 DAYs)

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<b>*ANTIARRHYTHMICS* - DRUGS FOR THE HEART</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	PG	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	PG	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	PSP	PA
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	PG	
MULTAQ ORAL TABLET 400 MG ( <i>dronedarone hcl</i> )	PB	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	PB	
NORPACE ORAL CAPSULE 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	PB	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	PG	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	PG	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG ( <i>propafenone hcl</i> )	PB	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG ( <i>dofetilide</i> )	NPS	PA; ST
<b>*ASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE ( <i>fluticasone-salmeterol</i> )	PB	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT ( <i>fluticasone-salmeterol</i> )	PB	
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	PG	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	PG	
<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, 2.5 mg/0.5ml</i>	PG	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PG	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PG	

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ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH ( <i>umeclidinium-vilanterol</i> )	PB	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT ( <i>fluticasone furoate</i> )	PB	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH ( <i>mometasone furoate</i> )	PB	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH ( <i>mometasone furoate</i> )	PB	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH ( <i>mometasone furoate</i> )	PB	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT ( <i>mometasone furoate</i> )	PB	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT ( <i>ipratropium bromide hfa</i> )	PB	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT ( <i>glycopyrrolate-formoterol</i> )	PB	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	PB	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	PG	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT ( <i>ipratropium-albuterol</i> )	NP	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PG	
DALIRESP ORAL TABLET 250 MCG, 500 MCG ( <i>roflumilast</i> )	PB	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST ( <i>fluticasone propionate (inhal)</i> )	PB	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT ( <i>fluticasone propionate hfa</i> )	PB	

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<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 113-14 mcg/lact, 232-14 mcg/lact, 250-50 mcg/dose, 500-50 mcg/dose, 55-14 mcg/lact</i>	PG	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH ( <i>umeclidinium bromide</i> )	PB	
<i>ipratropium bromide inhalation solution 0.02 %</i>	PG	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	PG	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	PG	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	PG	
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	PG	
<i>montelukast sodium oral packet 4 mg</i>	PG	
<i>montelukast sodium oral tablet 10 mg</i>	PG	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PG	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML ( <i>formoterol fumarate</i> )	PB	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	NP	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	NP	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT ( <i>budesonide</i> )	PB	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT ( <i>beclomethasone diprop hfa</i> )	PB	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE ( <i>salmeterol xinafoate</i> )	PB	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG ( <i>tiotropium bromide monohydrate</i> )	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	PB	

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STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT ( <i>tiotropium bromide-olodaterol</i> )	PB	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>olodaterol hcl</i> )	PB	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate</i> )	PB	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PG	
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	PG	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PG	
<i>theophylline oral solution 80 mg/15ml</i>	PG	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH ( <i>fluticasone-umeclidin-vilant</i> )	PB	
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	PG	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>omalizumab</i> )	PSP	PA; QL (4 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>omalizumab</i> )	PSP	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG ( <i>omalizumab</i> )	PSP	PA; QL (6 SOLUTION RECONSTITUTED per 28 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PG	
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	PG	
<b>*ANTICOAGULANTS* - DRUGS FOR THE BLOOD</b>		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML ( <i>fondaparinux sodium</i> )	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG ( <i>apixaban</i> )	PB	
ELIQUIS STARTER PACK ORAL TABLET 5 MG ( <i>apixaban</i> )	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	PG	

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<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	PG	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	PG	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML ( <i>dalteparin sodium</i> )	PB	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	PG	
LOVENOX INJECTION SOLUTION 300 MG/3ML ( <i>enoxaparin sodium</i> )	PB	
LOVENOX SUBCUTANEOUS SOLUTION 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML ( <i>enoxaparin sodium</i> )	PB	
<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>	PG	LGC
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG ( <i>rivaroxaban</i> )	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG ( <i>rivaroxaban</i> )	PB	
<b>*ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	PG	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	PG	
<i>carbamazepine oral suspension 100 mg/5ml</i>	PG	
<i>carbamazepine oral tablet 200 mg</i>	PG	
<i>carbamazepine oral tablet chewable 100 mg</i>	PG	
<i>clobazam oral suspension 2.5 mg/ml</i>	PG	
<i>clobazam oral tablet 10 mg, 20 mg</i>	PG	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	QL (300 TABLETS per 25 DAYs)

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<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (300 TABLETS per 25 DAYs)
DIACOMIT ORAL CAPSULE 250 MG ( <i>stiripentol</i> )	NPS	QL (360 CAPSULES per 30 DAYs)
DIACOMIT ORAL CAPSULE 500 MG ( <i>stiripentol</i> )	NPS	QL (180 CAPSULES per 30 DAYs)
DIACOMIT ORAL PACKET 250 MG ( <i>stiripentol</i> )	NPS	QL (360 PACKET per 30 DAYs)
DIACOMIT ORAL PACKET 500 MG ( <i>stiripentol</i> )	NPS	QL (180 PACKET per 30 DAYs)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	PG	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PG	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PG	
EPIDIOLEX ORAL SOLUTION 100 MG/ML ( <i>cannabidiol</i> )	NPS	PA; QL (600 ML per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	PG	
<i>ethosuximide oral solution 250 mg/5ml</i>	PG	
<i>felbamate oral suspension 600 mg/5ml</i>	PG	
<i>felbamate oral tablet 400 mg, 600 mg</i>	PG	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML ( <i>perampanel</i> )	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>perampanel</i> )	PB	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	PG	
<i>gabapentin oral solution 250 mg/5ml</i>	PG	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	PG	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>clonazepam</i> )	NP	QL (300 TABLETS per 25 DAYs)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	PG	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PG	

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<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PG	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	PG	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	PG	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PG	
<i>levetiracetam oral solution 100 mg/ml</i>	PG	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	PG	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG ( <i>pregabalin</i> )	PB	
LYRICA ORAL SOLUTION 20 MG/ML ( <i>pregabalin</i> )	PB	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG ( <i>gabapentin</i> )	NP	QL (6 CAPSULES per 1 DAY)
NEURONTIN ORAL SOLUTION 250 MG/5ML ( <i>gabapentin</i> )	NP	QL (72 ML per 1 DAY)
NEURONTIN ORAL TABLET 600 MG ( <i>gabapentin</i> )	NP	QL (6 TABLETS per 1 DAY)
NEURONTIN ORAL TABLET 800 MG ( <i>gabapentin</i> )	NP	QL (4 TABLETS per 1 DAY)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	PG	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	PG	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG ( <i>oxcarbazepine</i> )	PB	
<i>phenytoin oral suspension 125 mg/5ml</i>	PG	
<i>phenytoin oral tablet chewable 50 mg</i>	PG	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	PG	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	PG	
<i>pregabalin oral solution 20 mg/ml</i>	PG	
<i>primidone oral tablet 250 mg, 50 mg</i>	PG	
SABRIL ORAL PACKET 500 MG ( <i>vigabatrin</i> )	NF	
SABRIL ORAL TABLET 500 MG ( <i>vigabatrin</i> )	NF	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	PG	

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<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	PG	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG ( <i>topiramate</i> )	PB	
<i>valproic acid oral capsule 250 mg</i>	PG	
<i>valproic acid oral solution 250 mg/5ml</i>	PG	
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; QL (180 PACKET per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; QL (180 TABLETS per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML ( <i>lacosamide</i> )	PB	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>lacosamide</i> )	PB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG ( <i>zonisamide</i> )	NF	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<b>*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG ( <i>memantine hcl-donepezil hcl</i> )	PB	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG ( <i>memantine hcl-donepezil hcl</i> )	PB	
<b>*ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	PG	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG ( <i>clomipramine hcl</i> )	PB	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PG	

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<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg, 450 mg</i>	PG	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PG	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	PG	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	PG	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	PG	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	PG	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PG	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	PG	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	PG	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG ( <i>levomilnacipran hcl</i> )	PB	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ( <i>levomilnacipran hcl</i> )	PB	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	PG	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PG	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	PG	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	PG	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	PG	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	PG	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	PG	
NARDIL ORAL TABLET 15 MG ( <i>phenelzine sulfate</i> )	PB	
NORPRAMIN ORAL TABLET 10 MG, 25 MG ( <i>desipramine hcl</i> )	PB	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PG	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG ( <i>nortriptyline hcl</i> )	PB	
PARNATE ORAL TABLET 10 MG ( <i>tranylcypromine sulfate</i> )	PB	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	PG	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PG	LGC
<i>phenelzine sulfate oral tablet 15 mg</i>	PG	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PG	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>tranylcypromine sulfate oral tablet 10 mg</i>	PG	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	PG	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hbr</i> )	PB	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	PG	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	PG	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	PG	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>vilazodone hcl</i> )	PB	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG ( <i>vilazodone hcl</i> )	PB	
<b>*ANTIDIABETICS* - HORMONES</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PG	

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<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	PG	
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	PG	
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	PG	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	PB	
FARXIGA ORAL TABLET 10 MG, 5 MG ( <i>dapagliflozin propanediol</i> )	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
<i>glipizide oral tablet 10 mg, 5 mg</i>	PG	LGC
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	LGC
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )	PB	
GLUCAGON EMERGENCY INJECTION KIT 1 MG ( <i>glucagon (rdna)</i> )	PB	
<i>glucose oral tablet chewable 4 gm</i>	NP	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin lispro</i> )	PB	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin lispro</i> )	PB	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	PB	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	PB	

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HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	PB	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	PB	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )	PB	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )	PB	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML ( <i>insulin regular human</i> )	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML ( <i>insulin regular human</i> )	PB	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	PB	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	PB	
INVOKANA ORAL TABLET 100 MG, 300 MG ( <i>canagliflozin</i> )	PB	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	PB	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	PB	

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JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin phosphate)	PB	
JARDIANCE ORAL TABLET 10 MG, 25 MG (empagliflozin)	PB	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin hcl)	PB	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (linagliptin- metformin hcl)	PB	
KORLYM ORAL TABLET 300 MG (mifepristone)	NPS	PA; QL (120 TABLETS per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin glargine)	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	PB	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin detemir)	PB	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin detemir)	PB	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	PG	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	NF	
metformin hcl er oral tablet extended release 24 hour 500 mg	PG	LGC
metformin hcl er oral tablet extended release 24 hour 750 mg	PG	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	PG	LGC
miglitol oral tablet 100 mg, 25 mg, 50 mg	PG	
nateglinide oral tablet 120 mg, 60 mg	PG	LGC
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (insulin nph isophane & regular)	PB	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (insulin nph isophane & regular)	PB	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (insulin nph human (isophane))	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML ( <i>semaglutide</i> )	PB	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML ( <i>semaglutide</i> )	PB	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	PG	LGC
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PG	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PG	LGC
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>acarbose</i> )	PB	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	LGC
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML ( <i>pramlintide acetate</i> )	PB	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML ( <i>pramlintide acetate</i> )	PB	
<i>tolbutamide oral tablet 500 mg</i>	PG	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )	PB	
TRADJENTA ORAL TABLET 5 MG ( <i>linagliptin</i> )	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin degludec</i> )	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin degludec</i> )	PB	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML ( <i>dulaglutide</i> )	PB	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide</i> )	PB	
<b>*ANTIDIARRHEALS* - DRUGS FOR THE STOMACH</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	PG	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	PG	
LOMOTIL ORAL TABLET 2.5-0.025 MG ( <i>diphenoxylate-atropine</i> )	PB	
<i>paregoric oral tincture 2 mg/5ml</i>	PG	
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS* - DRUGS FOR OVERDOSE OR POISONING</b>		
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	NPS	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG ( <i>deferoxamine mesylate</i> )	NPS	PA
VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )	PSP	QL (20 PACKETS per 5 DAYs)
<b>*ANTIDOTES* - DRUGS FOR OVERDOSE OR POISONING</b>		
<i>deferasirox oral tablet 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PSP	PA
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	NPS	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG ( <i>deferoxamine mesylate</i> )	NPS	PA
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML ( <i>naloxone hcl</i> )	NP	QL (4 INJECTIONS per 180 DAYs)

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EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG ( <i>deferasirox</i> )	NPS	PA
FERRIPROX ORAL SOLUTION 100 MG/ML ( <i>deferiprone</i> )	NF	
FERRIPROX ORAL TABLET 1000 MG, 500 MG ( <i>deferiprone</i> )	NPS	PA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )	NPS	PA
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )	NPS	PA
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	PG	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	PG	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	PG	
<i>naltrexone hcl oral tablet 50 mg</i>	CE	N7 (PG)
NARCAN NASAL LIQUID 4 MG/0.1ML ( <i>naloxone hcl</i> )	PB	QL (4 SPRAYS per 180 DAYS)
VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )	PSP	QL (20 PACKETS per 5 DAYS)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )	NPS	QL (380 SUSPENSION RECONSTITUTED per 30 days)
<b>*ANTIEMETICS* - DRUGS FOR THE STOMACH</b>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>	PG	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG ( <i>doxylamine-pyridoxine</i> )	PB	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	PG	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>granisetron hcl oral tablet 1 mg</i>	PG	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PG	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	PG	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	PG	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR ( <i>granisetron</i> )	PB	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PG	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	PG	
VARUBI ORAL TABLET 90 MG ( <i>rolapitant hcl</i> )	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTIFUNGALS* - DRUGS FOR INFECTIONS</b>		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	PG	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	PG	
<i>griseofulvin microsize oral tablet 500 mg</i>	PG	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	PG	
<i>itraconazole oral capsule 100 mg</i>	PG	
<i>itraconazole oral solution 10 mg/ml</i>	PG	
<i>ketoconazole oral tablet 200 mg</i>	PG	STX
<i>nystatin oral tablet 500000 unit</i>	PG	
<i>posaconazole oral tablet delayed release 100 mg</i>	PG	
<i>terbinafine hcl oral tablet 250 mg</i>	PG	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>voriconazole</i> )	PB	
VFEND ORAL TABLET 200 MG, 50 MG ( <i>voriconazole</i> )	PB	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	PG	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PG	
<b>*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML ( <i>emicizumab-kxwh</i> )	NPS	PA
<b>*ANTIHISTAMINES* - DRUGS FOR THE LUNGS</b>		
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML ( <i>fexofenadine hcl</i> )	PG	
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG ( <i>fexofenadine hcl</i> )	PG	
<i>allergy relief oral capsule 10 mg</i>	PG	
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	PG	
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	PG	
CLARITIN ORAL CAPSULE 10 MG ( <i>loratadine</i> )	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLARITIN ORAL SYRUP 5 MG/5ML ( <i>loratadine</i> )	PG	
CLARITIN ORAL TABLET 10 MG ( <i>loratadine</i> )	PG	
CLARITIN ORAL TABLET CHEWABLE 5 MG ( <i>loratadine</i> )	PG	
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG ( <i>loratadine</i> )	PG	
<i>cvs allergy relief childrens oral suspension 30 mg/5ml</i>	PG	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	PG	
<i>cyproheptadine hcl oral tablet 4 mg</i>	PG	
<i>desloratadine oral tablet 5 mg</i>	PG	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	PG	
<i>gnp loratadine childrens oral tablet chewable 5 mg</i>	PG	
<i>kp fexofenadine hcl oral tablet 180 mg, 60 mg</i>	PG	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	PG	
<i>loratadine oral capsule 10 mg</i>	PG	
<i>loratadine oral tablet 10 mg</i>	PG	
<i>promethazine hcl</i> (Phenadoz Rectal Suppository 12.5 Mg, 25 Mg)	PG	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PG	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG ( <i>promethazine hcl</i> )	PG	
RYCLORA ORAL SOLUTION 2 MG/5ML ( <i>dexchlorpheniramine maleate</i> )	PG	
XYZAL ALLERGY 24HR CHILDRENS ORAL SOLUTION 2.5 MG/5ML ( <i>levocetirizine dihydrochloride</i> )	PG	
XYZAL ALLERGY 24HR ORAL TABLET 5 MG ( <i>levocetirizine dihydrochloride</i> )	PG	
ZYRTEC ALLERGY ORAL CAPSULE 10 MG ( <i>cetirizine hcl</i> )	PG	
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML ( <i>cetirizine hcl</i> )	PG	
<b>*ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	LGC; N7 (PG); AL (Min 40 Years and Max 75 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	LGC
<i>cholestyramine light oral packet 4 gm</i>	PG	
<i>cholestyramine light oral powder 4 gm/dose</i>	PG	
<i>cholestyramine oral packet 4 gm</i>	PG	
<i>cholestyramine oral powder 4 gm/dose</i>	PG	
<i>colesevelam hcl oral packet 3.75 gm</i>	PG	
<i>colesevelam hcl oral tablet 625 mg</i>	PG	
<i>colestipol hcl oral granules 5 gm</i>	PG	
<i>colestipol hcl oral packet 5 gm</i>	PG	
<i>colestipol hcl oral tablet 1 gm</i>	PG	
<i>ezetimibe oral tablet 10 mg</i>	PG	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	PG	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	PG	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	PG	
<i>fenofibrate oral tablet 120 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	PG	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	PG	
FENOGLIDE ORAL TABLET 120 MG ( <i>fenofibrate</i> )	NF	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	PG	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PG	
<i>gemfibrozil oral tablet 600 mg</i>	PG	LGC
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG ( <i>lomitapide mesylate</i> )	NPS	PA; QL (28 CAPSULES per 28 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	PG	
NIACOR ORAL TABLET 500 MG ( <i>niacin (antihyperlipidemic)</i> )	PG	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	PG	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC

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<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	LGC; N7 (PG); AL (Min 40 Years and Max 75 Years)
<i>simvastatin oral tablet 80 mg</i>	PG	LGC
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM ( <i>icosapent ethyl</i> )	PB	
<b>*ANTIHYPERTENSIVES* - DRUGS FOR THE HEART</b>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	PG	
<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>	PG	LGC
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	PG	LGC
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	PG	LGC
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	PG	LGC
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	PG	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	PG	LGC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	LGC
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	LGC
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	PG	LGC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PG	LGC
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	PG	
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG ( <i>clonidine hcl</i> )	PB	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR ( <i>clonidine</i> )	PB	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR ( <i>clonidine</i> )	PB	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR ( <i>clonidine</i> )	PB	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	LGC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	PG	
<b>DIBENZYLINE ORAL CAPSULE 10 MG</b> ( <i>phenoxybenzamine hcl</i> )	NP	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PG	
<b>DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG</b> ( <i>metoprolol-hydrochlorothiazide</i> )	NF	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	PG	LGC
<i>eplerenone oral tablet 25 mg, 50 mg</i>	PG	
<i>eprosartan mesylate oral tablet 600 mg</i>	PG	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	PG	LGC
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	PG	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	PG	
<i>hydralazine hcl oral tablet 25 mg</i>	PG	LGC
<b>INSPIRA ORAL TABLET 25 MG, 50 MG</b> ( <i>eplerenone</i> )	PB	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PG	LGC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	PG	LGC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>lisinopril oral tablet 30 mg, 40 mg</i>	PG	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	LGC
<b>LOPRESSOR HCT ORAL TABLET 50-25 MG</b> ( <i>metoprolol-hydrochlorothiazide</i> )	PB	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	PG	LGC
<b>LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG</b> ( <i>amlodipine besy-benazepril hcl</i> )	PB	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	PG	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	PG	

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<i>metoprolol-hctz er oral tablet extended release 24 hour 100-12.5 mg, 50-12.5 mg</i>	NF	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PG	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	PG	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	PG	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	PG	LGC
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	PG	LGC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	PG	LGC
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PG	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	PG	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	PG	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	LGC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG ( <i>trandolapril-verapamil hcl</i> )	PB	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG ( <i>aliskiren-hydrochlorothiazide</i> )	PB	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	PG	LGC
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	PG	LGC
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	LGC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	PG	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	PG	LGC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	PG	LGC
VECAMYL ORAL TABLET 2.5 MG ( <i>mecamylamine hcl</i> )	NP	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG ( <i>bisoprolol-hydrochlorothiazide</i> )	PB	
<b>*ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>nitazoxanide</i> )	NP	QL (540 ML per 25 DAYs); AL (Min 1 Years)
ALINIA ORAL TABLET 500 MG ( <i>nitazoxanide</i> )	NP	QL (20 TABLETS per 25 DAYs); AL (Min 12 Years)
<i>atovaquone oral suspension 750 mg/5ml</i>	PG	
BACTRIM DS ORAL TABLET 800-160 MG ( <i>sulfamethoxazole-trimethoprim</i> )	PB	
BACTRIM ORAL TABLET 400-80 MG ( <i>sulfamethoxazole-trimethoprim</i> )	PB	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG ( <i>clindamycin hcl</i> )	PB	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML ( <i>clindamycin palmitate hcl</i> )	PB	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	PG	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	PG	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	PG	
<i>dapsone oral tablet 100 mg, 25 mg</i>	PG	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PG	
<i>linezolid oral tablet 600 mg</i>	PG	
<i>metronidazole oral capsule 375 mg</i>	PG	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	PG	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	PG	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	PG	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	PG	
<i>trimethoprim oral tablet 100 mg</i>	PG	
XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )	PB	
<b>*ANTIMALARIALS* - DRUGS FOR INFECTIONS</b>		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	PG	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	PG	

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<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG ( <i>atovaquone-proguanil hcl</i> )	PB	
<i>mefloquine hcl oral tablet 250 mg</i>	PG	
PLAQUENIL ORAL TABLET 200 MG ( <i>hydroxychloroquine sulfate</i> )	PB	
<i>primaquine phosphate oral tablet 26.3 mg</i>	PG	
<i>quinine sulfate oral capsule 324 mg</i>	PG	
<b>*ANTIMYASTHENIC AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
FIRDAPSE ORAL TABLET 10 MG ( <i>amifampridine phosphate</i> )	NPS	PA; QL (240 TABLETS per 30 DAYS)
MESTINON ORAL SOLUTION 60 MG/5ML ( <i>pyridostigmine bromide</i> )	PB	
MESTINON ORAL TABLET 60 MG ( <i>pyridostigmine bromide</i> )	PB	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 60 mg</i>	PG	
RUZURGI ORAL TABLET 10 MG ( <i>amifampridine</i> )	NPS	PA; QL (300 TABLETS per 30 DAYS)
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
FIRDAPSE ORAL TABLET 10 MG ( <i>amifampridine phosphate</i> )	NPS	PA; QL (240 TABLETS per 30 DAYS)
MESTINON ORAL SOLUTION 60 MG/5ML ( <i>pyridostigmine bromide</i> )	PB	
MESTINON ORAL TABLET 60 MG ( <i>pyridostigmine bromide</i> )	PB	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 60 mg</i>	PG	
RUZURGI ORAL TABLET 10 MG ( <i>amifampridine</i> )	NPS	PA; QL (300 TABLETS per 30 DAYS)

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<b>*ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS</b>		
<i>cycloserine oral capsule 250 mg</i>	PG	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	PG	
<i>isoniazid oral syrup 50 mg/5ml</i>	PG	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	PG	
MYAMBUTOL ORAL TABLET 400 MG ( <i>ethambutol hcl</i> )	PB	
<i>pyrazinamide oral tablet 500 mg</i>	PG	
<i>rifabutin oral capsule 150 mg</i>	PG	
RIFADIN ORAL CAPSULE 150 MG, 300 MG ( <i>rifampin</i> )	PB	
<i>rifampin oral capsule 150 mg, 300 mg</i>	PG	
SIRTURO ORAL TABLET 100 MG ( <i>bedaquiline fumarate</i> )	NPS	PA
<b>*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER</b>		
VENCLEXTA ORAL TABLET 10 MG, 50 MG ( <i>venetoclax</i> )	CE	PA; N7 (NPS); QL (120 TABLETS per 30 days)
VENCLEXTA ORAL TABLET 100 MG ( <i>venetoclax</i> )	CE	PA; N7 (NPS); QL (180 TABLETS per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG ( <i>venetoclax</i> )	CE	PA; N7 (NPS); QL (42 TABLETS per 28 days)
<b>*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
BALVERSA ORAL TABLET 3 MG ( <i>erdafitinib</i> )	CE	PA; N7 (NPS); QL (84 TABLETS per 28 DAYS)
BALVERSA ORAL TABLET 4 MG ( <i>erdafitinib</i> )	CE	PA; N7 (NPS); QL (56 TABLETS per 28 DAYS)
BALVERSA ORAL TABLET 5 MG ( <i>erdafitinib</i> )	CE	PA; N7 (NPS); QL (28 TABLETS per 28 DAYS)
<b>*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG ( <i>entrectinib</i> )	CE	N7 (FE)
VITRAKVI ORAL CAPSULE 100 MG ( <i>larotrectinib sulfate</i> )	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)

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VITRAKVI ORAL CAPSULE 25 MG ( <i>larotrectinib sulfate</i> )	CE	PA; N7 (NPS); QL (180 CAPSULES per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML ( <i>larotrectinib sulfate</i> )	CE	PA; N7 (NPS); QL (300 ML per 30 days)
<b>*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER</b>		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	PA; N7 (NPS); QL (20 TABLETS per 28 DAYs)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	PA; N7 (NPS); QL (12 TABLETS per 28 DAYs)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	PA; N7 (NPS); QL (16 TABLETS per 28 DAYs)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	PA; N7 (NPS); QL (32 TABLETS per 28 DAYs)
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML ( <i>interferon gamma-1b</i> )	NPS	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG ( <i>everolimus</i> )	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG ( <i>everolimus</i> )	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
AFINITOR ORAL TABLET 10 MG ( <i>everolimus</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG ( <i>everolimus</i> )	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )	CE	PA; N7 (NPS); QL (240 CAPSULES per 30 days)
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML ( <i>interferon alfa-n3</i> )	NPS	
ALKERAN ORAL TABLET 2 MG ( <i>melfhalan</i> )	CE	N7 (PB)
ALUNBRIG ORAL TABLET 180 MG ( <i>brigatinib</i> )	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)

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ALUNBRIG ORAL TABLET 30 MG ( <i>brigatinib</i> )	CE	PA; N7 (NPS); QL (120 TABLETS per 30 days)
ALUNBRIG ORAL TABLET 90 MG ( <i>brigatinib</i> )	CE	PA; N7 (NPS); QL (53 TABLETS per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG ( <i>brigatinib</i> )	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
<i>anastrozole oral tablet 1 mg</i>	CE	N7 (PG)
ARIMIDEX ORAL TABLET 1 MG ( <i>anastrozole</i> )	CE	N7 (PB)
AROMASIN ORAL TABLET 25 MG ( <i>exemestane</i> )	CE	N7 (PB)
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML ( <i>calaspargase pegol-mknl</i> )	NPS	PA
<i>bexarotene oral capsule 75 mg</i>	CE	PA; N7 (PSP)
<i>bicalutamide oral tablet 50 mg</i>	CE	N7 (PG)
BOSULIF ORAL TABLET 100 MG ( <i>bosutinib</i> )	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG ( <i>bosutinib</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG ( <i>encorafenib</i> )	CE	PA; N7 (NPS); QL (180 CAPSULES per 30 days)
BRUKINSA ORAL CAPSULE 80 MG ( <i>zanubrutinib</i> )	CE	N7 (FE)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
CALQUENCE ORAL CAPSULE 100 MG ( <i>acalabrutinib</i> )	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; N7 (PG)
CAPRELSA ORAL TABLET 100 MG ( <i>vandetanib</i> )	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 300 MG ( <i>vandetanib</i> )	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (NPS); QL (1 KIT per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (NPS); QL (1 KIT per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (NPS); QL (1 KIT per 28 days)

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COTELLIC ORAL TABLET 20 MG ( <i>cobimetinib fumarate</i> )	CE	PA; N7 (NPS); QL (63 TABLETS per 21 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N7 (PG)
DAURISMO ORAL TABLET 100 MG, 25 MG ( <i>glasdegib maleate</i> )	CE	N7 (FE)
ELIGARD SUBCUTANEOUS KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	PSP	PA
ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	PSP	PA
ELIGARD SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	PSP	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG ( <i>leuprolide acetate</i> )	PSP	PA
EMCYT ORAL CAPSULE 140 MG ( <i>estramustine phosphate sodium</i> )	CE	N7 (PB)
ERIVEDGE ORAL CAPSULE 150 MG ( <i>vismodegib</i> )	CE	PA; N7 (NPS); QL (30 CAPSULES per 30 days)
ERLEADA ORAL TABLET 60 MG ( <i>apalutamide</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
<i>etoposide oral capsule 50 mg</i>	CE	N7 (PG)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
<i>exemestane oral tablet 25 mg</i>	CE	N7 (PG)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG ( <i>panobinostat lactate</i> )	CE	N7 (FE)
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML ( <i>fulvestrant</i> )	PSP	PA
FEMARA ORAL TABLET 2.5 MG ( <i>letrozole</i> )	CE	N7 (PB)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG ( <i>degarelix acetate</i> )	NPS	PA
<i>flutamide oral capsule 125 mg</i>	CE	N7 (PG)
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	PSP	PA

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GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG ( <i>afatinib dimaleate</i> )	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
GLEEVEC ORAL TABLET 100 MG, 400 MG ( <i>imatinib mesylate</i> )	CE	N7 (FE)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG ( <i>topotecan hcl</i> )	CE	PA; N7 (NPS)
HYDREA ORAL CAPSULE 500 MG ( <i>hydroxyurea</i> )	CE	N7 (PB)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N7 (PG)
ICLUSIG ORAL TABLET 15 MG ( <i>ponatinib hcl</i> )	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)
ICLUSIG ORAL TABLET 45 MG ( <i>ponatinib hcl</i> )	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; N7 (PG); QL (90 TABLETS per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; N7 (PG); QL (60 TABLETS per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG ( <i>ibrutinib</i> )	CE	PA; N7 (NPS); QL (90 CAPSULES per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG ( <i>ibrutinib</i> )	CE	PA; N7 (NPS); QL (30 CAPSULES per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG ( <i>ibrutinib</i> )	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
INLYTA ORAL TABLET 1 MG ( <i>axitinib</i> )	CE	PA; N7 (NPS); QL (180 TABLETS per 30 days)
INLYTA ORAL TABLET 5 MG ( <i>axitinib</i> )	CE	PA; N7 (NPS); QL (120 TABLETS per 30 days)
INREBIC ORAL CAPSULE 100 MG ( <i>fedratinib hcl</i> )	CE	N7 (FE)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML ( <i>interferon alfa-2b</i> )	NPS	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT ( <i>interferon alfa-2b</i> )	NPS	PA
IRESSA ORAL TABLET 250 MG ( <i>gefitinib</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)

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KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	CE	PA; N7 (PSP); QL (70 TABLETS per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	CE	PA; N7 (PSP); QL (91 TABLETS per 28 days)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	CE	PA; N7 (PSP); QL (49 TABLETS per 28 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPS); QL (30 CAPSULES per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPS); QL (90 CAPSULES per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPS); QL (90 CAPSULES per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPS); QL (90 CAPSULES per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPS); QL (30 CAPSULES per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	CE	N7 (PG)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N7 (PG)
LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )	CE	N7 (PB)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PSP	PA
LONSURF ORAL TABLET 15-6.14 MG ( <i>trifluridine-tipiracil</i> )	CE	PA; N7 (NPS); QL (100 TABLETS per 30 days)
LONSURF ORAL TABLET 20-8.19 MG ( <i>trifluridine-tipiracil</i> )	CE	PA; N7 (NPS); QL (80 TABLETS per 30 days)
LORBRENA ORAL TABLET 100 MG ( <i>lorlatinib</i> )	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
LORBRENA ORAL TABLET 25 MG ( <i>lorlatinib</i> )	CE	PA; N7 (NPS); QL (90 TABLETS per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG ( <i>leuprolide acetate</i> )	NPS	PA

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LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG ( <i>leuprolide acetate</i> )	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG ( <i>leuprolide acetate (3 month)</i> )	NPS	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	NF	
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	CE	N7 (PB)
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	CE	N7 (PB)
<i>megestrol acetate oral suspension 40 mg/ml</i>	CE	N7 (PG)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N7 (PG)
MEKINIST ORAL TABLET 0.5 MG ( <i>trametinib dimethyl sulfoxide</i> )	CE	PA; N7 (NPS); QL (90 TABLETS per 30 days)
MEKINIST ORAL TABLET 2 MG ( <i>trametinib dimethyl sulfoxide</i> )	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
MEKTOVI ORAL TABLET 15 MG ( <i>binimetinib</i> )	CE	PA; N7 (NPS); QL (180 TABLETS per 30 days)
<i>melphalan oral tablet 2 mg</i>	CE	N7 (PG)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N7 (PG)
<i>methotrexate oral tablet 2.5 mg</i>	CE	N7 (PG)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	PG	
MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )	CE	N7 (PB)
NERLYNX ORAL TABLET 40 MG ( <i>neratinib maleate</i> )	CE	PA; N7 (NPS); QL (180 TABLETS per 30 days)
NEXAVAR ORAL TABLET 200 MG ( <i>sorafenib tosylate</i> )	CE	PA; N7 (NPS); QL (120 TABLETS per 30 days)
NILANDRON ORAL TABLET 150 MG ( <i>nilutamide</i> )	CE	N7 (FE)
<i>nilutamide oral tablet 150 mg</i>	CE	N7 (PG)

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NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG ( <i>ixazomib citrate</i> )	CE	PA; N7 (NPS); QL (3 CAPSULES per 28 days)
NUBEQA ORAL TABLET 300 MG ( <i>darolutamide</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )	CE	PA; N7 (NPS); QL (21 CAPSULES per 21 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML ( <i>mercaptopurine</i> )	CE	PA; N7 (NPS)
RYDAPT ORAL CAPSULE 25 MG ( <i>midostaurin</i> )	CE	PA; N7 (PSP); QL (224 CAPSULES per 28 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
SPRYCEL ORAL TABLET 20 MG ( <i>dasatinib</i> )	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
STIVARGA ORAL TABLET 40 MG ( <i>regorafenib</i> )	CE	PA; N7 (NPS); QL (84 TABLETS per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>sunitinib malate</i> )	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG ( <i>peginterferon alfa-2b</i> )	NPS	PA; QL (4 KIT per 28 days)
TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )	CE	N7 (PB)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG ( <i>dabrafenib mesylate</i> )	CE	PA; N7 (NPS); QL (120 CAPSULES per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG ( <i>osimertinib mesylate</i> )	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N7 (PG); AL (Min 35 Years)
TARCEVA ORAL TABLET 100 MG, 150 MG ( <i>erlotinib hcl</i> )	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 25 MG ( <i>erlotinib hcl</i> )	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)
TARGRETIN ORAL CAPSULE 75 MG ( <i>bexarotene</i> )	CE	PA; ST; N7 (NPS)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG ( <i>nilotinib hcl</i> )	CE	N7 (FE)

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TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG ( <i>temozolomide</i> )	CE	PA; ST; N7 (NPS)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; N7 (PG)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N7 (PG)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG ( <i>triptorelin pamoate</i> )	NPS	PA
<i>tretinoin oral capsule 10 mg</i>	CE	N7 (PG)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG ( <i>methotrexate sodium</i> )	CE	N7 (PB)
TURALIO ORAL CAPSULE 200 MG ( <i>pexidartinib hcl</i> )	CE	PA; N7 (NPS); QL (120 CAPSULES per 30 DAYs)
TYKERB ORAL TABLET 250 MG ( <i>lapatinib ditosylate</i> )	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>dacomitinib</i> )	CE	N7 (FE)
VOTRIENT ORAL TABLET 200 MG ( <i>pazopanib hcl</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG ( <i>crizotinib</i> )	CE	PA; N7 (NPS); QL (60 CAPSULES per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML ( <i>methotrexate</i> )	CE	N7 (NPS)
XELODA ORAL TABLET 150 MG ( <i>capecitabine</i> )	CE	PA; ST; N7 (NPS); QL (120 TABLETS per 30 days)
XELODA ORAL TABLET 500 MG ( <i>capecitabine</i> )	CE	PA; ST; N7 (NPS); QL (300 TABLETS per 30 days)
XOSPATA ORAL TABLET 40 MG ( <i>gilteritinib fumarate</i> )	CE	PA; N7 (NPS); QL (90 TABLETS per 30 days)
XTANDI ORAL CAPSULE 40 MG ( <i>enzalutamide</i> )	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
YONSA ORAL TABLET 125 MG ( <i>abiraterone acetate</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ZELBORAF ORAL TABLET 240 MG ( <i>vemurafenib</i> )	CE	PA; N7 (NPS); QL (240 TABLETS per 30 days)
ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)

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ZYKADIA ORAL TABLET 150 MG ( <i>ceritinib</i> )	CE	PA; N7 (NPS); QL (90 TABLETS per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG ( <i>abiraterone acetate</i> )	CE	N7 (FE)
<b>*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR EATING DISORDERS</b>		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide -weight management</i> )	PB	SPC (Only available for select plans)
<b>*ANTI-OBESITY AGENT COMBINATIONS** - DRUGS FOR EATING DISORDERS</b>		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG ( <i>naltrexone-bupropion hcl</i> )	NP	SPC (Only available for select plans)
<b>*ANTIPARKINSON AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>amantadine hcl oral capsule 100 mg</i>	PG	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	PG	
<i>amantadine hcl oral tablet 100 mg</i>	PG	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>bromocriptine mesylate oral capsule 5 mg</i>	PG	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PG	
<i>carbidopa oral tablet 25 mg</i>	PG	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	PG	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML ( <i>carbidopa-levodopa</i> )	NPS	PA
<i>entacapone oral tablet 200 mg</i>	PG	
INBRIJA INHALATION CAPSULE 42 MG ( <i>levodopa</i> )	NF	

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NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR ( <i>rotigotine</i> )	PB	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	PG	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	PG	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	PG	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	PG	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	PG	
<i>selegiline hcl oral capsule 5 mg</i>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	PG	
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG ( <i>aripiprazole</i> )	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG ( <i>aripiprazole</i> )	PB	
<i>aripiprazole oral solution 1 mg/ml</i>	PG	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PG	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML ( <i>aripiprazole lauroxil</i> )	PB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML ( <i>aripiprazole lauroxil</i> )	PB	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	PG	

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FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>iloperidone</i> )	NF	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG ( <i>iloperidone</i> )	NF	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	PG	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	PG	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	PG	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PG	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG ( <i>lurasidone hcl</i> )	PB	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PG	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PG	
<i>lithium carbonate oral tablet 300 mg</i>	PG	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG ( <i>lithium carbonate</i> )	PB	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
NUPLAZID ORAL CAPSULE 34 MG ( <i>pimavanserin tartrate</i> )	NPS	PA
NUPLAZID ORAL TABLET 10 MG ( <i>pimavanserin tartrate</i> )	NPS	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	PG	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	PG	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PG	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PG	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	PG	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PG	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>risperidone microspheres</i> )	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risperidone oral solution 1 mg/ml</i>	PG	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG ( <i>cariprazine hcl</i> )	PB	
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG ( <i>cariprazine hcl</i> )	PB	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
<b>*ANTIRETROVIRALS ADJUVANTS*** - DRUGS THAT ALTER METABOLISM</b>		
TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )	NP	QL (30 TABLETS per 30 DAYs)
<b>*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - HORMONES</b>		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML ( <i>inotersen sodium</i> )	NPS	PA; QL (4 ML per 28 DAYs)
<b>*ANTIVIRALS* - DRUGS FOR INFECTIONS</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	PG	QL (900 ML per 30 DAYs)
<i>abacavir sulfate oral tablet 300 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
<i>acyclovir oral capsule 200 mg</i>	PG	
<i>acyclovir oral suspension 200 mg/5ml</i>	PG	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PG	
<i>adefovir dipivoxil oral tablet 10 mg</i>	PG	
APTIVUS ORAL CAPSULE 250 MG ( <i>tipranavir</i> )	NP	QL (120 CAPSULES per 30 DAYs)
APTIVUS ORAL SOLUTION 100 MG/ML ( <i>tipranavir</i> )	NP	QL (285 ML per 28 DAYs)

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<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	PG	QL (30 CAPSULES per 30 DAYs)
<i>atazanavir sulfate oral capsule 200 mg</i>	PG	QL (60 CAPSULES per 30 DAYs)
ATRIPLA ORAL TABLET 600-200-300 MG ( <i>efavirenz-emtricitab-tenofovir</i> )	PB	QL (30 TABLETS per 30 DAYs)
BARACLUDE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )	PSP	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG ( <i>entecavir</i> )	NF	
BIKTARVY ORAL TABLET 50-200-25 MG ( <i>bictegravir-emtricitab-tenofov</i> )	PB	QL (30 TABLETS per 30 DAYs)
<i>cidofovir intravenous solution 75 mg/ml</i>	PG	
CIMDUO ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )	PB	QL (30 TABLETS per 30 DAYs)
COMBIVIR ORAL TABLET 150-300 MG ( <i>lamivudine-zidovudine</i> )	NP	QL (60 TABLETS per 30 DAYs)
COMPLERA ORAL TABLET 200-25-300 MG ( <i>emtricitab-rilpivir-tenofovir</i> )	NF	
CRIXIVAN ORAL CAPSULE 200 MG ( <i>indinavir sulfate</i> )	NP	QL (450 CAPSULES per 30 DAYs)
CRIXIVAN ORAL CAPSULE 400 MG ( <i>indinavir sulfate</i> )	NP	QL (180 CAPSULES per 30 DAYs)
DELSTRIGO ORAL TABLET 100-300-300 MG ( <i>doravirin-lamivudin-tenofov df</i> )	NF	
DESCOVY ORAL TABLET 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	PB	QL (30 TABLETS per 30 DAYs)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	PG	QL (30 CAPSULES per 30 DAYs)
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )	NF	
EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )	PB	QL (60 TABLETS per 30 DAYs)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	PG	QL (90 CAPSULES per 30 DAYs)
<i>efavirenz oral tablet 600 mg</i>	PG	QL (30 TABLETS per 30 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMTRIVA ORAL CAPSULE 200 MG ( <i>emtricitabine</i> )	PB	QL (30 CAPSULES per 30 DAYs)
EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )	PB	QL (680 ML per 28 DAYs)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PG	
EPIVIR HBV ORAL SOLUTION 5 MG/ML ( <i>lamivudine</i> )	NF	
EPIVIR HBV ORAL TABLET 100 MG ( <i>lamivudine</i> )	NF	
EPIVIR ORAL SOLUTION 10 MG/ML ( <i>lamivudine</i> )	NP	QL (900 ML per 30 DAYs)
EPIVIR ORAL TABLET 150 MG ( <i>lamivudine</i> )	NP	QL (60 TABLETS per 30 DAYs)
EPIVIR ORAL TABLET 300 MG ( <i>lamivudine</i> )	NP	QL (30 TABLETS per 30 DAYs)
EPZICOM ORAL TABLET 600-300 MG ( <i>abacavir sulfate-lamivudine</i> )	NP	QL (30 TABLETS per 30 DAYs)
EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir-cobicistat</i> )	PB	QL (30 TABLETS per 30 DAYs)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	PG	
<i>fosamprenavir calcium oral tablet 700 mg</i>	PG	QL (120 TABLETS per 30 DAYs)
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML ( <i>foscarnet sodium</i> )	NPS	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG ( <i>enfuvirtide</i> )	PSP	PA; QL (60 SOLUTION RECONSTITUTED per 30 days)
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	PG	
GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )	PB	QL (30 TABLETS per 30 DAYs)
HEPSERA ORAL TABLET 10 MG ( <i>adefovir dipivoxil</i> )	NF	
INTELENCE ORAL TABLET 100 MG, 25 MG ( <i>etravirine</i> )	PB	QL (120 TABLETS per 30 DAYs)
INTELENCE ORAL TABLET 200 MG ( <i>etravirine</i> )	PB	QL (60 TABLETS per 30 DAYs)
INVIRASE ORAL TABLET 500 MG ( <i>saquinavir mesylate</i> )	NP	QL (120 TABLETS per 30 DAYs)
ISENTRESS HD ORAL TABLET 600 MG ( <i>raltegravir potassium</i> )	PB	QL (60 TABLETS per 30 DAYs)

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ISENTRESS ORAL PACKET 100 MG ( <i>raltegravir potassium</i> )	PB	QL (60 PACKETS per 30 DAYs)
ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG ( <i>raltegravir potassium</i> )	PB	QL (180 TABLETS per 30 DAYs)
JULUCA ORAL TABLET 50-25 MG ( <i>dolutegravir-rilpivirine</i> )	NP	QL (30 TABLETS per 30 DAYs)
KALETRA ORAL SOLUTION 400-100 MG/5ML ( <i>lopinavir-ritonavir</i> )	NP	QL (390 ML per 30 DAYs)
KALETRA ORAL TABLET 100-25 MG ( <i>lopinavir-ritonavir</i> )	PB	QL (240 TABLETS per 30 DAYs)
KALETRA ORAL TABLET 200-50 MG ( <i>lopinavir-ritonavir</i> )	PB	QL (120 TABLETS per 30 DAYs)
<i>lamivudine oral solution 10 mg/ml</i>	PG	QL (900 ML per 30 DAYs)
<i>lamivudine oral tablet 100 mg</i>	PG	
<i>lamivudine oral tablet 150 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
<i>lamivudine oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
LEXIVA ORAL SUSPENSION 50 MG/ML ( <i>fosamprenavir calcium</i> )	NP	QL (1575 ML per 28 DAYs)
LEXIVA ORAL TABLET 700 MG ( <i>fosamprenavir calcium</i> )	NP	QL (120 TABLETS per 30 DAYs)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	PG	QL (390 ML per 30 DAYs)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	PG	QL (90 TABLETS per 30 DAYs)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
<i>nevirapine oral suspension 50 mg/5ml</i>	PG	QL (1200 ML per 30 DAYs)
<i>nevirapine oral tablet 200 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
NORVIR ORAL PACKET 100 MG ( <i>ritonavir</i> )	PB	QL (360 PACKETS per 30 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORVIR ORAL SOLUTION 80 MG/ML ( <i>ritonavir</i> )	PB	QL (480 ML per 30 DAYs)
NORVIR ORAL TABLET 100 MG ( <i>ritonavir</i> )	PB	QL (360 TABLETS per 30 DAYs)
ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	PB	QL (30 TABLETS per 30 DAYs)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	PG	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PG	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	NF	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	NF	
PIFELTRO ORAL TABLET 100 MG ( <i>doravirine</i> )	NF	
PREVYMIS ORAL TABLET 240 MG, 480 MG ( <i>letermovir</i> )	NP	QL (1 TABLET per 1 DAY)
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</i> )	PB	QL (30 TABLETS per 30 DAYs)
PREZISTA ORAL SUSPENSION 100 MG/ML ( <i>darunavir ethanolate</i> )	PB	QL (400 ML per 30 DAYs)
PREZISTA ORAL TABLET 150 MG ( <i>darunavir ethanolate</i> )	PB	QL (180 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 600 MG ( <i>darunavir ethanolate</i> )	PB	QL (60 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 75 MG ( <i>darunavir ethanolate</i> )	PB	QL (300 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 800 MG ( <i>darunavir ethanolate</i> )	PB	QL (30 TABLETS per 30 DAYs)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER ( <i>zanamivir</i> )	PB	
RESCRIPTOR ORAL TABLET 200 MG ( <i>delavirdine mesylate</i> )	NP	QL (450 TABLETS per 30 DAYs)
RETROVIR ORAL CAPSULE 100 MG ( <i>zidovudine</i> )	NP	QL (180 CAPSULES per 30 DAYs)
RETROVIR ORAL SYRUP 50 MG/5ML ( <i>zidovudine</i> )	NP	QL (1800 ML per 30 DAYs)
REYATAZ ORAL CAPSULE 150 MG, 300 MG ( <i>atazanavir sulfate</i> )	NP	QL (30 CAPSULES per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REYATAZ ORAL CAPSULE 200 MG ( <i>atazanavir sulfate</i> )	NP	QL (60 CAPSULES per 30 days)
REYATAZ ORAL PACKET 50 MG ( <i>atazanavir sulfate</i> )	NP	QL (180 PACKET per 30 days)
<i>ribavirin oral capsule 200 mg</i>	PG	PA
<i>ribavirin oral tablet 200 mg</i>	PG	PA
<i>rimantadine hcl oral tablet 100 mg</i>	PG	
<i>ritonavir oral tablet 100 mg</i>	PG	QL (360 TABLETS per 30 DAYs)
SELZENTRY ORAL SOLUTION 20 MG/ML ( <i>maraviroc</i> )	NP	QL (1840 ML per 30 DAYs)
SELZENTRY ORAL TABLET 150 MG, 75 MG ( <i>maraviroc</i> )	NP	QL (60 TABLETS per 30 DAYs)
SELZENTRY ORAL TABLET 25 MG ( <i>maraviroc</i> )	NP	QL (240 TABLETS per 30 DAYs)
SELZENTRY ORAL TABLET 300 MG ( <i>maraviroc</i> )	NP	QL (120 TABLETS per 30 DAYs)
SOVALDI ORAL TABLET 200 MG, 400 MG ( <i>sofosbuvir</i> )	NPS	PA; ST; QL (28 TABLETS per 28 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	PG	QL (60 CAPSULES per 30 DAYs)
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elviteg-cobic-emtricit-tenofdf</i> )	NF	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG ( <i>efavirenz</i> )	NP	QL (90 CAPSULES per 30 DAYs)
SUSTIVA ORAL TABLET 600 MG ( <i>efavirenz</i> )	NP	QL (30 TABLETS per 30 DAYs)
SYMFI LO ORAL TABLET 400-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	PB	QL (30 TABLETS per 30 DAYs)
SYMFI ORAL TABLET 600-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	PB	QL (30 TABLETS per 30 DAYs)
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darun-cobic-emtricit-tenofaf</i> )	NF	
TEMIXYS ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )	PB	QL (30 TABLETS per 30 DAYs)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 DAYs)

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TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG ( <i>dolutegravir sodium</i> )	PB	QL (60 TABLETS per 30 DAYS)
TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir-dolutegravir-lamivudine</i> )	PB	QL (30 TABLETS per 30 DAYS)
TRIZIVIR ORAL TABLET 300-150-300 MG ( <i>abacavir-lamivudine-zidovudine</i> )	NP	QL (60 TABLETS per 30 DAYS)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG ( <i>emtricitabine-tenofovir df</i> )	PB	QL (30 TABLETS per 30 DAYS)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PG	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML ( <i>valganciclovir hcl</i> )	NP	PA; QL (1000 ML per 30 days)
VALCYTE ORAL TABLET 450 MG ( <i>valganciclovir hcl</i> )	NP	PA; QL (102 TABLETS per 30 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PG	PA; QL (1000 ML per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	PG	PA; QL (102 TABLETS per 30 days)
VEMLIDY ORAL TABLET 25 MG ( <i>tenofovir alafenamide fumarate</i> )	PSP	PA; QL (30 TABLETS per 30 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG, 200 MG, 250 MG ( <i>didanosine</i> )	NP	QL (30 CAPSULES per 30 DAYS)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM ( <i>didanosine</i> )	NP	QL (1200 ML per 30 DAYS)
VIRACEPT ORAL TABLET 250 MG ( <i>nelfinavir mesylate</i> )	NP	QL (300 TABLETS per 30 DAYS)
VIRACEPT ORAL TABLET 625 MG ( <i>nelfinavir mesylate</i> )	NP	QL (120 TABLETS per 30 DAYS)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML ( <i>nevirapine</i> )	NP	QL (1200 ML per 30 DAYS)
VIRAMUNE ORAL TABLET 200 MG ( <i>nevirapine</i> )	NP	QL (60 TABLETS per 30 DAYS)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG ( <i>nevirapine</i> )	NP	QL (30 TABLETS per 30 DAYS)
VIREAD ORAL POWDER 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )	NP	QL (240 GM per 30 days)

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VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG ( <i>tenofovir disoproxil fumarate</i> )	NP	QL (30 TABLETS per 30 days)
ZERIT ORAL CAPSULE 30 MG, 40 MG ( <i>stavudine</i> )	NP	QL (60 CAPSULES per 30 days)
ZIAGEN ORAL SOLUTION 20 MG/ML ( <i>abacavir sulfate</i> )	NP	QL (900 ML per 30 DAYs)
ZIAGEN ORAL TABLET 300 MG ( <i>abacavir sulfate</i> )	NP	QL (60 TABLETS per 30 DAYs)
<i>zidovudine oral capsule 100 mg</i>	PG	QL (180 CAPSULES per 30 DAYs)
<i>zidovudine oral syrup 50 mg/5ml</i>	PG	QL (1800 ML per 30 DAYs)
<i>zidovudine oral tablet 300 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
<b>*ASSORTED CLASSES* - VITAMINS AND MINERALS</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	NF	
AZASAN ORAL TABLET 100 MG, 75 MG ( <i>azathioprine</i> )	PB	
<i>azathioprine oral tablet 50 mg</i>	PG	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG ( <i>belimumab</i> )	NPS	PA; QL (4 SOLUTION RECONSTITUTED per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML ( <i>belimumab</i> )	NF	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML ( <i>belimumab</i> )	NF	
CELLCEPT ORAL CAPSULE 250 MG ( <i>mycophenolate mofetil</i> )	NF	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML ( <i>mycophenolate mofetil</i> )	NF	
CELLCEPT ORAL TABLET 500 MG ( <i>mycophenolate mofetil</i> )	NF	
CUPRIMINE ORAL CAPSULE 250 MG ( <i>penicillamine</i> )	NPS	
<i>cyclosporine intravenous solution 50 mg/ml</i>	PG	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>cyclosporine modified oral solution 100 mg/ml</i>	PG	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	PG	

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ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG ( <i>tacrolimus</i> )	NF	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	PG	
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	PG	
IMURAN ORAL TABLET 50 MG ( <i>azathioprine</i> )	PB	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60ML)	PG	
LOKELMA ORAL PACKET 10 GM, 5 GM ( <i>sodium zirconium cyclosilicate</i> )	PB	
<i>mycophenolate mofetil oral capsule 250 mg</i>	PG	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	PG	
<i>mycophenolate mofetil oral tablet 500 mg</i>	PG	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	PG	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG ( <i>mycophenolate sodium</i> )	NF	
NEORAL ORAL CAPSULE 100 MG, 25 MG ( <i>cyclosporine modified</i> )	NPS	
NEORAL ORAL SOLUTION 100 MG/ML ( <i>cyclosporine modified</i> )	NPS	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG ( <i>belatacept</i> )	NPS	
<i>penicillamine oral capsule 250 mg</i>	PSP	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML ( <i>tacrolimus</i> )	NPS	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	NF	
PROGRAF ORAL PACKET 0.2 MG, 1 MG ( <i>tacrolimus</i> )	NF	
RAPAMUNE ORAL SOLUTION 1 MG/ML ( <i>sirolimus</i> )	NF	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>sirolimus</i> )	NF	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG ( <i>lenalidomide</i> )	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG ( <i>lenalidomide</i> )	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)

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SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (cyclosporine)	NPS	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	NPS	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	NPS	
sirolimus oral solution 1 mg/ml	PG	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	PG	
sodium polystyrene sulfonate oral powder	PG	
sodium polystyrene sulfonate oral suspension 15 gm/60ml	PG	
sodium polystyrene sulfonate (Sps Oral Suspension 15 Gm/60ML)	PG	
SYPRINE ORAL CAPSULE 250 MG (trientine hcl)	NPS	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	PG	
THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)	PSP	PA; QL (28 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG (thalidomide)	PSP	PA; QL (56 CAPSULES per 28 days)
trientine hcl oral capsule 250 mg	PG	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (patiromer sorbitex calcium)	PB	
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (collagenase clostrid histolyt)	NPS	PA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (everolimus)	NF	
<b>*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE LUNGS</b>		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (dupilumab)	PSP	PA; QL (400 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (dupilumab)	PSP	PA; QL (600 ML per 28 days)
<b>*B-COMPLEX W/ E &amp; FOLIC ACID*** - DRUGS FOR NUTRITION</b>		
folica-v oral capsule 1 mg	NF	
folic-k oral capsule 1 mg	NF	

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<b>*BETA BLOCKERS* - DRUGS FOR THE HEART</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	PG	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl af</i> )	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl</i> )	NF	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	PG	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG ( <i>nebivolol hcl</i> )	PB	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	PG	LGC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	PG	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	PG	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>pindolol oral tablet 10 mg, 5 mg</i>	PG	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	PG	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	PG	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>propranolol hcl oral tablet 60 mg</i>	PG	
<i>sotalol hcl (af) oral tablet 120 mg</i>	PG	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	PG	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	PG	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<b>*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH</b>		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG ( <i>cholic acid</i> )	NPS	PA

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<b>*BIOLOGICALS MISC* - BIOLOGICAL AGENTS</b>		
GRASSTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU ( <i>timothy grass pollen allergen</i> )	PB	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U ( <i>short ragweed pollen ext</i> )	PB	
<b>*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML ( <i>erenumab-aooe</i> )	PB	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	NP	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	
<b>*CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	PG	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	PG	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	PG	LGC
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PG	
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	PG	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	PG	

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<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nimodipine oral capsule 30 mg</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	PG	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>verapamil hcl er oral tablet extended release 120 mg</i>	PG	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	PG	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	LGC
<b>*CARDIOTONICS* - DRUGS FOR THE HEART</b>		
<i>digoxin oral solution 0.05 mg/ml</i>	PG	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	PG	
LANOXIN ORAL TABLET 125 MCG, 250 MCG ( <i>digoxin</i> )	NF	
LANOXIN ORAL TABLET 62.5 MCG ( <i>digoxin</i> )	PB	
<b>*CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART</b>		
ADCIRCA ORAL TABLET 20 MG ( <i>tadalafil (pah)</i> )	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	PSP	PA; QL (90 TABLETS per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYS)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	PG	LGC
BIDIL ORAL TABLET 20-37.5 MG ( <i>isosorb dinitrate-hydralazine</i> )	PB	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYS)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG ( <i>alprostadil (vasodilator)</i> )	NP	SPC (Only available for select plans)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG ( <i>alprostadil (vasodilator)</i> )	NP	SPC (Only available for select plans)

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CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG ( <i>tadalafil</i> )	NP	SPC (Only available for select plans)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG ( <i>alprostadil ( vasodilator )</i> )	NP	SPC (Only available for select plans)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PSP	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG ( <i>epoprostenol sodium</i> )	NPS	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG ( <i>ambrisentan</i> )	NPS	PA; QL (30 TABLETS per 30 days)
LEVITRA ORAL TABLET 10 MG, 20 MG ( <i>varденаfil hcl</i> )	NP	SPC (Only available for select plans)
MUSE URETHRAL PELLET 1000 MCG, 125 MCG, 250 MCG, 500 MCG ( <i>alprostadil ( vasodilator )</i> )	PB	SPC (Only available for select plans)
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	PSP	PA; QL (30 TABLETS per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG ( <i>treprostinil diolamine</i> )	PSP	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML ( <i>treprostinil</i> )	NPS	PA
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML ( <i>sildenafil citrate</i> )	NF	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML ( <i>sildenafil citrate</i> )	NF	
REVATIO ORAL TABLET 20 MG ( <i>sildenafil citrate</i> )	NF	
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	PSP	PA
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	PSP	PA; QL (224 ML per 30 days)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	SPC (Only available for select plans)
<i>sildenafil citrate oral tablet 20 mg</i>	PG	PA; QL (90 TABLETS per 30 days)
STAXYN ORAL TABLET DISPERSIBLE 10 MG ( <i>varденаfil hcl</i> )	NP	SPC (Only available for select plans)

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STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG ( <i>avanafil</i> )	NP	SPC (Only available for select plans)
<i>tadalafil (pah) oral tablet 20 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	SPC (Only available for select plans)
TRACLEER ORAL TABLET 125 MG, 62.5 MG ( <i>bosentan</i> )	NPS	PA; QL (60 TABLETS per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )	NPS	PA; QL (112 TABLETS per 28 days)
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PSP	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NPS	PA; QL (28 ML per 28 days)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NPS	PA; QL (28 ML per 28 days)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NPS	PA; QL (28 ML per 28 days)
<i>varденаfil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	SPC (Only available for select plans)
<i>varденаfil hcl oral tablet dispersible 10 mg</i>	PG	SPC (Only available for select plans)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG ( <i>epoprostenol sodium</i> )	NPS	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML ( <i>iloprost</i> )	NPS	PA; QL (270 ML per 30 days)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sildenafil citrate</i> )	NP	SPC (Only available for select plans)
<b>*CEPHALOSPORINS* - DRUGS FOR INFECTIONS</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	PG	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	PG	
<i>cefadroxil oral capsule 500 mg</i>	PG	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	PG	
<i>cefadroxil oral tablet 1 gm</i>	PG	

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<i>cefdinir oral capsule 300 mg</i>	PG	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefixime oral capsule 400 mg</i>	PG	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	PG	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	PG	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PG	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PG	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	PG	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PG	
SUPRAX ORAL CAPSULE 400 MG ( <i>cefixime</i> )	PB	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML ( <i>cefixime</i> )	PB	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG ( <i>cefixime</i> )	PB	
<b>*CONTRACEPTIVES* - DRUGS FOR WOMEN</b>		
AFTERA ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N7 (PG)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	N7 (PG)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> )	CE	N7 (NP); QL (1 RING per 300 DAYS)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)

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<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) ( <i>levonorgest-eth estrad-fe bisg</i> )	CE	N7 (NP)
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N7 (PG)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML ( <i>medroxyprogesterone acetate</i> )	PB	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML ( <i>medroxyprogesterone acetate</i> )	PB	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> )	CE	N7 (NP); QL (4 ML per 300 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg</i> (21/5)	CE	N7 (PG)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N7 (PG)

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<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N7 (PG)
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	CE	N7 (NP)
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (PG); QL (13 RING per 300 DAYs)
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	N7 (PG)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	N7 (PG); QL (13 RING per 300 DAYs)
FALESSA ORAL KIT 20-1-0.1 MCG-MG ( <i>levonorgestrel-eth estrad &amp; fa</i> )	CE	N7 (NP)
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet 42-21-21-7 Days)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N7 (PG)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG ( <i>levonorgestrel</i> )	CE	N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	CE	N7 (PG)

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<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	CE	N7 (PG)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY ( <i>levonorgestrel</i> )	CE	N7 (FE)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG ( <i>norethin-eth estrad-fe biphas</i> )	CE	N7 (PB)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N7 (PG); QL (4 ML per 300 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N7 (PG); QL (4 ML per 300 days)
<i>norethin ace-eth estrad-fe</i> (Melodetta 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) ( <i>desogestrel-ethinyl estradiol</i> )	PB	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR ( <i>levonorgestrel</i> )	CE	N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 days)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG ( <i>estradiol valerate-dienogest</i> )	CE	N7 (PB)
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG ( <i>etonogestrel</i> )	CE	N7 (NP); QL (1 IMPLANT per 300 days)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	CE	N7 (PG)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N7 (PG)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N7 (PG)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N7 (PG)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)

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NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	CE	N7 (PB); QL (13 RING per 300 days)
OGESTREL ORAL TABLET 0.5-50 MG-MCG (norgestrel-ethinyl estradiol)	CE	N7 (PG)
ORTHO MICRONOR ORAL TABLET 0.35 MG (norethindrone)	PB	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (copper)	CE	N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 days)
norgestimate-eth estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (PG)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (levonorgestrel)	CE	N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 days)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (norethin ace-eth estrad-fe)	CE	N7 (NP)
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
norgestim-eth estrad triphasic (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
desogestrel-ethinyl estradiol (Velivet Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N7 (PG)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR (norelgestromin-eth estradiol)	CE	N7 (PG)
<b>*CORTICOSTEROIDS* - HORMONES</b>		
budesonide er oral tablet extended release 24 hour 9 mg	PG	
budesonide oral capsule delayed release particles 3 mg	PG	
cortisone acetate oral tablet 25 mg	PG	

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<i>dexamethasone oral elixir 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	PG	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	PG	
<i>dexamethasone (Dexpak 10 Day Oral Tablet Therapy Pack 1.5 Mg (35))</i>	NF	
<i>dexamethasone (Dexpak 13 Day Oral Tablet Therapy Pack 1.5 Mg (51))</i>	NF	
<i>dexamethasone (Dexpak 6 Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	NF	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML ( <i>deflazacort</i> )	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG ( <i>deflazacort</i> )	NF	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	PG	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	PG	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK 5 MG (48) ( <i>prednisolone</i> )	NF	
MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (21) ( <i>prednisolone</i> )	NF	
MILLIPRED ORAL TABLET 5 MG ( <i>prednisolone</i> )	NF	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG ( <i>prednisolone sodium phosphate</i> )	PB	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	PG	
<i>prednisone oral solution 5 mg/5ml</i>	PG	

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<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	PG	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) ( <i>dexamethasone</i> )	PG	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) ( <i>dexamethasone</i> )	PG	
<b>*COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	PG	
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG ( <i>fexofenadine-pseudoephedrine</i> )	PG	
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG ( <i>fexofenadine-pseudoephedrine</i> )	PG	
<i>benzonatate capsule 150 mg oral 150 mg</i>	NF	
<i>benzonatate capsule 150 mg oral 150 mg</i>	PG	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	PG	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	PG	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG ( <i>loratadine-pseudoephedrine</i> )	PG	
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG ( <i>loratadine-pseudoephedrine</i> )	PG	
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	PG	
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	PG	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	PG	
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	PG	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	PG	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	PG	

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<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	PG	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i>	PG	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	PG	
<i>sodium chloride inhalation nebulization solution 10 %, 3 %</i>	PG	
TESSALON PERLES ORAL CAPSULE 100 MG (benzonatate)	PB	
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER</b>		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (ribociclib succinate)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (ribociclib succinate)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (ribociclib succinate)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	CE	N7 (FE)
<b>*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR THE LUNGS</b>		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (lumacaftor-ivacaftor)	NPS	PA; QL (56 PACKET per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor-ivacaftor)	NPS	PA; QL (112 TABLETS per 28 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (tezacaftor-ivacaftor)	NPS	PA; QL (56 TABLETS per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (elexacaftor-tezacaftor-ivacaft)	NPS	PA; QL (84 TABLETS per 28 days)
<b>*DERMATOLOGICALS* - DRUGS FOR THE SKIN</b>		
ABREVA EXTERNAL CREAM 10 % (docosanol)	PG	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (isotretinoin)	PB	PA
ACANYA EXTERNAL GEL 1.2-2.5 % (clindamycin phos-benzoyl perox)	NP	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	PG	

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<i>acyclovir external cream 5 %</i>	PG	
<i>acyclovir external ointment 5 %</i>	PG	
<i>adapalene external cream 0.1 %</i>	PG	
<i>adapalene external gel 0.1 %, 0.3 %</i>	PG	
<i>adapalene external pad 0.1 %</i>	PG	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	PG	
ALA SCALP EXTERNAL LOTION 2 % ( <i>hydrocortisone</i> )	NP	QL (120 ML per 25 DAYs)
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
<i>amcinonide external cream 0.1 %</i>	PG	QL (120 GM per 25 DAYs)
<i>amcinonide external lotion 0.1 %</i>	PG	QL (120 ML per 25 DAYs)
<i>amcinonide external ointment 0.1 %</i>	NP	QL (120 GM per 25 DAYs)
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	PG	PA
APEXICON E EXTERNAL CREAM 0.05 % ( <i>diflorasone diacet emoll base</i> )	NP	QL (120 GM per 25 DAYs)
<i>tretinoin</i> (Avita External Gel 0.025 %)	PG	
<i>azelaic acid external gel 15 %</i>	PG	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	PG	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	PG	QL (120 ML per 25 DAYs)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate external lotion 0.05 %</i>	PG	QL (120 ML per 25 DAYs)
<i>betamethasone dipropionate external ointment 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
<i>betamethasone valerate external cream 0.1 %</i>	PG	QL (120 GM per 25 DAYs)
<i>betamethasone valerate external foam 0.12 %</i>	PG	QL (120 GM per 25 days)
<i>betamethasone valerate external lotion 0.1 %</i>	PG	QL (120 ML per 25 DAYs)
<i>betamethasone valerate external ointment 0.1 %</i>	PG	QL (120 GM per 25 DAYs)
BRYHALI EXTERNAL LOTION 0.01 % ( <i>halobetasol propionate</i> )	NP	QL (120 GM per 25 DAYs)
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	PG	

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<i>calcipotriene external solution 0.005 %</i>	PG	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	PG	
<i>calcitriol external ointment 3 mcg/gm</i>	NF	
CAPEX EXTERNAL SHAMPOO 0.01 % ( <i>fluocinolone acetonide</i> )	PB	QL (120 ML per 25 days)
<i>ciclopirox external gel 0.77 %</i>	PG	
<i>ciclopirox external shampoo 1 %</i>	PG	
<i>ciclopirox external solution 8 %</i>	PG	
<i>ciclopirox olamine external cream 0.77 %</i>	PG	
<i>ciclopirox olamine external suspension 0.77 %</i>	PG	
isotretinoin (Claravis Oral Capsule 30 Mg)	PG	PA
<i>clindamycin phosphate (Clindacin-P External Swab 1 %)</i>	PG	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	PG	
<i>clindamycin phosphate external foam 1 %</i>	PG	
<i>clindamycin phosphate external gel 1 %</i>	PG	
<i>clindamycin phosphate external lotion 1 %</i>	PG	
<i>clindamycin phosphate external solution 1 %</i>	PG	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	PG	
<i>clobetasol propionate e external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	PG	QL (120 GM per 25 days)
<i>clobetasol propionate external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
<i>clobetasol propionate external foam 0.05 %</i>	PG	QL (120 GM per 25 days)
<i>clobetasol propionate external gel 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
<i>clobetasol propionate external liquid 0.05 %</i>	PG	QL (120 ML per 25 days)
<i>clobetasol propionate external lotion 0.05 %</i>	PG	QL (120 ML per 25 DAYs)
<i>clobetasol propionate external ointment 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
<i>clobetasol propionate external shampoo 0.05 %</i>	PG	QL (120 ML per 25 days)
<i>clobetasol propionate external solution 0.05 %</i>	PG	QL (120 ML per 25 days)
CLOBEX EXTERNAL LOTION 0.05 % ( <i>clobetasol propionate</i> )	PB	QL (120 ML per 25 DAYs)
CLOBEX EXTERNAL SHAMPOO 0.05 % ( <i>clobetasol propionate</i> )	PB	QL (120 ML per 25 days)

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CLOBEX SPRAY EXTERNAL LIQUID 0.05 % ( <i>clobetasol propionate</i> )	NP	QL (120 ML per 25 DAYs)
CLODERM EXTERNAL CREAM 0.1 % ( <i>clocortolone pivalate</i> )	NP	QL (120 GM per 25 DAYs)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	PG	STX; QL (45 GM per 25 DAYs)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	PG	STX; QL (30 ML per 25 DAYs)
CONDYLOX EXTERNAL GEL 0.5 % ( <i>podofilox</i> )	PB	
CORDRAN EXTERNAL CREAM 0.025 %, 0.05 % ( <i>flurandrenolide</i> )	NP	QL (120 GM per 25 DAYs)
CORDRAN EXTERNAL LOTION 0.05 % ( <i>flurandrenolide</i> )	NP	QL (120 ML per 25 DAYs)
CORDRAN EXTERNAL OINTMENT 0.05 % ( <i>flurandrenolide</i> )	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM ( <i>flurandrenolide</i> )	NP	QL (1 TAPE per 25 DAYs)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis.); QL (1 ML per 28 DAYs)

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COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 ML per 28 days)
<i>crotamiton</i> (Crotan External Lotion 10 %)	PG	
CUTIVATE EXTERNAL LOTION 0.05 % ( <i>fluticasone propionate</i> )	NP	QL (120 ML per 25 DAYs)
<i>dapsone external gel</i> 5 %	PG	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % ( <i>fluocinolone acetonide</i> )	PB	QL (120 ML per 25 days)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % ( <i>fluocinolone acetonide</i> )	PB	QL (120 ML per 25 days)
DESONATE EXTERNAL GEL 0.05 % ( <i>desonide</i> )	NP	QL (120 GM per 25 DAYs)
<i>desonide external cream</i> 0.05 %	PG	QL (120 GM per 25 DAYs)
<i>desonide external lotion</i> 0.05 %	PG	QL (120 ML per 25 days)
<i>desonide external ointment</i> 0.05 %	PG	QL (120 GM per 25 DAYs)
DESOWEN EXTERNAL CREAM 0.05 % ( <i>desonide</i> )	PB	QL (120 GM per 25 DAYs)
<i>desoximetasone external cream</i> 0.05 %, 0.25 %	PG	QL (120 GM per 25 DAYs)
<i>desoximetasone external gel</i> 0.05 %	PG	QL (120 GM per 25 DAYs)
<i>desoximetasone external liquid</i> 0.25 %	PG	QL (120 ML per 25 days)
<i>desoximetasone external ointment</i> 0.05 %, 0.25 %	PG	QL (120 GM per 25 DAYs)
<i>diclofenac epolamine transdermal patch</i> 1.3 %	PG	STX; QL (30 PATCHES per 75 DAYs)
<i>diclofenac sodium transdermal gel</i> 1 %	PG	QL (300 GRAMS per 25 DAYs)
<i>diclofenac sodium transdermal gel</i> 3 %	PG	PA; QL (100 GM per 25 days)
<i>diclofenac sodium transdermal solution</i> 1.5 %	PG	
DIFFERIN EXTERNAL GEL 0.1 % ( <i>adapalene</i> )	PG	
<i>diflorasone diacetate external cream</i> 0.05 %	NF	
<i>diflorasone diacetate external ointment</i> 0.05 %	NF	
DIPROLENE AF EXTERNAL CREAM 0.05 % ( <i>betamethasone dipropionate aug</i> )	NP	QL (120 GM per 25 DAYs)

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DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	PB	QL (120 GM per 25 DAYs)
docosanol external cream 10 %	PG	
doxepin hcl external cream 5 %	NF	
doxycycline oral capsule delayed release 40 mg	PG	
econazole nitrate external cream 1 %	PG	
ELIMITE EXTERNAL CREAM 5 % (permethrin)	PB	
ELOCON EXTERNAL CREAM 0.1 % (mometasone furoate)	NP	QL (120 GM per 25 DAYs)
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	PB	
EPIDUO EXTERNAL GEL 0.1-2.5 % (adapalene-benzoyl peroxide)	PB	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (adapalene-benzoyl peroxide)	PB	
ery external pad 2 %	PG	
erythromycin external solution 2 %	PG	
EXELDERM EXTERNAL CREAM 1 % (sulconazole nitrate)	NP	QL (60 GM per 21 days)
EXELDERM EXTERNAL SOLUTION 1 % (sulconazole nitrate)	NP	QL (60 ML per 21 days)
EXTINA EXTERNAL FOAM 2 % (ketoconazole)	NP	QL (100 GM per 21 DAYs)
FINACEA EXTERNAL FOAM 15 % (azelaic acid)	PB	
FLECTOR TRANSDERMAL PATCH 1.3 % (diclofenac epolamine)	NP	STX; QL (30 PATCHES per 75 DAYs)
fluocinolone acetonide body external oil 0.01 %	PG	QL (120 ML per 25 days)
fluocinolone acetonide external cream 0.01 %, 0.025 %	PG	QL (120 GM per 25 DAYs)
fluocinolone acetonide external ointment 0.025 %	PG	QL (120 GM per 25 DAYs)
fluocinolone acetonide external solution 0.01 %	PG	QL (120 ML per 25 days)
fluocinolone acetonide scalp external oil 0.01 %	PG	QL (120 ML per 25 days)
fluocinonide emulsified base external cream 0.05 %	PG	QL (120 GM per 25 DAYs)
fluocinonide external cream 0.05 %	PG	QL (120 GM per 25 DAYs)
fluocinonide external cream 0.1 %	NF	
fluocinonide external gel 0.05 %	PG	QL (120 GM per 25 DAYs)
fluocinonide external ointment 0.05 %	PG	QL (120 GM per 25 DAYs)

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<i>fluocinonide external solution 0.05 %</i>	PG	QL (120 ML per 25 days)
<i>fluorouracil external cream 0.5 %, 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	
<i>flurandrenolide external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
<i>flurandrenolide external lotion 0.05 %</i>	PG	QL (120 ML per 25 DAYs)
<i>flurandrenolide external ointment 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
<i>fluticasone propionate external lotion 0.05 %</i>	PG	QL (120 ML per 25 DAYs)
<i>fluticasone propionate external ointment 0.005 %</i>	PG	QL (120 GM per 25 DAYs)
<i>gentamicin sulfate external cream 0.1 %</i>	PG	
<i>gentamicin sulfate external ointment 0.1 %</i>	PG	
<i>halcinonide external cream 0.1 %</i>	PG	QL (120 GM per 25 DAYs)
<i>halobetasol propionate external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
<i>halobetasol propionate external foam 0.05 %</i>	NP	QL (120 GM per 25 DAYs)
<i>halobetasol propionate external ointment 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
HALOG EXTERNAL CREAM 0.1 % ( <i>halcinonide</i> )	NP	QL (120 GM per 25 DAYs)
HALOG EXTERNAL OINTMENT 0.1 % ( <i>halcinonide</i> )	NP	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external cream 0.1 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external lotion 0.1 %</i>	PG	QL (120 ML per 25 DAYs)
<i>hydrocortisone butyrate external ointment 0.1 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external solution 0.1 %</i>	PG	QL (120 ML per 25 days)
<i>hydrocortisone external cream 2.5 %</i>	PG	QL (120 GM per 25 days)
<i>hydrocortisone external lotion 2.5 %</i>	PG	QL (120 ML per 25 days)
<i>hydrocortisone external ointment 2.5 %</i>	PG	QL (120 GM per 25 days)
<i>hydrocortisone valerate external cream 0.2 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone valerate external ointment 0.2 %</i>	PG	QL (120 GM per 25 DAYs)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>tildrakizumab-asmn</i> )	NF	
<i>imiquimod external cream 5 %</i>	PG	
<i>imiquimod pump external cream 3.75 %</i>	PG	
IMPOYZ EXTERNAL CREAM 0.025 % ( <i>clobetasol propionate</i> )	NP	QL (120 GM per 25 DAYs)

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<i>ivermectin external cream 1 %</i>	PG	
JUBLIA EXTERNAL SOLUTION 10 % ( <i>efinaconazole</i> )	NP	QL (4 ML per 21 days)
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM ( <i>triamcinolone acetonide</i> )	NP	QL (120 GM per 25 DAYs)
<i>ketoconazole external cream 2 %</i>	PG	
<i>ketoconazole external foam 2 %</i>	PG	QL (100 GM per 21 DAYs)
<i>ketoconazole external shampoo 2 %</i>	PG	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % ( <i>aminolevulinic acid hcl</i> )	NPS	QL (1 STICK per 25 DAYs)
LEXETTE EXTERNAL FOAM 0.05 % ( <i>halobetasol propionate</i> )	NP	QL (120 GM per 25 DAYs)
<i>lidocaine external ointment 5 %</i>	PG	QL (50 GM per 25 DAYs)
<i>lidocaine external patch 5 %</i>	PG	QL (90 PATCH per 25 days)
<i>lidocaine hcl external solution 4 %</i>	PG	QL (50 ML per 25 DAYs)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	PG	QL (30 GM per 25 DAYs)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	PG	QL (30 GM per 25 DAYs)
<i>lidocaine-tetracaine external cream 7-7 %</i>	NF	
LIDODERM EXTERNAL PATCH 5 % ( <i>lidocaine</i> )	PB	QL (90 PATCH per 25 days)
LOCOID EXTERNAL CREAM 0.1 % ( <i>hydrocortisone butyrate</i> )	NP	QL (120 GM per 25 DAYs)
LOCOID EXTERNAL LOTION 0.1 % ( <i>hydrocortisone butyrate</i> )	NP	QL (120 ML per 25 DAYs)
LOCOID EXTERNAL SOLUTION 0.1 % ( <i>hydrocortisone butyrate</i> )	NP	QL (120 ML per 25 DAYs)
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % ( <i>hydrocortisone butyr lipo base</i> )	NP	QL (120 GM per 25 DAYs)
LOTRISONE EXTERNAL CREAM 1-0.05 % ( <i>clotrimazole-betamethasone</i> )	NP	STX; QL (45 GM per 25 days)
<i>luliconazole external cream 1 %</i>	PG	
LUXIQ EXTERNAL FOAM 0.12 % ( <i>betamethasone valerate</i> )	NP	QL (120 GM per 25 DAYs)
<i>mafenide acetate external packet 5 %</i>	PG	
<i>malathion external lotion 0.5 %</i>	PG	
<i>metronidazole external cream 0.75 %</i>	PG	
<i>metronidazole external gel 0.75 %, 1 %</i>	PG	

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<i>metronidazole external lotion 0.75 %</i>	PG	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	PG	
MICORT-HC EXTERNAL CREAM 2.5 % ( <i>hydrocortisone acetate</i> )	NP	QL (120 GM per 25 DAYS)
<i>mometasone furoate external cream 0.1 %</i>	PG	QL (120 GM per 25 DAYS)
<i>mometasone furoate external ointment 0.1 %</i>	PG	QL (120 GM per 25 DAYS)
<i>mometasone furoate external solution 0.1 %</i>	PG	QL (120 ML per 25 DAYS)
<i>mupirocin calcium external cream 2 %</i>	PG	
<i>mupirocin external ointment 2 %</i>	PG	
<i>naftifine hcl external cream 1 %, 2 %</i>	PG	
<i>naftifine hcl external gel 1 %</i>	PG	
NAFTIN EXTERNAL CREAM 2 % ( <i>naftifine hcl</i> )	PB	
NAFTIN EXTERNAL GEL 1 %, 2 % ( <i>naftifine hcl</i> )	PB	
<i>nystatin external cream 100000 unit/gm</i>	PG	
<i>nystatin external ointment 100000 unit/gm</i>	PG	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	PG	STX; QL (60 GM per 25 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	PG	STX; QL (60 GM per 25 DAYS)
OLUX EXTERNAL FOAM 0.05 % ( <i>clobetasol propionate</i> )	NP	QL (120 GM per 25 DAYS)
OLUX-E EXTERNAL FOAM 0.05 % ( <i>clobetasol propionate emulsion</i> )	NP	QL (120 GM per 25 DAYS)
ONEXTON EXTERNAL GEL 1.2-3.75 % ( <i>clindamycin phosphozoyl perox</i> )	PB	
OVIDE EXTERNAL LOTION 0.5 % ( <i>malathion</i> )	PB	
<i>oxiconazole nitrate external cream 1 %</i>	PG	QL (90 GM per 25 days)
OXISTAT EXTERNAL CREAM 1 % ( <i>oxiconazole nitrate</i> )	NP	QL (90 GM per 25 days)
OXISTAT EXTERNAL LOTION 1 % ( <i>oxiconazole nitrate</i> )	NP	QL (90 ML per 25 days)
PANDEL EXTERNAL CREAM 0.1 % ( <i>hydrocortisone probutate</i> )	NP	QL (120 GM per 25 DAYS)
<i>permethrin external cream 5 %</i>	PG	
PICATO EXTERNAL GEL 0.015 %, 0.05 % ( <i>ingenol mebutate</i> )	PB	

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<i>pimecrolimus external cream 1 %</i>	PG	
PLIAGLIS EXTERNAL CREAM 7-7 % ( <i>lidocaine-tetracaine</i> )	NF	
<i>podofilox external solution 0.5 %</i>	PG	
<i>prednicarbate external cream 0.1 %</i>	PG	QL (120 GM per 25 DAYs)
<i>prednicarbate external ointment 0.1 %</i>	PG	QL (120 GM per 25 DAYs)
PRUDOXIN EXTERNAL CREAM 5 % ( <i>doxepin hcl (antipruritic)</i> )	NP	ST; QL (90 GM per 25 DAYs)
<i>psorcon external cream 0.05 %</i>	NF	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )	NP	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % ( <i>tretinoin microsphere</i> )	NP	
SERNIVO EXTERNAL EMULSION 0.05 % ( <i>betamethasone dipropionate</i> )	NP	STX; QL (120 ML per 25 DAYs)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML ( <i>brodalumab</i> )	NF	
SILVADENE EXTERNAL CREAM 1 % ( <i>silver sulfadiazine</i> )	PB	
<i>silver sulfadiazine external cream 1 %</i>	PG	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML ( <i>risankizumab-rzaa</i> )	PSP	PA; IBC (Preferred agent for Psoriasis); QL (2 PREFILLED SYRINGE KIT per 84 DAYs)
SOOLANTRA EXTERNAL CREAM 1 % ( <i>ivermectin</i> )	PB	
SORILUX EXTERNAL FOAM 0.005 % ( <i>calcipotriene</i> )	NP	QL (60 GM per 25 days)
<i>spinosad external suspension 0.9 %</i>	PG	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	PG	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Psoriasis and Crohn's Disease (after failure of Humira). Not covered for Psoriatic Arthritis); QL (1 ML per 84 days)

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STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML ( <i>ustekinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Psoriasis and Crohn's Disease (after failure of Humira). Not covered for Psoriatic Arthritis); QL (1 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML ( <i>ustekinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Psoriasis and Crohn's Disease (after failure of Humira). Not covered for Psoriatic Arthritis); QL (1 ML per 56 days)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	PG	
SYNALAR EXTERNAL CREAM 0.025 % ( <i>fluocinolone acetonide</i> )	NP	QL (120 GM per 25 DAYs)
SYNALAR EXTERNAL OINTMENT 0.025 % ( <i>fluocinolone acetonide</i> )	NP	QL (120 GM per 25 DAYs)
SYNALAR EXTERNAL SOLUTION 0.01 % ( <i>fluocinolone acetonide</i> )	PB	QL (120 ML per 25 days)
SYNERA EXTERNAL PATCH 70-70 MG ( <i>lidocaine-tetracaine</i> )	NP	QL (2 PATCHES per 25 DAYs)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	PB	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	PG	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML ( <i>ixekizumab</i> )	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML ( <i>ixekizumab</i> )	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); QL (1 ML per 28 days)
TARGRETIN EXTERNAL GEL 1 % ( <i>bexarotene</i> )	NPS	PA

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<i>tazarotene external cream 0.1 %</i>	PG	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % ( <i>tazarotene</i> )	PB	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % ( <i>tazarotene</i> )	PB	
TEMOVATE EXTERNAL CREAM 0.05 % ( <i>clobetasol propionate</i> )	PB	QL (120 GM per 25 DAYs)
TEMOVATE EXTERNAL OINTMENT 0.05 % ( <i>clobetasol propionate</i> )	PB	QL (120 GM per 25 DAYs)
TEXACORT EXTERNAL SOLUTION 2.5 % ( <i>hydrocortisone</i> )	PB	QL (120 ML per 25 days)
TOLAK EXTERNAL CREAM 4 % ( <i>fluorouracil</i> )	PB	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % ( <i>desoximetasone</i> )	NP	QL (120 GM per 25 DAYs)
TOPICORT EXTERNAL GEL 0.05 % ( <i>desoximetasone</i> )	NP	QL (120 GM per 25 DAYs)
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % ( <i>desoximetasone</i> )	NP	QL (120 GM per 25 DAYs)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % ( <i>desoximetasone</i> )	NP	QL (120 ML per 25 DAYs)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 ML per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 ML per 56 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	PG	
<i>tretinoin external gel 0.01 %, 0.05 %</i>	PG	
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	PG	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	PG	QL (120 GM per 25 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	PG	QL (120 GM per 25 DAYs)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	PG	QL (120 ML per 25 DAYs)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	PG	QL (120 GM per 25 DAYs)
TRIDESILON EXTERNAL CREAM 0.05 % ( <i>desonide</i> )	PB	QL (120 GM per 25 DAYs)
ULTRAVATE EXTERNAL LOTION 0.05 % ( <i>halobetasol propionate</i> )	NP	QL (120 ML per 25 DAYs)

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VALCHLOR EXTERNAL GEL 0.016 % ( <i>mechlorethamine hcl (topical)</i> )	NPS	PA
VANOS EXTERNAL CREAM 0.1 % ( <i>fluocinonide</i> )	NP	QL (120 GM per 25 DAYs)
VECTICAL EXTERNAL OINTMENT 3 MCG/GM ( <i>calcitriol</i> )	NF	
VERDESO EXTERNAL FOAM 0.05 % ( <i>desonide</i> )	NP	QL (120 GM per 25 DAYs)
VOLTAREN TRANSDERMAL GEL 1 % ( <i>diclofenac sodium</i> )	NP	QL (300 GM per 25 days)
XOLEGEL EXTERNAL GEL 2 % ( <i>ketoconazole</i> )	NF	
ZIANA EXTERNAL GEL 1.2-0.025 % ( <i>clindamycin-tretinoin</i> )	NP	
ZONALON EXTERNAL CREAM 5 % ( <i>doxepin hcl (antipruritic)</i> )	NP	ST; QL (90 GM per 25 DAYs)
ZYCLARA EXTERNAL CREAM 3.75 % ( <i>imiquimod</i> )	PB	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % ( <i>imiquimod</i> )	PB	
<b>*DIAGNOSTIC PRODUCTS*</b>		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCU-CHEK GUIDE IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCU-CHEK SMARTVIEW IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 TEST STRIPS per 25 DAYs)
ACCUTREND GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 days)
CARETOUCH TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
CONTOUR NEXT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
CONTOUR TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)

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CVS ADVANCED GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
D-CARE BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
EASY TOUCH TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
EASYMAX 15 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
EASYMAX TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
<i>easyplus blood glucose test in vitro strip</i>	NP	QL (204 TEST STRIPS per 25 DAYs)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 days)
<i>eq blood glucose test in vitro strip</i>	NP	QL (204 TEST STRIPS per 25 DAYs)
EXACTECH R-S-G TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
EXACTECH TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
FORTISCARE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
GENSTRIP 50 IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 STRIP per 25 DAYs)
<i>kroger test in vitro strip</i>	NP	QL (204 TEST STRIPS per 25 DAYs)
<i>liberty test in vitro strip</i>	NP	QL (204 STRIP per 25 days)
MICRODOT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
NEUTEK 2TEK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)

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ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
ONETOUCH ULTRA BLUE IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 TEST STRIPS per 25 DAYs)
ONETOUCH VERIO IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 STRIP per 25 days)
OPTIUM TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
OPTIUMEZ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
OPTUMRX BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
PRECISION PCX IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
PRECISION PCX PLUS TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
PRECISION POINT OF CARE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
PRECISION QID TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
PRECISION SOF-TACT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
<i>premium blood glucose test in vitro strip</i>	NP	QL (204 TEST STRIPS per 25 DAYs)
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
RA TRUETEST TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
RELION ULTIMA TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
SUPREME TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 days)
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 1.1 MG ( <i>thyrotropin alfa</i> )	NPS	
<i>true focus blood glucose strip in vitro strip</i>	NP	QL (204 TEST STRIPS per 25 days)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
TRUETRACK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
ULTIMA TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
UNISTRIPI1 GENERIC IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (204 TEST STRIPS per 25 DAYs)
<b>*DIGESTIVE AIDS* - DRUGS FOR THE STOMACH</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT ( <i>pancrelipase (lip-prot- amyl)</i> )	PB	
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000- 63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000- 126000 UNIT, 5000-24000 UNIT ( <i>pancrelipase (lip-prot- amyl)</i> )	PB	
<b>*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
BRILINTA ORAL TABLET 60 MG, 90 MG ( <i>ticagrelor</i> )	PB	
<b>*DIURETICS* - DRUGS FOR THE HEART</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	PG	

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<i>acetazolamide oral tablet 125 mg, 250 mg</i>	PG	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>spironolactone</i> )	PB	
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	LGC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	PG	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG ( <i>triamterene</i> )	NF	
<i>ethacrynic acid oral tablet 25 mg</i>	PG	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	PG	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	PG	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	PG	LGC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	PG	
KEVEYIS ORAL TABLET 50 MG ( <i>dichlorphenamide</i> )	NPS	PA; QL (120 TABLETS per 30 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	PG	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	PG	
<i>spironolactone oral tablet 25 mg</i>	PG	LGC
<i>spironolactone-hctz oral tablet 25-25 mg</i>	PG	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	PG	
<i>triamterene oral capsule 100 mg, 50 mg</i>	PG	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	PG	LGC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	PG	LGC
<b>*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
SUNOSI ORAL TABLET 150 MG, 75 MG ( <i>solriamfetol hcl</i> )	PB	
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES</b>		
ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	NPS	PA; QL (35 ML per 21 days)

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ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML ( <i>laronidase</i> )	NPS	PA
<i>alendronate sodium oral solution 70 mg/75ml</i>	PG	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	PG	
BUPHENYL ORAL POWDER 3 GM/TSP ( <i>sodium phenylbutyrate</i> )	NF	
BUPHENYL ORAL TABLET 500 MG ( <i>sodium phenylbutyrate</i> )	NF	
<i>cabergoline oral tablet 0.5 mg</i>	PG	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	PG	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PG	
<i>calcitriol oral solution 1 mcg/ml</i>	PG	
CARBAGLU ORAL TABLET 200 MG ( <i>carglumic acid</i> )	NPS	PA
CARNITOR ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )	NF	
CARNITOR ORAL TABLET 330 MG ( <i>levocarnitine</i> )	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )	NF	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG ( <i>cetrotorelix acetate</i> )	PSP	PA; SPC (Only available for select plans)
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	NF	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
<i>clomiphene citrate oral tablet 50 mg</i>	PG	SPC (Only available for select plans)
CYSTADANE ORAL POWDER ( <i>betaine</i> )	NPS	PA
DDAVP NASAL SOLUTION 0.01 % ( <i>desmopressin acetate spray</i> )	PB	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG ( <i>desmopressin acetate</i> )	PB	
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % ( <i>desmopressin ace refrigerated</i> )	PB	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	PG	

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<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	PG	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML ( <i>idursulfase</i> )	NPS	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG ( <i>agalsidase beta</i> )	NPS	PA
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML ( <i>follitropin beta</i> )	NF	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML ( <i>teriparatide (recombinant)</i> )	PSP	PA; QL (1 ML per 28 days)
GALAFOLD ORAL CAPSULE 123 MG ( <i>migalastat hcl</i> )	PSP	PA; QL (14 CAPSULES per 28 days)
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous 250 mcg/0.5ml</i>	NPS	PA
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous 250 mcg/0.5ml</i>	PSP	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG ( <i>somatropin</i> )	NF	
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG ( <i>somatropin</i> )	NF	
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT ( <i>follitropin alfa</i> )	PSP	PA; SPC (Only available for select plans)
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML ( <i>follitropin alfa</i> )	PSP	PA; SPC (Only available for select plans)
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>follitropin alfa</i> )	PSP	PA; SPC (Only available for select plans)
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG ( <i>somatropin</i> )	PSP	PA
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	PG	
<i>ibandronate sodium oral tablet 150 mg</i>	PG	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )	NPS	PA
JYNARQUE ORAL TABLET 15 MG, 30 MG ( <i>tolvaptan</i> )	NPS	PA
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG ( <i>tolvaptan</i> )	NPS	PA; QL (56 TABLETS per 28 days)
KUVAN ORAL PACKET 100 MG, 500 MG ( <i>sapropterin dihydrochloride</i> )	NPS	PA
KUVAN ORAL TABLET SOLUBLE 100 MG ( <i>sapropterin dihydrochloride</i> )	NPS	PA
levocarnitine oral solution 1 gm/10ml	PG	
levocarnitine oral tablet 330 mg	PG	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG ( <i>alglucosidase alfa</i> )	NPS	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG ( <i>leuprolide acetate</i> )	NPS	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) ( <i>leuprolide acetate (3 month)</i> )	NPS	PA
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>menotropins</i> )	NPS	PA; SPC (Only available for select plans)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML ( <i>calcitonin (salmon)</i> )	NF	
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML ( <i>galsulfase</i> )	NPS	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG ( <i>parathyroid hormone (recomb)</i> )	NPS	PA; QL (2 CARTRIDGE per 28 days)
nitisinone oral capsule 10 mg, 2 mg, 5 mg	PSP	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>nitisinone</i> )	NPS	PA
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML ( <i>somatropin</i> )	NF	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT ( <i>chorionic gonadotropin</i> )	NF	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML ( <i>somatropin</i> )	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML ( <i>somatropin</i> )	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML ( <i>somatropin</i> )	NF	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; QL (90 ML per 30 days)
<i>octreotide acetate injection solution 1000 mcg/ml</i>	PG	PA; QL (45 ML per 30 days)
<i>octreotide acetate injection solution 200 mcg/ml</i>	PG	PA; QL (225 ML per 30 days)
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML ( <i>somatropin</i> )	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG ( <i>somatropin</i> )	NF	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG ( <i>nitisinone</i> )	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML ( <i>nitisinone</i> )	PSP	PA
ORILISSA ORAL TABLET 150 MG, 200 MG ( <i>elagolix sodium</i> )	PB	
OSPHEA ORAL TABLET 60 MG ( <i>ospemifene</i> )	PB	
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML ( <i>choriogonadotropin alfa</i> )	PSP	PA; SPC (Only available for select plans)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML ( <i>pegvaliase-pqpz</i> )	NF	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	PG	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	NPS	
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>	PG	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML ( <i>etelcalcetide hcl</i> )	NF	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT ( <i>chorionic gonadotropin</i> )	NF	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML ( <i>denosumab</i> )	PSP	PA; QL (60 ML per 168 days)

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<i>raloxifene hcl oral tablet 60 mg</i>	CE	N7 (PG); AL (Min 35 Years)
RAVICTI ORAL LIQUID 1.1 GM/ML ( <i>glycerol phenylbutyrate</i> )	NF	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML ( <i>zoledronic acid</i> )	NPS	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	PG	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	PG	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG ( <i>calcitriol</i> )	PB	
ROCALTROL ORAL SOLUTION 1 MCG/ML ( <i>calcitriol</i> )	PB	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG ( <i>somatropin (non-refrigerated)</i> )	NF	
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG ( <i>somatropin (non-refrigerated)</i> )	NF	
SAMSCA ORAL TABLET 15 MG, 30 MG ( <i>tolvaptan</i> )	NPS	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML ( <i>octreotide acetate</i> )	NPS	PA; QL (90 ML per 30 DAYs)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG ( <i>octreotide acetate</i> )	NF	
SENSIPAR ORAL TABLET 30 MG, 60 MG ( <i>cinacalcet hcl</i> )	PSP	PA; QL (60 TABLETS per 30 days)
SENSIPAR ORAL TABLET 90 MG ( <i>cinacalcet hcl</i> )	PSP	PA; QL (120 TABLETS per 30 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG ( <i>somatropin (non-refrigerated)</i> )	NPS	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG ( <i>pasireotide pamoate</i> )	NPS	PA; QL (1 SUSPENSION RECONSTITUTED ER per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML ( <i>pasireotide diaspertate</i> )	NPS	PA; QL (60 ML per 30 days)
<i>sod benz-sod phenylacet intravenous solution 10-10 %</i>	PG	
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	PSP	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; QL (1200 TABLETS per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> )	PSP	PA; QL (1 ML per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )	PSP	PA; QL (30 SOLUTION RECONSTITUTED per 30 days)
STIMATE NASAL SOLUTION 1.5 MG/ML ( <i>desmopressin acetate</i> )	NPS	PA
SYNAREL NASAL SOLUTION 2 MG/ML ( <i>nafarelin acetate</i> )	NP	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG ( <i>triptorelin pamoate</i> )	NF	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )	PSP	PA; QL (1 PEN per 30 DAYS)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML ( <i>denosumab</i> )	NPS	PA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG ( <i>paricalcitol</i> )	PB	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	PG	PA
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	PG	PA
<i>zoledronic acid solution 4 mg/100ml intravenous 4 mg/100ml</i>	PSP	PA
<i>zoledronic acid solution 4 mg/100ml intravenous 4 mg/100ml</i>	NPS	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG ( <i>somatropin</i> )	NF	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG ( <i>somatropin (non-refrigerated)</i> )	NPS	PA
<b>*ESTROGENS* - HORMONES</b>		
<i>estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)</i>	PG	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY ( <i>estradiol-levonorgestrel</i> )	PB	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY ( <i>estradiol-norethindrone acet</i> )	PB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM ( <i>estradiol</i> )	PB	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	

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<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>	PG	
<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>	PG	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	PG	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY ( <i>estradiol</i> )	PB	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	PG	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	PG	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	PG	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>estrogens conjugated</i> )	PB	
PREMPHASE ORAL TABLET 0.625-5 MG ( <i>conj estrogen-medroxyprogesterone acetate</i> )	PB	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG ( <i>conj estrogen-medroxyprogesterone acetate</i> )	PB	
<b>*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - HORMONES</b>		
DUAVEE ORAL TABLET 0.45-20 MG ( <i>conj estrogens-bazedoxifene</i> )	PB	
<b>*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE LIVER</b>		
OICALIVA ORAL TABLET 10 MG, 5 MG ( <i>obeticholic acid</i> )	NPS	PA; QL (30 TABLETS per 30 days)
<b>*FLUOROQUINOLONES* - DRUGS FOR INFECTIONS</b>		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	PG	
<i>levofloxacin oral solution 25 mg/ml</i>	PG	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>moxifloxacin hcl oral tablet 400 mg</i>	PG	
<b>*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
ZULRESSO INTRAVENOUS SOLUTION 100 MG/20ML ( <i>brexanolone</i> )	NF	

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<b>*GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH</b>		
ACTIGALL ORAL CAPSULE 300 MG ( <i>ursodiol</i> )	PB	
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	PG	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG ( <i>lubiprostone</i> )	PB	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ( <i>mesalamine</i> )	PB	
<i>balsalazide disodium oral capsule 750 mg</i>	PG	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PG	
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML ( <i>certolizumab pegol</i> )	NF	
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML ( <i>certolizumab pegol</i> )	NF	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG ( <i>certolizumab pegol</i> )	NF	
COLAZAL ORAL CAPSULE 750 MG ( <i>balsalazide disodium</i> )	NF	
GATTEX SUBCUTANEOUS KIT 5 MG ( <i>teduglutide (rdna)</i> )	NPS	PA; QL (1 KIT per 30 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-dyyb</i> )	NF	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	PG	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	PG	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM ( <i>mesalamine</i> )	PB	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG ( <i>linaclotide</i> )	PB	
<i>mesalamine oral capsule delayed release 400 mg</i>	PG	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	PG	
<i>mesalamine rectal enema 4 gm</i>	PG	
<i>mesalamine rectal suppository 1000 mg</i>	PG	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	PG	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	PG	

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MOVANTIK ORAL TABLET 12.5 MG, 25 MG ( <i>naloxegol oxalate</i> )	PB	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG ( <i>mesalamine</i> )	PB	
PHOSLYRA ORAL SOLUTION 667 MG/5ML ( <i>calcium acetate (phos binder)</i> )	PB	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab</i> )	PSP	PA; QL (10 SOLUTION RECONSTITUTED per 28 days)
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-abda</i> )	NF	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PG	
<i>sevelamer carbonate oral tablet 800 mg</i>	PG	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PG	
<i>sulfasalazine oral tablet 500 mg</i>	PG	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	PG	
URSO 250 ORAL TABLET 250 MG ( <i>ursodiol</i> )	PB	
URSO FORTE ORAL TABLET 500 MG ( <i>ursodiol</i> )	PB	
<i>ursodiol oral capsule 300 mg</i>	PG	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	PG	
VELPHORO ORAL TABLET CHEWABLE 500 MG ( <i>sucroferric oxyhydroxide</i> )	PB	
<b>*GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM</b>		
<i>acetic acid irrigation solution 0.25 %</i>	PG	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	PG	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG ( <i>cysteamine bitartrate</i> )	PSP	PA
<i>dutasteride oral capsule 0.5 mg</i>	PG	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	PG	
ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	NP	QL (90 CAPSULES per 25 days)
<i>finasteride oral tablet 5 mg</i>	PG	
<i>pot &amp; sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	PG	

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<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	PG	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG ( <i>cysteamine bitartrate</i> )	NF	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG ( <i>tiopronin</i> )	NPS	PA
THIOLA ORAL TABLET 100 MG ( <i>tiopronin</i> )	NPS	PA
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) ( <i>potassium citrate</i> )	PB	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) ( <i>potassium citrate</i> )	PB	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) ( <i>potassium citrate</i> )	PB	
<b>*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS</b>		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML ( <i>vancomycin hcl</i> )	NP	QL (450 ML per 10 DAYs)
VANCOCIN HCL ORAL CAPSULE 125 MG ( <i>vancomycin hcl</i> )	PB	QL (80 CAPSULES per 10 DAYs)
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	PG	QL (80 CAPSULES per 10 DAYs)
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	NP	QL (450 ML per 10 DAYs)
<b>*GOUT AGENTS* - DRUGS FOR PAIN AND FEVER</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	PG	
<i>colchicine oral capsule 0.6 mg</i>	PG	
<i>colchicine oral tablet 0.6 mg</i>	PG	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	PG	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	PG	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML ( <i>pegloticase</i> )	NPS	PA
<i>probenecid oral tablet 500 mg</i>	PG	
ULORIC ORAL TABLET 40 MG, 80 MG ( <i>febuxostat</i> )	PB	

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<b>*HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD</b>		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophilic factor rahf-pfm</i> )	NPS	PA
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PSP	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophilic factor single chain</i> )	NPS	PA
AGRYLIN ORAL CAPSULE 0.5 MG ( <i>anagrelide hcl</i> )	PB	
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor-vwf</i> )	NPS	PA
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>coagulation factor ix</i> )	NPS	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>coagulation factor ix (rfixfc)</i> )	NF	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	PG	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PG	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )	NPS	PA
BERINERT INTRAVENOUS KIT 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )	NF	
BRILINTA ORAL TABLET 60 MG, 90 MG ( <i>ticagrelor</i> )	PB	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	PG	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )	NPS	PA; QL (17 SOLUTION RECONSTITUTED per 30 days)
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	PG	

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COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT ( <i>coagulation factor x (human)</i> )	NPS	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT ( <i>factor xiii concentrate human</i> )	NPS	PA
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	PG	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT ( <i>antihemophilic factor rfviiiifc</i> )	NF	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT ( <i>antiinhibitor coagulant cmplx</i> )	NPS	PA
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED ( <i>fibrinogen concentrate (human)</i> )	NPS	PA
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML ( <i>icatibant acetate</i> )	PSP	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	NPS	PA; QL (17 SOLUTION RECONSTITUTED per 30 days)
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	NPS	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT ( <i>antihemophilic factor-vwf</i> )	NPS	PA
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	PSP	PA
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT ( <i>coagulation factor ix (rix-fp)</i> )	NPS	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )	NPS	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemoph fact rcmb peg-auct</i> )	PSP	PA

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KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>ecallantide</i> )	NPS	PA
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT ( <i>prothrombin complex conc human</i> )	NPS	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	NPS	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	NPS	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophilic factor (recomb)</i> )	PSP	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophilic factor (recomb)</i> )	PSP	PA
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT ( <i>coagulation factor ix</i> )	NPS	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophilic factor (recomb)</i> )	PSP	PA
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG ( <i>coagulation factor viia recomb</i> )	NPS	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophil fact (bdd-rfviii)</i> )	PSP	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophil fact (bdd-rfviii)</i> )	PSP	PA
<i>obizur intravenous solution reconstituted 500 unit</i>	NF	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	PG	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>factor ix complex</i> )	NPS	PA

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REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT ( <i>coagulation factor ix glycopeg</i> )	PSP	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT ( <i>antihemophilic factor (recomb)</i> )	NPS	PA
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED ( <i>fibrinogen concentrate (human)</i> )	NPS	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NPS	PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT ( <i>c1 esterase inhibitor (recomb)</i> )	PSP	PA
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT ( <i>coagulation factor xiii a-sub</i> )	NPS	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT ( <i>von willebrand factor (recomb)</i> )	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT ( <i>antihemophilic factor-vwf</i> )	NPS	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor rahf-paf</i> )	NPS	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophilic factor rahf-paf</i> )	NPS	PA
<b>*HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )	PSP	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML ( <i>darbepoetin alfa</i> )	PSP	PA

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CERDELGA ORAL CAPSULE 84 MG ( <i>eliglustat tartrate</i> )	PSP	PA; QL (60 CAPSULES per 30 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>imiglucerase</i> )	PSP	PA; QL (15 SOLUTION RECONSTITUTED per 14 days)
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
DOPTELET ORAL TABLET 20 MG ( <i>avatrombopag maleate</i> )	NF	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT ( <i>taliglucerase alfa</i> )	NF	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML ( <i>epoetin alfa</i> )	NF	
FA-8 ORAL CAPSULE 0.8 MG ( <i>folic acid</i> )	CE	N7 (NC); QL (100 CAPSULES per 30 DAYS); AL (Max 55 Years)
FA-8 ORAL TABLET 800 MCG ( <i>folic acid</i> )	CE	N7 (NC); QL (100 TABLETS per 30 DAYS); AL (Max 55 Years)
<i>folate oral tablet 400 mcg</i>	CE	N7 (PG); QL (100 tablets per 30 days); AL (Max 55 Years)
<i>folic acid oral tablet 400 mcg</i>	CE	N7 (PG); QL (100 TABLETS per 30 DAYS); AL (Max 55 Years)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	NF	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>tbo-filgrastim</i> )	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>tbo-filgrastim</i> )	NF	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG ( <i>sargramostim</i> )	NPS	PA
<i>miglustat oral capsule 100 mg</i>	PSP	PA; QL (90 CAPSULES per 30 days)

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MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML ( <i>methoxy peg-epoetin beta</i> )	NF	
MULPLETA ORAL TABLET 3 MG ( <i>lusutrombopag</i> )	PSP	PA; QL (7 TABLETS per 14 days)
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	PG	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML ( <i>pegfilgrastim</i> )	PSP	PA; QL (2 ML per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim</i> )	PSP	PA; QL (2 ML per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim</i> )	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim</i> )	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim-aafi</i> )	PSP	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-aafi</i> )	PSP	PA
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG ( <i>romiplostim</i> )	NF	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG ( <i>romiplostim</i> )	NPS	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa</i> )	NF	
PROMACTA ORAL PACKET 12.5 MG ( <i>eltrombopag olamine</i> )	NPS	PA; QL (240 PACKET per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG ( <i>eltrombopag olamine</i> )	NPS	PA; QL (30 TABLETS per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG ( <i>eltrombopag olamine</i> )	NPS	PA; QL (60 TABLETS per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	PSP	PA

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UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )	PSP	PA; QL (2 ML per 28 days)
VENOFER INTRAVENOUS SOLUTION 20 MG/ML ( <i>iron sucrose</i> )	NPS	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>velagluconase alfa</i> )	NPS	PA; QL (15 SOLUTION RECONSTITUTED per 14 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-sndz</i> )	NF	
ZAVESCA ORAL CAPSULE 100 MG ( <i>miglustat</i> )	NPS	PA; QL (90 CAPSULES per 30 days)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-bmez</i> )	NF	
<b>*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
OXBRYTA ORAL TABLET 500 MG ( <i>voxelotor</i> )	NF	
<b>*HEMOSTATICS* - DRUGS FOR THE BLOOD</b>		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	PG	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	PG	
<i>tranexamic acid oral tablet 650 mg</i>	PG	
<b>*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS</b>		
EPCLUSA ORAL TABLET 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); QL (28 TABLETS per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NF	
MAVYRET ORAL TABLET 100-40 MG ( <i>glecaprevir-pibrentasvir</i> )	NF	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NF	
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG ( <i>ombitas-paritaprevir-ritonavir-dasabuvir</i> )	NF	

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VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuv-velpatasv-voxilaprev</i> )	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
ZEPATIER ORAL TABLET 50-100 MG ( <i>elbasvir-grazoprevir</i> )	NF	
<b>*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS THAT ALTER METABOLISM</b>		
XURIDEN ORAL PACKET 2 GM ( <i>uridine triacetate</i> )	NPS	QL (4 PACKETS per 1 DAY)
<b>*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG ( <i>pitolisant hcl</i> )	NF	
<b>*HYPNOTICS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	PG	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	PG	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	PG	STX
HETLIOZ ORAL CAPSULE 20 MG ( <i>tasimelteon</i> )	NPS	PA; QL (30 CAPSULES per 30 days)
<i>midazolam hcl oral syrup 2 mg/ml</i>	PG	
<i>phenobarbital oral elixir 20 mg/5ml</i>	PG	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	PG	
<i>quazepam oral tablet 15 mg</i>	PG	STX
<i>ramelteon oral tablet 8 mg</i>	PG	
SILENOR ORAL TABLET 3 MG, 6 MG ( <i>doxepin hcl</i> )	PB	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	PG	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	PG	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PG	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	PG	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	PG	

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<b>*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR METABOLIC DISEASE</b>		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML ( <i>asfotase alfa</i> )	NPS	PA
<b>*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG ( <i>eluxadoline</i> )	PB	
<b>*IMPOTENCE AGENT COMBINATIONS*** - DRUGS FOR THE URINARY SYSTEM</b>		
<i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>	NP	SPC (Only available for select plans)
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	NP	SPC (Only available for select plans)
<i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>	NP	SPC (Only available for select plans)
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	NP	SPC (Only available for select plans)
<i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i>	NP	SPC (Only available for select plans)
<b>*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - HORMONES</b>		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML ( <i>insulin glargine-lixisenatide</i> )	PB	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML ( <i>insulin degludec-liraglutide</i> )	PB	
<b>*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH</b>		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG ( <i>vedolizumab</i> )	NF	
<b>*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR THE STOMACH</b>		
STELARA INTRAVENOUS SOLUTION 130 MG/26ML ( <i>ustekinumab</i> )	NF	

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<b>*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR THE LUNGS</b>		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML ( <i>benralizumab</i> )	PSP	PA; QL (1 ML per 56 DAYs)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML ( <i>benralizumab</i> )	PSP	PA; QL (1 ML per 56 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>mepolizumab</i> )	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG ( <i>mepolizumab</i> )	PSP	PA; QL (3 SOLUTION RECONSTITUTED per 28 days)
<b>*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** - DRUGS FOR THE LUNGS</b>		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML ( <i>reslizumab</i> )	NF	
<b>*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER</b>		
TIBSOVO ORAL TABLET 250 MG ( <i>ivosidenib</i> )	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)
<b>*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG ( <i>enasidenib mesylate</i> )	CE	PA; N7 (NPS); QL (30 TABLETS per 30 days)
<b>*LAXATIVES* - DRUGS FOR THE STOMACH</b>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML ( <i>sod picosulfate-mag ox-cit acd</i> )	CE	N7 (NP); AL (Min 50 Years and Max 74 Years)
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-C Oral Solution Reconstituted 240 Gm)	PG	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	PG	
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Gavilyte-H Oral Kit 5-210 Mg-Gm)	CE	N7 (PG); AL (Min 50 Years and Max 74 Years)
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	PG	

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KRISTALOSE ORAL PACKET 10 GM ( <i>lactulose</i> )	NP	
<i>lactulose oral packet 10 gm</i>	NF	
<i>lactulose oral solution 10 gm/15ml</i>	PG	
MIRALAX ORAL PACKET ( <i>polyethylene glycol 3350</i> )	PB	
MIRALAX ORAL POWDER ( <i>polyethylene glycol 3350</i> )	PB	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	CE	N7 (NP); AL (Min 50 Years and Max 74 Years)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	PG	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	PG	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	CE	N7 (NP); AL (Min 50 Years and Max 74 Years)
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM ( <i>sod picosulfate-mag ox-cit acd</i> )	CE	N7 (NP); AL (Min 50 Years and Max 74 Years)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML ( <i>na sulfate-k sulfate-mg sulf</i> )	CE	N7 (PB); AL (Min 50 Years and Max 74 Years)
<b>*LEPTIN ANALOGUES*** - HORMONES</b>		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG ( <i>metreleptin</i> )	NPS	PA; QL (30 SOLUTION RECONSTITUTED per 30 days)
<b>*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - HORMONES</b>		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG ( <i>leuprolide &amp; norethindrone</i> )	NPS	PA
<b>*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE</b>		
XIIDRA OPHTHALMIC SOLUTION 5 % ( <i>lifitegrast</i> )	PB	
<b>*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** - DRUGS FOR METABOLIC DISEASE</b>		
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML ( <i>sebelipase alfa</i> )	NPS	PA
<b>*MACROLIDES* - DRUGS FOR INFECTIONS</b>		
<i>azithromycin oral packet 1 gm</i>	PG	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	

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<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	PG	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PG	
DIFICID ORAL TABLET 200 MG ( <i>fidaxomicin</i> )	PB	
E.E.S. 400 ORAL TABLET 400 MG ( <i>erythromycin ethylsuccinate</i> )	PG	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	NF	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	NF	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	PG	
ERYTHROCIN STEARATE ORAL TABLET 250 MG ( <i>erythromycin stearate</i> )	PG	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	PG	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	PG	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<b>*MEDICAL DEVICES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
ACCU-CHEK FASTCLIX LANCETS ( <i>lancets</i> )	PB	
ACCU-CHEK MULTICLIX LANCETS ( <i>lancets</i> )	PB	
ACCU-CHEK SOFT TOUCH LANCETS ( <i>lancets</i> )	PB	
ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )	PB	
<i>alcohol swabs pad</i>	NP	
ASSURE LANCETS ( <i>lancets</i> )	PB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML ( <i>insulin syringe/needle u-500</i> )	PB	N8 (UN8)
BD LANCET ULTRAFINE 30G ( <i>lancets</i> )	PB	
BD LANCET ULTRAFINE 33G ( <i>lancets</i> )	PB	
BD MICROTAINER LANCETS ( <i>lancets</i> )	PB	

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BD PEN NEEDLE MICRO U/F 32G X 6 MM ( <i>insulin pen needle</i> )	PB	N8 (UN8)
BD PEN NEEDLE MINI U/F 31G X 5 MM ( <i>insulin pen needle</i> )	PB	N8 (UN8)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM ( <i>insulin pen needle</i> )	PB	N8 (UN8)
BD PEN NEEDLE NANO U/F 32G X 4 MM ( <i>insulin pen needle</i> )	PB	N8 (UN8)
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM ( <i>insulin pen needle</i> )	PB	N8 (UN8)
BD PEN NEEDLE SHORT U/F 31G X 8 MM ( <i>insulin pen needle</i> )	PB	N8 (UN8)
<i>bullseye mini safety lancets</i>	PB	
BULLSEYE SAFETY LANCETS ( <i>lancets</i> )	PB	
CARESENS LANCETS ( <i>lancets</i> )	NP	
CAYA VAGINAL DIAPHRAGM ( <i>diaphragm arc-spring</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
COAGUCHEK LANCETS ( <i>lancets</i> )	PB	
<i>comfort assured lancets 28g</i>	PB	
<i>comfort assured lancets 33g</i>	PB	
DEXCOM G5 MOBILE TRANSMITTER ( <i>continuous blood gluc transmit</i> )	PB	
DEXCOM G6 SENSOR ( <i>continuous blood gluc sensor</i> )	PB	
DEXCOM RECEIVER KIT DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
EASY TOUCH LANCETS 21G ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 23G ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 26G ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 26G/TWIST ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 28G ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 28G/TWIST ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 30G ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 30G/TWIST ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 32G ( <i>lancets</i> )	PB	

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EASY TOUCH LANCETS 32G/TWIST ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 33G/TWIST ( <i>lancets</i> )	PB	
EASY TOUCH LANCING DEVICE ( <i>lancet devices</i> )	NP	
EASY TOUCH SAFETY LANCETS 21G ( <i>lancets</i> )	PB	
EASY TOUCH SAFETY LANCETS 23G ( <i>lancets</i> )	PB	
EASY TOUCH SAFETY LANCETS 26G ( <i>lancets</i> )	PB	
EASY TOUCH SAFETY LANCETS 28G ( <i>lancets</i> )	PB	
EASY TWIST & CAP LANCETS ( <i>lancets</i> )	PB	
FC2 FEMALE CONDOM ( <i>condoms - female</i> )	CE	N7 (NP)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM ( <i>cervical caps</i> )	CE	N7 (NP); QL (1 DEVICE per 300 days)
FINGERSTIX LANCETS ( <i>lancets</i> )	PB	
FREESTYLE LANCETS ( <i>lancets</i> )	PB	
FREESTYLE LIBRE READER DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
FREESTYLE LIBRE SENSOR SYSTEM ( <i>continuous blood gluc sensor</i> )	PB	
FREESTYLE UNISTICK II LANCETS ( <i>lancets</i> )	PB	
<i>glucose control in vitro solution</i>	NP	
<i>lancets</i>	PB	
<i>lancets super thin 28g</i>	PB	
LANCETS ULTRA THIN ( <i>lancets</i> )	PB	
<i>lancets ultra thin 30g</i>	PB	
LIFESCAN UNISTIK 2 ( <i>lancets</i> )	PB	
LIFESCAN UNISTIK II LANCETS ( <i>lancets</i> )	PB	
<i>lite touch lancets</i>	PB	
LITETOUCH LANCETS ( <i>lancets</i> )	PB	
MICROLET LANCETS ( <i>lancets</i> )	PB	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM ( <i>diaphragms</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
ONETOUCH CLUB LANCETS FINE PT ( <i>lancets</i> )	PB	
ONETOUCH DELICA LANCETS 30G ( <i>lancets</i> )	PB	

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ONETOUCH DELICA LANCETS 33G ( <i>lancets</i> )	PB	
ONETOUCH DELICA LANCING DEV ( <i>lancet devices</i> )	NP	
ONETOUCH FINEPOINT LANCETS ( <i>lancets</i> )	PB	
ONETOUCH ULTRASOFT LANCETS ( <i>lancets</i> )	PB	
SAFETY LET LANCETS ( <i>lancets</i> )	PB	
<i>sapscare twist top lancets</i>	PB	
SIMPLE DIAGNOSTICS LANCING DEV ( <i>lancet devices</i> )	NP	
<i>super thin lancets</i>	PB	
TRUEPLUS LANCETS 26G ( <i>lancets</i> )	PB	
TRUEPLUS LANCETS 30G ( <i>lancets</i> )	PB	
TRUEPLUS SAFETY LANCETS 28G ( <i>lancets</i> )	PB	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)

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<b>*MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	PG	
CAFERGOT ORAL TABLET 1-100 MG ( <i>ergotamine-caffeine</i> )	NF	
D.H.E. 45 INJECTION SOLUTION 1 MG/ML ( <i>dihydroergotamine mesylate</i> )	PB	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	PG	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NF	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	PG	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	PG	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	PG	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <i>ergotamine-caffeine</i> )	PG	
MIGRANAL NASAL SOLUTION 4 MG/ML ( <i>dihydroergotamine mesylate</i> )	NP	QL (8 ML per 25 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	PG	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC ( <i>sumatriptan succinate</i> )	PB	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	PG	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	PG	
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	PG	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	PG	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	PG	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	PG	
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	PG	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	PG	
TREXIMET ORAL TABLET 85-500 MG ( <i>sumatriptan-naproxen sodium</i> )	PB	

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ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML ( <i>sumatriptan succinate</i> )	PB	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	PG	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	PG	
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	PB	
<b>*MINERALS &amp; ELECTROLYTES* - DRUGS FOR NUTRITION</b>		
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML ( <i>sodium fluoride</i> )	CE	N7 (NC); AL (Max 5 Years)
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	N7 (PG); AL (Max 5 Years)
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg</i>	CE	N7 (PG); AL (Max 5 Years)
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP ( <i>sodium fluoride</i> )	CE	N7 (NC); AL (Max 5 Years)
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	PG	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ ( <i>potassium chloride crys er</i> )	PG	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	PG	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	PG	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	PG	
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	PG	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ ( <i>potassium chloride</i> )	PB	
<i>k phos mono-sod phos di &amp; mono</i> (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)	PG	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	PG	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	PG	

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<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	PG	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	PG	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N7 (PG); AL (Max 5 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N7 (PG); AL (Max 5 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	PG	
<i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg</i>	CE	N7 (PG); AL (Max 5 Years)
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	PG	
<b>*MIXED ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS</b>		
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR ( <i>grass mix pollens allergen ext</i> )	PSP	PA
<b>*MONOBACTAMS*** - DRUGS FOR INFECTIONS</b>		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG ( <i>aztreonam lysine</i> )	NPS	PA; QL (84 ML per 28 days)
<b>*MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>cevimeline hcl oral capsule 30 mg</i>	PG	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PG	
<i>clotrimazole mouth/throat troche 10 mg</i>	PG	
EVOXAC ORAL CAPSULE 30 MG ( <i>cevimeline hcl</i> )	PB	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	PG	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	PG	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
SALAGEN ORAL TABLET 5 MG, 7.5 MG ( <i>pilocarpine hcl</i> )	PB	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
<b>*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** - DRUGS FOR METABOLIC DISEASE</b>		
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML ( <i>elosulfase alfa</i> )	NPS	PA
<b>*MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS*** - DRUGS FOR METABOLIC DISEASE</b>		
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML ( <i>vestronidase alfa-vjbk</i> )	NPS	PA

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<b>*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPS	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPS	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPS	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPS	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPS	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPS	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPS	PA; QL (20 TABLETS per 270 days)
<b>*MULTIVITAMINS* - DRUGS FOR NUTRITION</b>		
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG ( <i>prenatal w/o a vit-fe cbn-fa</i> )	PG	
<i>b-plex oral tablet</i>	PG	
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG ( <i>prenatal mv-min-fe fum-fa-dha</i> )	PG	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )	PB	
CITRANATAL ASSURE ORAL 35-1 & 300 MG ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )	PB	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG ( <i>prenat w/o a fecbnfeglu-fa &amp;b6</i> )	PB	
CITRANATAL BLOOM DHA ORAL 90-1 & 300 MG ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )	PB	
CITRANATAL BLOOM ORAL TABLET 90-1 MG ( <i>prenatal-dss-fech-fegl-fa</i> )	PB	
CITRANATAL DHA ORAL 27-1 & 250 MG ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )	PB	

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CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG ( <i>prenat-fefmcb-dss-fa-dha w/o a</i> )	PB	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG ( <i>prenat-fecb-fefum-fa-dha w/o a</i> )	PB	
CITRANATAL RX ORAL TABLET 27-1 MG ( <i>prenat w/o a-fecb-fegl-dss-fa</i> )	PB	
CORVITA ORAL TABLET 1.25 MG ( <i>multiple vitamins-minerals-fa</i> )	PG	
<i>b complex-c-folic acid</i> (Dexifol Oral Tablet 5 Mg)	NF	
<i>folbee plus oral tablet</i>	PG	
<i>hylavite oral tablet</i>	NF	
INATAL GT ORAL TABLET ( <i>prenatal vit-dss-fe cbn-fa</i> )	PG	
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	PG	
<i>pediatric multivitamins-fl</i> (Mvc-Fluoride Oral Tablet Chewable 0.25 Mg, 0.5 Mg, 1 Mg)	PG	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	PG	
PRENATABS RX ORAL TABLET 29-1 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	PG	
<i>prenatal + complete multi oral therapy pack 0.267 &amp; 373 mg</i>	PG	
<i>prenatal adult gummy/dhalfa oral tablet chewable 0.4-25 mg</i>	PG	
<i>prenatal gummies/dha &amp; fa oral tablet chewable 0.4-32.5 mg</i>	PG	
<i>reno caps oral capsule 1 mg</i>	PG	
SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 & 200 MG ( <i>prenatal mv-min-fe fum-fa-dha</i> )	PG	
THERANATAL ONE ORAL CAPSULE 27-1-300 MG ( <i>prenatal-fefum-fa-dha w/o a</i> )	PG	
TRINATE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	PG	
<b>*MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	PG	QL (84 TABLETS per 28 DAYs)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	PG	QL (168 TABLETS per 25 DAYs)

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<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	PG	QL (168 TABLETS per 25 DAYs)
<i>chlorzoxazone oral tablet 250 mg</i>	NF	
<i>chlorzoxazone oral tablet 500 mg</i>	PG	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	PG	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	PG	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG ( <i>dantrolene sodium</i> )	PB	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML ( <i>cross-linked hyaluronate</i> )	PSP	PA
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	PSP	PA
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML ( <i>hyaluronan</i> )	NF	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	PG	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PG	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML ( <i>hyaluronan</i> )	NF	
<i>orphenadrine-aspirin-caffeine oral tablet 50-770-60 mg</i>	PG	

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ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML ( <i>hyaluronan</i> )	NF	
ROBAXIN-750 ORAL TABLET 750 MG ( <i>methocarbamol</i> )	PB	
SKELAXIN ORAL TABLET 800 MG ( <i>metaxalone</i> )	PB	
SOMA ORAL TABLET 250 MG, 350 MG ( <i>carisoprodol</i> )	NP	QL (84 TABLETS per 28 DAYS)
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )	PSP	PA
SYNISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML ( <i>hylan</i> )	NF	
SYNISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML ( <i>hylan</i> )	NF	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	PG	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )	PSP	PA
ZANAFLEX ORAL TABLET 4 MG ( <i>tizanidine hcl</i> )	PB	
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE</b>		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	PG	
<i>budesonide nasal suspension 32 mcg/lact</i>	PG	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT ( <i>azelastine-fluticasone</i> )	PB	
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT ( <i>fluticasone propionate</i> )	PG	
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	PG	
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	PG	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PG	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	PG	

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NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT ( <i>triamcinolone acetonide</i> )	PG	
<i>olopatadine hcl nasal solution 0.6 %</i>	PG	
<i>triamcinolone acetonide nasal aerosol 55 mcg/lact</i>	PG	
<b>*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril-valsartan</i> )	PB	
<b>*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR THE HEART</b>		
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG ( <i>droxidopa</i> )	NF	
<b>*NEUROMUSCULAR AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT ( <i>onabotulinumtoxin</i> )	NPS	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT ( <i>abobotulinumtoxin</i> )	NPS	PA
<i>riluzole oral tablet 50 mg</i>	PG	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT ( <i>incobotulinumtoxin</i> )	NPS	PA
<b>*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )	NPS	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )	NPS	PA
<b>*OPHTHALMIC AGENTS* - DRUGS FOR THE EYE</b>		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % ( <i>ketorolac tromethamine</i> )	PB	
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	PG	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % ( <i>brimonidine tartrate</i> )	PB	

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<i>atropine sulfate ophthalmic solution 1 %</i>	NP	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PG	
AZOPT OPHTHALMIC SUSPENSION 1 % ( <i>brinzolamide</i> )	PB	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	PG	
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML ( <i>brolucizumab-dbl</i> )	NF	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % ( <i>besifloxacin hcl</i> )	PB	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	PG	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % ( <i>timolol hemihydrate</i> )	PB	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % ( <i>betaxolol hcl</i> )	PB	
<i>bimatoprost ophthalmic solution 0.03 %</i>	PG	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	PG	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	PG	
<i>carteolol hcl ophthalmic solution 1 %</i>	PG	
CILOXAN OPHTHALMIC OINTMENT 0.3 % ( <i>ciprofloxacin hcl</i> )	PB	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	PG	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % ( <i>brimonidine tartrate-timolol</i> )	PB	
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % ( <i>cysteamine hcl</i> )	NPS	PA; QL (4 ML per 28 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	PG	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	PG	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	PG	
DUREZOL OPHTHALMIC EMULSION 0.05 % ( <i>difluprednate</i> )	PB	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	PG	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML ( <i>aflibercept</i> )	PSP	PA

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EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML ( <i>aflibercept</i> )	PSP	PA
FLAREX OPHTHALMIC SUSPENSION 0.1 % ( <i>fluorometholone acetate</i> )	NP	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	PG	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	PG	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % ( <i>fluorometholone</i> )	PB	
FML OPHTHALMIC OINTMENT 0.1 % ( <i>fluorometholone</i> )	PB	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	PG	
GENTAK OPHTHALMIC OINTMENT 0.3 % ( <i>gentamicin sulfate</i> )	PG	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	PG	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % ( <i>nepafenac</i> )	PB	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % ( <i>atropine sulfate</i> )	NP	
JETREA INTRAVITREAL SOLUTION 0.375 MG/0.3ML ( <i>ocriplasmin</i> )	NPS	PA
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	PG	
<i>kp ketotifen fumarate ophthalmic solution 0.025 %</i>	PG	
LASTACFT OPHTHALMIC SOLUTION 0.25 % ( <i>alcaftadine</i> )	PB	
<i>latanoprost ophthalmic solution 0.005 %</i>	PG	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	PG	
<i>levofloxacin ophthalmic solution 0.5 %</i>	PG	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	PG	
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab</i> )	PSP	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab</i> )	PSP	PA
LUMIGAN OPHTHALMIC SOLUTION 0.01 % ( <i>bimatoprost</i> )	PB	
MACUGEN INTRAOCULAR SOLUTION 0.3 MG ( <i>pegaptanib sodium</i> )	NPS	PA

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MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (dexamethasone)	PB	
MOXEZA OPHTHALMIC SOLUTION 0.5 % (moxifloxacin hcl)	PB	
moxifloxacin hcl ophthalmic solution 0.5 %	PG	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	PG	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	PG	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (nepafenac)	PB	
ofloxacin ophthalmic solution 0.3 %	PG	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	PG	
PAZEO OPHTHALMIC SOLUTION 0.7 % (olopatadine hcl)	PB	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	PG	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	PG	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (prednisolone acetate)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	PB	
prednisolone acetate ophthalmic suspension 1 %	PG	
prednisolone acetate p-f ophthalmic suspension 1 %	NF	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (cyclosporine)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	PB	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (brinzolamide-brimonidine)	PB	
sulfacetamide sodium ophthalmic ointment 10 %	PG	
sulfacetamide sodium ophthalmic solution 10 %	PG	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	PG	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	PG	
timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)	PG	

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TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % ( <i>tobramycin-dexamethasone</i> )	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % ( <i>tobramycin-dexamethasone</i> )	PB	
<i>tobramycin ophthalmic solution 0.3 %</i>	PG	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	PG	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % ( <i>travoprost</i> )	PB	
<i>trifluridine ophthalmic solution 1 %</i>	PG	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	PG	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG ( <i>verteporfin</i> )	NPS	PA
ZADITOR OPHTHALMIC SOLUTION 0.025 % ( <i>ketotifen fumarate</i> )	PG	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % ( <i>loteprednol-tobramycin</i> )	NP	
<b>*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR THE EYE</b>		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % ( <i>netarsudil-latanoprost</i> )	PB	
<b>*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR THE EYE</b>		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % ( <i>netarsudil dimesylate</i> )	PB	
<b>*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG ( <i>suvorexant</i> )	PB	
<b>*OTIC AGENTS* - DRUGS FOR THE EAR</b>		
<i>acetic acid otic solution 2 %</i>	PG	
CIPRODEX OTIC SUSPENSION 0.3-0.1 % ( <i>ciprofloxacin-dexamethasone</i> )	PB	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	PG	
<i>fluocinolone acetonide otic oil 0.01 %</i>	PG	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	PG	

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<i>neomycin-polymyxin-hc otic solution 1 %</i>	PG	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	PG	
<i>ofloxacin otic solution 0.3 %</i>	PG	
<b>*OXYTOCICS* - HORMONES</b>		
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	PG	QL (4 TABLETS per 1 day)
<i>methylergonovine maleate oral tablet 0.2 mg</i>	PG	QL (4 TABLETS per 1 day)
<b>*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS</b>		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin-hyaluronidase</i> )	NF	
<b>*PASSIVE IMMUNIZING AGENTS* - BIOLOGICAL AGENTS</b>		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML ( <i>immune globulin (human)-slra</i> )	NF	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML ( <i>immune globulin (human)</i> )	NPS	PA
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM ( <i>immune globulin (human)</i> )	NPS	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML ( <i>immune globulin (human)-hipp</i> )	NPS	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML ( <i>immune globulin (human)</i> )	NF	
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML ( <i>cytomegalovirus immune glob</i> )	NPS	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPS	PA
GAMASTAN INTRAMUSCULAR INJECTABLE ( <i>immune globulin (human)</i> )	NPS	PA
GAMASTAN S/D INTRAMUSCULAR INJECTABLE ( <i>immune globulin (human)</i> )	NPS	PA

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GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPS	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM ( <i>immune globulin (human)</i> )	NPS	PA
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPS	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPS	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPS	PA
GAMUNEX-C INJECTION SOLUTION 40 GM/400ML ( <i>immune globulin (human)</i> )	NF	
HEPAGAM B INJECTION SOLUTION ( <i>hepatitis b immune globulin</i> )	NPS	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )	NPS	PA
HYPERHEP B S/D INTRAMUSCULAR SOLUTION ( <i>hepatitis b immune globulin</i> )	NPS	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML ( <i>rabies immune globulin</i> )	NPS	
HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML ( <i>rabies immune globulin</i> )	NPS	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT ( <i>rho d immune globulin</i> )	NPS	
HYPERTET S/D INTRAMUSCULAR INJECTABLE 250 UNIT/ML ( <i>tetanus immune globulin</i> )	NPS	
IMOGAM RABIES-HT INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML ( <i>rabies immune globulin</i> )	NPS	
<i>kedrab injection solution 1500 unit/10ml, 300 unit/2ml</i>	NPS	

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MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT ( <i>rho d immune globulin</i> )	NPS	
NABI-HB INTRAMUSCULAR SOLUTION ( <i>hepatitis b immune globulin</i> )	NPS	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPS	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)-ifas</i> )	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPS	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT ( <i>rho d immune globulin</i> )	NPS	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML ( <i>rho d immune globulin</i> )	NPS	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML ( <i>palivizumab</i> )	NPS	PA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML ( <i>varicella-zoster immune glob</i> )	NPS	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML ( <i>rho d immune globulin</i> )	NPS	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)-klhw</i> )	NF	
<b>*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART</b>		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML ( <i>alirocumab</i> )	NF	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML ( <i>evolocumab</i> )	PSP	PA; QL (1 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML ( <i>evolocumab</i> )	PSP	PA; QL (2 ML per 28 days)

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REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>evolocumab</i> )	PSP	PA; QL (2 ML per 28 days)
<b>*PENICILLINS* - DRUGS FOR INFECTIONS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	PG	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	PG	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	PG	
<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>	PG	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	PG	
<i>ampicillin oral capsule 500 mg</i>	PG	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	PG	
<b>*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER</b>		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG ( <i>duvelisib</i> )	CE	PA; N7 (NPS); QL (56 CAPSULES per 28 DAYs)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>alpelisib</i> )	CE	N7 (FE)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG ( <i>alpelisib</i> )	CE	N7 (FE)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG ( <i>alpelisib</i> )	CE	N7 (FE)
ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )	CE	PA; N7 (NPS); QL (60 TABLETS per 30 days)

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<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
EUCRISA EXTERNAL OINTMENT 2 % ( <i>crisaborole</i> )	PB	
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR PAIN AND FEVER</b>		
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days)
<b>*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART</b>		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML ( <i>lanadelumab-flyo</i> )	NF	
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER</b>		
LYNPARZA ORAL CAPSULE 50 MG ( <i>olaparib</i> )	CE	PA; N7 (PSP)
LYNPARZA ORAL TABLET 100 MG ( <i>olaparib</i> )	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)
LYNPARZA ORAL TABLET 150 MG ( <i>olaparib</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG ( <i>rucaparib camsylate</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG ( <i>talazoparib tosylate</i> )	CE	N7 (FE)
ZEJULA ORAL CAPSULE 100 MG ( <i>niraparib tosylate</i> )	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER</b>		
LYNPARZA ORAL CAPSULE 50 MG ( <i>olaparib</i> )	CE	PA; N7 (PSP)
LYNPARZA ORAL TABLET 100 MG ( <i>olaparib</i> )	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)
LYNPARZA ORAL TABLET 150 MG ( <i>olaparib</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)

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RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG ( <i>rucaparib camsylate</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG ( <i>talazoparib tosylate</i> )	CE	N7 (FE)
ZEJULA ORAL CAPSULE 100 MG ( <i>niraparib tosylate</i> )	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
<b>*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
GRALISE ORAL TABLET 300 MG, 600 MG ( <i>gabapentin (once-daily)</i> )	PB	
GRALISE STARTER ORAL 300 & 600 MG ( <i>gabapentin (once-daily)</i> )	PB	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG ( <i>pregabalin</i> )	PB	
<b>*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION</b>		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60Ml)	PG	
LOKELMA ORAL PACKET 10 GM, 5 GM ( <i>sodium zirconium cyclosilicate</i> )	PB	
<i>sodium polystyrene sulfonate oral powder</i>	PG	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	PG	
<i>sodium polystyrene sulfonate</i> (Sps Oral Suspension 15 Gm/60Ml)	PG	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM ( <i>patiromer sorbitex calcium</i> )	PB	
<b>*PRENATAL MV &amp; MINERALS W/FA WITHOUT IRON*** - DRUGS FOR NUTRITION</b>		
<i>prenatal + complete multi oral therapy pack 0.267 &amp; 373 mg</i>	PG	
<i>prenatal adult gummy/dhafa oral tablet chewable 0.4-25 mg</i>	PG	
<i>prenatal gummies/dha &amp; fa oral tablet chewable 0.4-32.5 mg</i>	PG	
<b>*PROGESTINS* - HORMONES</b>		
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	PSP	PA; QL (21 ML per 365 days)

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MAKENA INTRAMUSCULAR OIL 250 MG/ML ( <i>hydroxyprogesterone caproate</i> )	NPS	PA; QL (5 ML per 365 days)
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML ( <i>hydroxyprogesterone caproate</i> )	NPS	PA; QL (21 ML per 365 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N7 (PG)
<i>norethindrone acetate oral tablet 5 mg</i>	PG	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	PG	
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	PG	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG ( <i>dalfampridine</i> )	NPS	PA; ST; QL (60 TABLETS per 30 days)
ANTABUSE ORAL TABLET 250 MG, 500 MG ( <i>disulfiram</i> )	PB	
AUBAGIO ORAL TABLET 14 MG, 7 MG ( <i>teriflunomide</i> )	PSP	PA; QL (30 TABLETS per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG ( <i>deutetrabenazine</i> )	PSP	PA; QL (120 TABLETS per 30 days)
AUSTEDO ORAL TABLET 6 MG ( <i>deutetrabenazine</i> )	PSP	PA; QL (60 TABLETS per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	NF	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	NF	
BETASERON SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	PSP	PA; QL (14 KIT per 28 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N7 (PG); QL (2 TREATMENT CYCLES per 1 day)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG ( <i>varenicline tartrate</i> )	CE	N7 (PB); QL (2 treatment cycles per 1 year)
CHANTIX ORAL TABLET 0.5 MG, 1 MG ( <i>varenicline tartrate</i> )	CE	N7 (PB); QL (2 treatment cycles per 1 year)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 ( <i>varenicline tartrate</i> )	CE	N7 (PB); QL (2 treatment cycles per 1 year)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	PG	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML ( <i>glatiramer acetate</i> )	PSP	PA; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML ( <i>glatiramer acetate</i> )	PSP	PA; QL (12 ML per 28 days)
<i>cvs nicotine mouth/throat gum 4 mg</i>	CE	N7 (PG); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>cvs nicotine polacrilex mouth/throat gum 2 mg</i>	CE	N7 (PG); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	N7 (PG); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N7 (PG); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	PG	
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	PG	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	NF	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	PG	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	PG	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	PG	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	PG	
GILENYA ORAL CAPSULE 0.5 MG ( <i>fingolimod hcl</i> )	PSP	PA; QL (30 CAPSULES per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PSP	PA; QL (12 ML per 28 days)

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<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)	PSP	PA; QL (12 ML per 28 days)
GRALISE ORAL TABLET 300 MG, 600 MG ( <i>gabapentin</i> (once-daily))	PB	
GRALISE STARTER ORAL 300 & 600 MG ( <i>gabapentin</i> (once-daily))	PB	
INGREZZA ORAL CAPSULE 40 MG, 80 MG ( <i>valbenazine tosylate</i> )	PSP	PA; QL (30 CAPSULES per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG ( <i>valbenazine tosylate</i> )	PSP	PA; QL (1 CAPSULE THERAPY PACK per 28 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML ( <i>alemtuzumab</i> )	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG ( <i>pregabalin</i> )	PB	
MAYZENT ORAL TABLET 0.25 MG ( <i>siponimod fumarate</i> )	PSP	PA; QL (112 TABLETS per 28 DAYS)
MAYZENT ORAL TABLET 2 MG ( <i>siponimod fumarate</i> )	PSP	PA; QL (30 TABLETS per 30 DAYS)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	PG	
<i>memantine hcl oral solution 2 mg/ml</i>	PG	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	PG	
NICOTROL INHALATION INHALER 10 MG ( <i>nicotine</i> )	CE	N7 (NP); QL (168 DAYS OF TREATMENT per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )	CE	N7 (NP); QL (168 DAYS OF TREATMENT per 365 days)
NUEDEXTA ORAL CAPSULE 20-10 MG ( <i>dextromethorphan-quinidine</i> )	PB	
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML ( <i>ocrelizumab</i> )	NPS	PA; QL (2 ML per 168 days)
<i>paroxetine mesylate oral capsule 7.5 mg</i>	PG	

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<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	PG	
<i>pimozide oral tablet 1 mg, 2 mg</i>	PG	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NF	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NF	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PSP	PA; QL (12 SYRINGES per 28 DAYS)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PSP	PA; QL (1 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PSP	PA; QL (12 SYRINGES per 28 DAYS)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PSP	PA; QL (1 ML per 28 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	PG	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	PG	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )	PB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG ( <i>milnacipran hcl</i> )	PB	
TECFIDERA ORAL 120 & 240 MG ( <i>dimethyl fumarate</i> )	PSP	PA; QL (1 MISCELLANEOUS per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG ( <i>dimethyl fumarate</i> )	PSP	PA; QL (14 CAPSULES per 7 days)

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TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG ( <i>dimethyl fumarate</i> )	PSP	PA; QL (60 CAPSULES per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; QL (240 TABLETS per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML ( <i>natalizumab</i> )	PSP	PA; QL (1 ML per 28 days)
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG ( <i>diroximel fumarate</i> )	NF	
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG ( <i>diroximel fumarate</i> )	NF	
XENAZINE ORAL TABLET 12.5 MG, 25 MG ( <i>tetrabenazine</i> )	NF	
XYREM ORAL SOLUTION 500 MG/ML ( <i>sodium oxybate</i> )	NPS	PA; QL (540 ML per 25 days)
<b>*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG ( <i>nintedanib esylate</i> )	PSP	PA; QL (60 CAPSULES per 30 days)
<b>*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS</b>		
ESBRIET ORAL CAPSULE 267 MG ( <i>pirfenidone</i> )	PSP	PA; QL (270 CAPSULES per 30 days)
ESBRIET ORAL TABLET 267 MG ( <i>pirfenidone</i> )	PSP	PA; QL (270 TABLETS per 30 days)
ESBRIET ORAL TABLET 801 MG ( <i>pirfenidone</i> )	PSP	PA; QL (90 TABLETS per 30 days)
<b>*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR THE HEART</b>		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	PSP	PA
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG ( <i>selexipag</i> )	PSP	PA

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<b>*RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG ( <i>alpha1-proteinase inhibitor</i> )	NPS	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML ( <i>alpha1-proteinase inhibitor</i> )	NPS	PA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG ( <i>ivacaftor</i> )	NPS	PA; QL (56 PACKET per 28 days)
KALYDECO ORAL TABLET 150 MG ( <i>ivacaftor</i> )	NPS	PA; QL (56 TABLETS per 28 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML ( <i>alpha1-proteinase inhibitor</i> )	PSP	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )	PSP	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML ( <i>dornase alfa</i> )	NPS	PA; QL (150 ML per 30 days)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )	NF	
<b>*SCLEROSTIN INHIBITORS*** - HORMONES</b>		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML ( <i>romosozumab-aqqg</i> )	NF	
<b>*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	PG	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hbr</i> )	PB	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>vilazodone hcl</i> )	PB	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG ( <i>vilazodone hcl</i> )	PB	
<b>*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - HORMONES</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG ( <i>empagliflozin-linagliptin</i> )	PB	

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QTERN ORAL TABLET 10-5 MG, 5-5 MG ( <i>dapagliflozin-saxagliptin</i> )	PB	
<b>*SINUS NODE INHIBITORS** - DRUGS FOR THE HEART</b>		
CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	PB	
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES</b>		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )	PB	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )	PB	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG ( <i>empagliflozin-metformin hcl</i> )	PB	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG ( <i>empagliflozin-metformin hcl</i> )	PB	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG ( <i>dapagliflozin-metformin hcl</i> )	PB	
<b>*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG ( <i>fostamatinib disodium</i> )	NPS	PA; QL (60 TABLETS per 30 DAYS)
<b>*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
<b>*TETRACYCLINES* - DRUGS FOR INFECTIONS</b>		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	PG	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	PG	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	PG	

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<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	PG	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	PG	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	PG	
MINOCIN ORAL CAPSULE 100 MG, 50 MG ( <i>minocycline hcl</i> )	NF	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	PG	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	PG	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	PG	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	PG	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML ( <i>doxycycline monohydrate</i> )	PB	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML ( <i>doxycycline calcium</i> )	PB	
<b>*THYROID AGENTS* - HORMONES</b>		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG ( <i>liothyronine sodium</i> )	PB	
<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>	PG	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	PG	
<i>methimazole oral tablet 10 mg, 5 mg</i>	PG	
<i>propylthiouracil oral tablet 50 mg</i>	PG	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )	PB	
TAPAZOLE ORAL TABLET 10 MG, 5 MG ( <i>methimazole</i> )	PB	
<i>thyroid oral tablet 120 mg, 15 mg, 60 mg, 90 mg</i>	PG	
<i>thyroid oral tablet 30 mg</i>	PG	STX
<b>*TRANSTHYRETIN STABILIZERS*** - HORMONES</b>		
VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )	NF	

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VYNDAQEL ORAL CAPSULE 20 MG ( <i>tafamidis meglumine (cardiac)</i> )	NF	
<b>*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR THE STOMACH</b>		
XERMELO ORAL TABLET 250 MG ( <i>telotristat etiprate</i> )	NPS	PA; QL (90 TABLETS per 30 days)
<b>*ULCER DRUGS* - DRUGS FOR THE STOMACH</b>		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG ( <i>rabeprazole sodium</i> )	NP	QL (90 TABLETS per 365 DAYs)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG ( <i>rabeprazole sodium</i> )	NP	QL (90 CAPSULES per 365 days)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG ( <i>rabeprazole sodium</i> )	NP	QL (90 CAPSULES per 365 DAYs)
<i>amoxicill-clarithro-lansopraz oral</i>	PG	
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG ( <i>hyoscyamine sulfate</i> )	PB	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	PG	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	PG	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	PG	
<i>cvs omeprazole oral capsule delayed release 20.6 (20 base) mg</i>	PG	QL (90 CAPSULES per 365 DAYs)
CYTOTEC ORAL TABLET 100 MCG, 200 MCG ( <i>misoprostol</i> )	PB	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG ( <i>dexlansoprazole</i> )	PB	QL (90 CAPSULES per 365 DAYs)
<i>dicyclomine hcl oral capsule 10 mg</i>	PG	
<i>dicyclomine hcl oral tablet 20 mg</i>	PG	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	PG	QL (90 CAPSULES per 365 DAYs)
<i>famotidine oral tablet 40 mg</i>	PG	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	PG	
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
<i>lansoprazole oral capsule delayed release 30 mg</i>	PG	QL (90 CAPSULES per 365 DAYs)

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<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	PG	QL (90 TABLETS per 365 DAYs)
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG ( <i>hyoscyamine sulfate</i> )	PB	
LEVSIN ORAL TABLET 0.125 MG ( <i>hyoscyamine sulfate</i> )	PB	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG ( <i>hyoscyamine sulfate</i> )	PB	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	PG	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PG	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG ( <i>esomeprazole magnesium</i> )	PG	QL (90 CAPSULES per 365 days)
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG ( <i>esomeprazole magnesium</i> )	PG	QL (90 TABLETS per 365 days)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG ( <i>esomeprazole magnesium</i> )	NP	QL (90 CAPSULES per 365 DAYs)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG ( <i>esomeprazole magnesium</i> )	NP	QL (90 PACKETS per 365 DAYs)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PG	
<i>nizatidine oral solution 15 mg/ml</i>	PG	
<i>omeprazole-sodium bicarbonate</i> (Omeppi Oral Capsule 40-1100 Mg)	NF	
<i>omeprazole oral capsule delayed release 10 mg</i>	PG	QL (90 CAPSULES per 365 days)
<i>omeprazole oral capsule delayed release 20 mg</i>	PG	QL (90 capsules per 365 days)
<i>omeprazole oral capsule delayed release 40 mg</i>	PG	QL (90 CAPSULES per 365 DAYs)
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	PG	QL (90 CAPSULES per 365 DAYs)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	NF	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NF	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	PG	QL (90 TABLETS per 365 days)
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG ( <i>lansoprazole</i> )	PG	QL (90 CAPSULES per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG ( <i>lansoprazole</i> )	NP	QL (90 CAPSULES per 365 DAYS)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG ( <i>lansoprazole</i> )	NP	QL (90 TABLETS per 365 DAYS)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG ( <i>omeprazole magnesium</i> )	NP	QL (90 PACKETS per 365 DAYS)
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG ( <i>omeprazole magnesium</i> )	NP	QL (90 tablets per 365 days)
<i>propantheline bromide oral tablet 15 mg</i>	PG	
PROTONIX ORAL PACKET 40 MG ( <i>pantoprazole sodium</i> )	NP	QL (90 PACKETS per 365 DAYS)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG ( <i>pantoprazole sodium</i> )	NP	QL (90 TABLETS per 365 DAYS)
PYLERA ORAL CAPSULE 140-125-125 MG ( <i>bis subcit-metronid-tetracyc</i> )	PB	
<i>ra lansoprazole oral capsule delayed release 15 mg</i>	PG	QL (90 CAPSULES per 365 DAYS)
<i>ra omeprazole oral tablet delayed release 20 mg</i>	PG	QL (90 TABLETS per 365 DAYS)
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NP	QL (90 CAPSULES per 365 DAYS)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	PG	QL (90 TABLETS per 365 DAYS)
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	PG	
<i>ranitidine hcl oral tablet 300 mg</i>	PG	
<i>sucralfate oral suspension 1 gm/10ml</i>	PG	
<i>sucralfate oral tablet 1 gm</i>	PG	
ZEGERID ORAL CAPSULE 40-1100 MG ( <i>omeprazole-sodium bicarbonate</i> )	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG ( <i>omeprazole-sodium bicarbonate</i> )	NF	
ZEGERID OTC ORAL CAPSULE 20-1100 MG ( <i>omeprazole-sodium bicarbonate</i> )	PG	QL (90 CAPSULES per 365 days)

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<b>*URINARY ANTI-INFECTIVES* - DRUGS FOR THE URINARY SYSTEM</b>		
MACROBID ORAL CAPSULE 100 MG ( <i>nitrofurantoin monohyd macro</i> )	PB	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG ( <i>nitrofurantoin macrocrystal</i> )	NF	
<i>methenamine hippurate oral tablet 1 gm</i>	PG	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	PG	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	PG	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	PG	
<b>*URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	PG	
<i>flavoxate hcl oral tablet 100 mg</i>	PG	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG ( <i>mirabegron</i> )	PB	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	PG	
<i>oxybutynin chloride oral tablet 5 mg</i>	PG	
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR ( <i>oxybutynin</i> )	PG	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	PG	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	PG	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	PG	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>fesoterodine fumarate</i> )	PB	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	PG	
<i>trospium chloride oral tablet 20 mg</i>	PG	

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URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG ( <i>bethanechol chloride</i> )	PB	
<b>*VAGINAL PRODUCTS* - DRUGS FOR WOMEN</b>		
CLEOCIN VAGINAL CREAM 2 % ( <i>clindamycin phosphate</i> )	PB	
<i>clindamycin phosphate vaginal cream 2 %</i>	PG	
CRINONE VAGINAL GEL 4 %, 8 % ( <i>progesterone</i> )	PB	
ENCARE VAGINAL SUPPOSITORY 100 MG ( <i>nonoxynol-9</i> )	CE	N7 (NP)
ENDOMETRIN VAGINAL INSERT 100 MG ( <i>progesterone</i> )	PB	
<i>estradiol vaginal cream 0.1 mg/gm</i>	PG	
<i>estradiol vaginal tablet 10 mcg</i>	PG	
ESTRING VAGINAL RING 2 MG ( <i>estradiol</i> )	PB	
<i>metronidazole vaginal gel 0.75 %</i>	PG	
<i>miconazole 3 vaginal suppository 200 mg</i>	PG	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % ( <i>nonoxynol-9</i> )	CE	N7 (NP)
PREMARIN VAGINAL CREAM 0.625 MG/GM ( <i>estrogens, conjugated</i> )	PB	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % ( <i>nonoxynol-9</i> )	CE	N7 (NP)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	
<i>terconazole vaginal suppository 80 mg</i>	PG	
TODAY SPONGE VAGINAL 1000 MG ( <i>nonoxynol-9</i> )	CE	N7 (NP)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % ( <i>nonoxynol-9</i> )	CE	N7 (NC)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % ( <i>nonoxynol-9</i> )	CE	N7 (NC)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % ( <i>nonoxynol-9</i> )	CE	N7 (NC)
<b>*VASOPRESSORS* - DRUGS FOR THE HEART</b>		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )	NP	QL (4 INJECTIONS per 25 DAYs)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	PG	QL (4 INJECTIONS per 25 DAYs)

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EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML ( <i>epinephrine</i> )	PB	QL (4 INJECTIONS per 25 DAYs)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML ( <i>epinephrine</i> )	PB	QL (4 INJECTIONS per 25 DAYs)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<b>*VITAMINS* - DRUGS FOR NUTRITION</b>		
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) ( <i>ergocalciferol</i> )	PB	
<i>phytonadione oral tablet 5 mg</i>	PG	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	PG	

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## ATTACHMENT H



# Aetna Student Health

## Dental Plan Design and Benefits Summary

Preferred Provider Organization (PPO)

### George Mason University

Policy Year: 2020 - 2021

Policy Number: 724536

[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

(877) 238-6200



**This Aetna Dental® Preferred Provider Organization (PPO) insurance plan summary is provided by Aetna Life Insurance Company (Aetna)** for some of the more frequently performed dental procedures. Under this plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. With the PPO plan, savings are possible because the PPO participating dentists have agreed to provide care for covered services at the negotiated fee schedule.

## Coverage Dates

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### Students:

Coverage for eligible students will become effective at or after 12:00 a.m. on the coverage dates indicated on the Master Policy, and will terminate at or before 11:59 p.m. on the coverage dates on the Master Policy.

### Dependent coverage:

Coverage will become effective on the same date the insured student's coverage is effective. Coverage for insured dependents terminates in accordance with the Termination Provisions described in the Master Policy.

## Rates

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### 2020-2021 Dental Plan Rates

	Annual 8/16/20 - 8/15/21	Fall Term 8/16/20- 12/31/20	Spring Term 1/01/21- 8/15/21
Student Only	\$324.00	\$122.00	\$202.00
Spouse Only	\$321.00	\$121.00	\$200.00
One Child	\$237.00	\$90.00	\$147.00
Child(ren) Only	\$569.00	\$215.00	\$354.00

## Who is eligible?

---

All George Mason University Students can choose to enroll in the Dental PPO policy on a voluntary basis.

## Dependent Coverage

Covered students may also enroll their lawful spouse, domestic partner, and dependent children up to the age of 26.

George Mason University will offer Aetna Dental PPO Plan as an option for dependents to purchase on a voluntary basis. Students need to be enrolled in the Dental plan in order to enroll their dependents.

The availability of the Aetna Dental PPO Plan will be included on the Aetna Student Health/George Mason University web page. This plan can be purchased only during the open enrollment period of the student accident & sickness plan.

## Who provides the care

Just as the starting point for coverage under your plan is whether the services and supplies are eligible dental services, the foundation for getting covered care is through our network.

This section tells you about in-network and out-of-network providers.

### How your plan works while you are covered for in-network care

Your in-network coverage helps you:

- Get and pay for a lot of – but not all – dental care services.
- Pay less cost share when you use an in-network provider.

#### Aetna's network of dental providers

Aetna's network of dental providers is there to give you the care that you need. You can find in-network providers and see important information about them most easily on our online provider directory. Just log into your Aetna secure website at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).

You can choose any dental provider who is in the dental network.

If you can't find an in-network provider for a service or supply that you need, call the Member Services toll-free number on the back of your ID card. We will help you find an in-network provider.

Your plan often will pay a bigger share for eligible dental services that you get through in-network providers, so choose in-network providers as soon as you can.

### How your plan works while you are covered for out-of-network care

The section above told you how your plan works while you are covered for in-network care. You also have coverage when:

- You want to get your care from providers who are not part of the Aetna network.

It's called out-of-network coverage. Your out-of-network coverage helps you get and pay for a lot of – but not all – dental care services.

Your out-of-network coverage:

- Means you can get care from dental providers who are not part of the Aetna network.
- Means you will have to pay for services at the time that they are provided. You will be required to pay the full charges and submit a claim for reimbursement to us. You are responsible for completing and submitting claim forms for reimbursement of eligible dental services that you paid directly to a dental provider.
- Means you will pay a higher cost share when you use an out-of-network provider.

## Description of Benefits

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The Plan excludes coverage for certain services (referred to as exceptions and exclusions in the certificate of coverage) and has limitations on the amounts it will pay. While this Plan Design and Benefit Summary document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. To look at the full Plan description, which is contained in the Certificate of Coverage issued to you, go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com). If any discrepancy exists between this Benefit Summary and the Certificate of Coverage, the Certificate will control.

This Plan will pay benefits in accordance with any applicable Virginia Insurance Law(s).

## Policy year deductibles

You have to meet your policy year deductible before this plan pays for benefits.

	In-network coverage	Out-of-network coverage
<b>Policy year deductibles</b>	Individual \$50 Family \$150	Individual \$50 Family \$150
The policy year deductibles apply to all eligible dental services except Type A expenses.		

## Coinsurance listed in the schedule of benefits

The coinsurance listed in the schedule of benefits below reflects the plan coinsurance percentage. This is the coinsurance amount that the plan pays. You are responsible for paying any remaining coinsurance.

## Coinsurance

	In-network coverage	Out-of-network coverage
<b>Type A expenses</b>	100% of the negotiated charge	100% of the recognized charge
<b>Type B expenses</b>	80% of the negotiated charge	60% of the recognized charge
<b>Type C expenses</b>	50% of the negotiated charge	40% of the recognized charge
<b>Orthodontic treatment expenses</b>	Not Covered	Not Covered

## Policy year maximum

	In-network coverage	Out-of-network coverage
Policy year maximum:	\$750	\$750
The policy year maximums apply to: <ul style="list-style-type: none"><li>In-network and out-of-network eligible dental services combined</li></ul>		

## Eligible dental services

---

### Type A expenses: Diagnostic & preventive care

#### Visits and exams

- Office visit during regular office hours for oral examination (2 routine visits and 2 problem focused visits per year)
- Prophylaxis (cleaning) or scaling-moderate/severe inflammation–full mouth, (2 treatments per policy year)
- Topical application of fluoride if you are under age 16 (1 application per policy year)
- Sealants, per tooth (1 application every 3 policy years for molars only and if you are under age 16)

#### Images and pathology

- Bitewing images (1 set per policy year)
- Entire dental series, including bitewings or panoramic film (1 set every 3 policy years)
- Periapical images

### Type B expenses: Basic restorative care

#### Visits and exams

- Office visit after hours (we will pay either for the office visit charge or for the eligible dental services performed, whichever is more)
- Emergency palliative treatment, per visit

#### Images and pathology

- Intra-oral, occlusal view
- Extra-oral
- Accession of tissue

#### Restorative

Excluding inlays, onlays and crowns. Multiple restorations in 1 surface will be considered as a single restoration.

- Amalgam restorations
- Resin-based composite restorations, (other than for molars)
- Recementation
- Crowns
- Prefabricated crowns (excluding temporary crowns)
- Pin retention, per tooth, in addition to restoration

#### Endodontics

- Pulp cap
- Pulpotomy
- Apexification/recalcification
- Apicoectomy
- Root canal therapy and retreatment
  - Anterior
  - Bicuspid

#### Periodontics

- Occlusal adjustment, (other than with an appliance or by restoration)
- Root planing and scaling, 1 to 3 teeth per quadrant, (1 per site every 2 policy years)
- Root planing and scaling, 4 or more teeth per quadrant, (limited to 1 separate quadrants every 2 policy years)



- Gingivectomy/gingivoplasty, 1 to 3 teeth per quadrant, (1 per site every 5 policy years)
- Gingivectomy/gingivoplasty, 4 or more teeth per quadrant, (limited to 1 per quadrant every 5 policy years)
- Gingival flap procedure, 1 to 3 teeth per quadrant, (limited to 1 per site every 5 policy years)
- Gingival flap procedure, 4 or more teeth per quadrant, (limited to 1 per quadrant every 5 policy years)
- Localized delivery of antimicrobial agents

### Oral surgery

- Surgical removal of erupted tooth
- Surgical removal of residual tooth roots
- Removal of impacted tooth
  - Soft tissue
- Oroantral fistula closure
- Tooth transplantation
- Mobilization of erupted or malpositioned tooth to aid eruption
- Alveoloplasty
- Removal of odontogenic cysts or tumors
- Removal of exostosis
- Removal of foreign body
- Sequestrectomy
- Suture of wounds
- Frenectomy/frenuloplasty
- Excision of hyperplastic tissue per arch
- Sialolithotomy
- Closure of salivary fistula

### Type C expenses: Major restorative care

**Restorative** – Inlays, on lays, labial veneers and crowns (excludes temporary crowns) are covered only as treatment for decay or acute traumatic injury, and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a fixed bridge. Coverage is limited to 1 per tooth every 8 policy years. (See the *Replacement rule*.)

- Inlays
- On lays
- Labial veneers
- Post and core
- Repairs - inlay, onlay, veneer, crown

### Endodontics

- Root canal therapy and retreatment
  - Molar

### Periodontics

- Osseous surgery, (including flap and closure), 1 to 3 teeth per quadrant (1 per site every 3 policy years)
- Osseous surgery, (including flap and closure), 4 or more per teeth per quadrant (1 per quadrant every 3 policy years)
- Soft tissue graft procedures

### Prosthodontics

The first installation of dentures and bridges is covered only if needed to replace teeth extracted while coverage was in force and which were not abutments to a denture or bridge less than 10 policy years old. (See the *Tooth missing but not replaced rule*.)

Replacement of existing bridges or dentures is limited to 1 every 8 policy years. (See the *Replacement rule*.)

- Bridge abutments
- Pontics
- Dentures and partials (fees for dentures and partial dentures include relines, rebases and adjustments within 6 months after installation. Fees for relines and rebases include adjustments within 6 months after installation. Specialized techniques and characterizations are not eligible).
  - Complete upper and lower denture
  - Partial upper and lower (including any conventional clasps, rests and teeth)
  - Removable unilateral partial denture
- Stress breakers
- Interim partial denture (stayplate), anterior only
- Reline (partial or complete)
- Rebase, per denture
- Special tissue conditioning, per denture
- Adjustment to denture more than 6 months after installation
- Repairs, full and partial denture
- Adding teeth and clasps to existing partial denture
- Repairs, bridges
- Occlusal guard for bruxism (1 every 5 policy years)
- Adjustments, repair or reline of occlusal guard
- Cleaning and inspection of a removable appliance

### Oral surgery

- Removal of impacted tooth
  - Partially bony
  - Completely bony

### General anesthesia and intravenous sedation

- General anesthesia and intravenous sedation are covered when provided as part of a covered surgical procedure
- Evaluation by anesthesiologist for deep sedation or general anesthesia

### Space maintainers

Only when needed to preserve space resulting from premature loss of deciduous teeth and if you are under age 16 (Includes all adjustments within 6 months after installation.)

- Fixed or removable (unilateral or bilateral)
- Recementation or removal

## What rules and limits apply to dental care?

---

Several rules apply to the dental benefits. Following these rules will help you use your plan to your advantage by avoiding expenses that are not covered by your plan.

### Alternate treatment rule

Sometimes there are several ways to treat a dental problem, all of which provide acceptable results.

If a charge is made for a non-eligible dental service or supply and an eligible dental service that would provide an acceptable result, then your plan will pay a benefit for the eligible dental service or supply.

If a charge is made for an eligible dental service but another eligible dental service that would provide an acceptable result is less expensive, the benefit will be for the least expensive eligible dental service.

The benefit will be based on the in-network provider's negotiated charge for the eligible dental service or, in the case of an out-of-network provider, on the recognized charge.

You should review the differences in the cost of alternate treatment with your dental provider. Of course, you and your dental provider can still choose the more costly treatment method. You are responsible for any charges in excess of what your plan will cover.

### Reimbursement policies

We have the right to apply Aetna reimbursement policies. Those policies may reduce the negotiated charge or recognized charge. These policies take into account factors such as:

- The duration and complexity of a service
- When multiple procedures are billed at the same time, whether additional overhead is required
- Whether an assistant surgeon is necessary for the service
- If follow up care is included
- Whether other characteristics modify or make a particular service unique
- When a charge includes more than one claim line, whether any services described by a claim line are part of or incidental to the primary service provided and
- The educational level, licensure or length of training of the provider

Aetna reimbursement policies are based on our review of:

- The Centers for Medicare and Medicaid Services' (CMS) National Correct Coding Initiative (NCCI) and other external materials that say what billing and coding practices are and are not appropriate
- Generally accepted standards of dental practice and
- The views of providers and dentists practicing in the relevant clinical areas

We use commercial software to administer some of these policies. Some policies are different for professional services than for facility services.

## Replacement rule

Some eligible dental services are subject to your plan's replacement rule. The replacement rule applies to replacements of, or additions to existing:

- Crowns
- Inlays
- Onlays
- Veneers
- Complete dentures
- Removable partial dentures
- Fixed partial dentures (bridges)
- Other prosthetic services

These eligible dental services are covered only when you give us proof that:

- While you were covered by the plan:
  - You had a tooth (or teeth) extracted after the existing denture or bridge was installed.
  - As a result, you need to replace or add teeth to your denture or bridge.
- The present item cannot be made serviceable, and is:
  - A crown installed at least 8 years before its replacement.
  - An inlay, onlay, veneer, complete denture, removable partial denture, fixed partial denture (bridge), or other prosthetic item installed at least 8 years before its replacement.
- While you were covered by the plan:
  - You had a tooth (or teeth) extracted.
  - Your present denture is an immediate temporary one that replaces that tooth (or teeth).
  - A permanent denture is needed, and the temporary denture cannot be used as a permanent denture. Replacement must occur within 12 months from the date that the temporary denture was installed.

## Tooth missing but not replaced rule

The first installation of complete dentures, removable partial dentures, fixed partial dentures (bridges), and other prosthetic services will be covered if:

- The dentures, bridges or other prosthetic items are needed to replace one or more natural teeth that were removed while you were covered by the plan. (The extraction of a third molar tooth does not qualify.)
- The tooth that was removed was not an abutment to a removable or fixed partial denture installed during the prior 10 years. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

## Congenital defects treatment rule

For newly born children, dental benefits are provided for medically diagnosed congenital defects and birth abnormalities, including cleft lip, cleft palate or ectodermal dysplasia, to the same extent as other dental conditions.

## What your plan doesn't cover – eligible dental service exceptions and exclusions

We already told you about the many dental care services and supplies that are eligible for coverage under your plan in the *What are your eligible dental services* section. In that section we also told you that some dental care services and supplies have exceptions and some are not covered at all which are called “exclusions”.

In this section we tell you about the exceptions and exclusions that apply to your plan. And just a reminder, you'll find benefit and coverage limitations in the schedule of benefits.

### General exceptions and exclusions

#### Armed forces

- Services and supplies received from a **provider** as a result of an **injury** sustained, or **illness** contracted, while in the service of the armed forces of any country. When you enter the armed forces of any country, we will refund any unearned pro-rata **premium** to the **policyholder**.

#### Beyond legal authority

- Services and supplies provided by a **health professional** or other **provider** that is acting beyond the scope of its legal authority

#### Charges for services or supplies

- Provided by an **in-network provider** in excess of the **negotiated charge**
- Provided by an **out-of-network provider** in excess of the **recognized charge**
- Provided for your personal comfort or convenience, or the convenience of any other person, including a **dental provider**
- Provided in connection with treatment or care that is not covered under the plan
- Cancelled or missed appointment charges or charges to complete claim forms
- Charges for which you have no legal obligation to pay
- Charges that would not be made if you did not have coverage, including:
  - Care in charitable institutions
  - Care for conditions related to current or previous military service
  - Care while in the custody of a governmental authority

#### Charges in excess of any benefit limits

Any charges in excess of the benefit, dollar, visit, or frequency limits stated in the schedule of benefits.

**Cosmetic services and plastic surgery** (except to the extent coverage is specifically provided in the *Eligible Dental Services* section of the schedule of benefits)

- **Cosmetic** services and supplies including:
  - Plastic surgery

- Reconstructive surgery
- **Cosmetic** surgery
- Personalization or characterization of dentures or other services and supplies which improve, alter or enhance appearance
- Augmentation and vestibuloplasty and other services to protect, clean, [whiten, bleach] alter the appearance of teeth whether or not for psychological or emotional reasons

### **Court-ordered services and supplies**

- Includes those court-ordered services and supplies, or those required as a condition of parole, probation, release or as a result of any legal proceeding.

### **Dental services and supplies**

- Acupuncture, acupressure and acupuncture therapy
- Asynchronous dental treatment
- Crown, inlays and onlays, and veneers unless for one of the following:
  - It is treatment for decay or traumatic **injury** and teeth cannot be restored with a filling material
  - The tooth is an abutment to a covered partial denture or fixed bridge
- Dental implants, false teeth, prosthetic restoration of dental implants, plates, dentures, braces, mouth guards, and other devices to protect, replace or reposition teeth and removal of implants
- Dental services and supplies made with high noble metals (gold or titanium) except as covered in the *Eligible Dental Services* section of the schedule of benefits
- Dentures, crowns, inlays, onlays, bridges, or other prosthetic appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or correcting attrition, abrasion, or erosion
- First installation of a denture or fixed bridge, and any inlay and crown that serves as an abutment to replace congenitally missing teeth or to replace teeth, all of which were lost while you were not covered
- General anesthesia and intravenous sedation, unless specifically covered and done in connection with another **eligible dental service**
- Instruction for diet, tobacco counseling and oral hygiene
- Mail order and at-home kits for orthodontic treatment
- **Orthodontic treatment** except as covered in the *Eligible Dental Services* section of the schedule of benefits
- Services and supplies provided in connection with treatment or care that is not covered under the plan
- Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures
- Replacement of teeth beyond the normal complement of 32
- Services and supplies provided where there is no evidence of pathology, dysfunction or disease, other than covered preventive services
- Space maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth
- Surgical removal of impacted wisdom teeth when removed only for orthodontic reasons

### **Dental services and supplies that are covered in whole or in part:**

- Under any other part of this plan
- Under any other plan of group benefits provided by [the **policyholder**]

### **Examinations**

Any dental examinations needed:



- Because a third party requires the exam. Examples include examinations to get or keep a job, or examinations required under a labor agreement or other contract.
- Because a court order requires it.
- To buy insurance or to get or keep a license.
- To travel.
- To go to a school, camp, or sporting event, or to join in a sport or other recreational activity.

#### **Experimental or investigational**

- **Experimental or investigational** drugs, devices, treatments or procedures

#### **Felony**

- Services and supplies that you receive as a result of an **injury** due to your commission of a felony

#### **Non-medically necessary services**

- Services, including but not limited to, those treatments, services, **prescription drugs** and supplies which are not **medically necessary** (as determined by **Aetna**) for the diagnosis and treatment of **illness, injury**, restoration of physiological functions, or covered preventive services. This applies even if they are prescribed, recommended or approved by your **physician** or **dentist**.

#### **Non-U.S .citizen**

- Services and supplies received by a **covered person** (who is not a United States citizen) within the **covered person's** home country [but only if the home country has a socialized medicine program]

#### **Other primary payer**

- Payment for a portion of the charge that another party is responsible for as the primary payer

#### **Outpatient prescription drugs, and preventive care drugs and supplements**

- Prescribed drugs, pre-medication or analgesia

#### **Personal care, comfort or convenience items**

- Any service or supply primarily for your convenience and personal comfort or that of a third party

#### **Providers and other health professionals**

- Treatment by other than a **dentist**. However, the plan will cover some services provided by a licensed dental hygienist under the supervision and guidance of a **dentist**. These are:
  - Scaling of teeth
  - Cleaning of teeth
  - Topical application of fluoride
- Charges submitted for services by an unlicensed **provider** or not within the scope of the **provider's** license

## Riot

- Services and supplies that you receive from **providers** as a result of an **injury** from your “participation in a riot”. This means when you take part in a riot in any way such as inciting, or conspiring to incite, the riot. It does not include actions that you take in self-defense as long as they are not against people who are trying to restore law and order.

## Services paid under your medical plan

- Your plan will not pay for amounts that were paid for the same services under a medical plan covering you. When a dental service is covered under both plans, we will figure the amount that would be payable under this plan if you did not have other coverage, then subtract what was paid by your medical plan. If there is any difference, this plan will pay it. If the amount paid by your medical plan is equal to or more than the benefit under this plan, this plan will not pay anything for the service.

## Services provided by a family member

- Services provided by a spouse, domestic partner, parent, child, step-child, brother, sister, in-law or any household member

## Telemedicine

- Any services or supplies provided as part of telemedicine. Telemedicine is a telephone or internet-based consult with a **provider**.

## Temporomandibular joint dysfunction/disorder

- The following services and supplies:
  - **Orthodontic treatment**
  - Crowns, bridges and dentures
  - Treatment of periodontal disease
  - Implants
  - Root canal therapy

## Treatment in a federal, state, or governmental entity

- Any care in a **hospital** or other facility owned or operated by any federal, state or other governmental entity, except to the extent coverage is required by applicable laws

## Work related illness or injuries

- Coverage available to you under workers’ compensation or under a similar program under local, state or federal law for any **illness** or **injury** related to employment or self-employment.
- A source of coverage or reimbursement will be considered available to you even if you waived your right to payment from that source. You may also be covered under a workers’ compensation law or similar law. If you submit proof that you are not covered for a particular **illness** or **injury** under such law, then that **illness** or **injury** will be considered “not work related” regardless of cause.]

**The University of Virginia Dental® Preferred Provider Organization (PPO) Student Dental Plan is underwritten and administered by Aetna Life Insurance Company (ALIC).** Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by these companies and their applicable affiliated companies.

**IMPORTANT NOTICES:**

- **Notice of Non-Discrimination:**

**Aetna Life Insurance Company** does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan including enrollment and benefit determinations.

- **Sanctioned Countries:**

If coverage provided under this student policy violates or will violate any economic or trade sanctions, the coverage will be invalid immediately. For example, we cannot pay for eligible health services if it violates a financial sanction regulation. This includes sanctions related to a person or a country under sanction by the United States, unless it is allowed under a written license from the Office of Foreign Asset Control (OFAC). You can find out more by visiting <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

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

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

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

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

Civil Rights Coordinator,

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

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

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

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

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