



**Rhode Island Individual and Small Group  
4-Tier Drug List**

Effective: 12/01/2018

## Key Terms

### Formulary

A formulary is a list of prescription medications developed by a committee of practicing physicians and practicing pharmacists who represent a variety of specialty areas and who are knowledgeable in the diagnosis and treatment of disease.

### Brand-Name Drugs

Brand-name drugs are typically the first products to gain U.S. Food and Drug Administration (FDA) approval.

### Generic Drugs

Generic drugs have the same active ingredients and come in the same strengths and dosage forms as the equivalent brand-name drug. Multiple manufacturers may produce the same generic drug and the product may differ from its brand name counterpart in color, size or shape, but the differences do not alter the effectiveness. Generic versions of brand-name drugs are reviewed and approved by the FDA. The FDA works closely with all pharmaceutical companies to make sure that all drugs sold in the U.S. meet appropriate standards for strength, quality, and purity.

Note: With limited exceptions, when a generic launches the brand name drug will move to not covered immediately following the generic launch.

### 4-Tier Pharmacy Copayment Program (4-Tier Program)

To help maintain affordability in the pharmacy benefit, we encourage the use of cost-effective drugs and preferred brand names through the four-tier program. This program gives you and your doctor the opportunity to work together to find a prescription medication that's affordable and appropriate for you.

All covered drugs are placed into one of four tiers. Your physician may have the option to write you a prescription for a Tier 1, Tier 2, Tier 3 or Tier 4 drug (as defined below); however, there may be instances when only a Tier 4 drug is appropriate, which will require a higher copayment. The program features a high cost tier mostly inclusive of specialty drugs included in and available through the Designated Specialty Pharmacy (SP) program. Drugs available through the SP program include but are not limited to medications used in the treatment of rare diseases, infertility, hepatitis C, growth hormone deficiency, multiple sclerosis, rheumatoid arthritis, and cancers treated with oral medications.

- **Tier 1:** Most covered generic drugs (lowest copayment)
- **Tier 2:** Brand and high-cost generic drugs that are more cost-effective than comparable drugs listed in tier-3 (lower copayment or coinsurance amount)
- **Tier 3:** Higher cost brand and generic drugs (higher copayment or coinsurance amount)
- **Tier 4:** Highest cost brand and generic drugs (highest copayment or coinsurance amount; limited to a 30-day supply)

Please note that tier placement is subject to change throughout the year.

### Copayment

A copayment is the fee a member pays for certain covered drugs. A member pays the copayment directly to the provider when he/she receives a covered drug, unless the provider arranges otherwise.

### Coinsurance

Coinsurance requires the member to pay a percentage of the total cost for certain covered drugs.

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**CM** Cancer Mandate  
**NTM** New-to-Market  
**SI** Specialty Infusion  
**WH** Women's Health

**MM** Mandatory Mail  
**PA** Prior Authorization  
**SP** Designated Specialty Pharmacy  
**ACA** Preventive Service

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization

## Medical Review Process

Tufts Health Plan has pharmacy programs in place to help manage the pharmacy benefit. Requests for medically necessary review for coverage of drugs included in the New-to-Market Drug Evaluation Process (NTM), Prior Authorization Program (PA), Step Therapy Prior Authorization Program (STPA), Quantity Limitations Program (QL), Non-Covered Drugs (NC) With Suggested Alternatives Program should be completed by the physician and sent to Tufts Health Plan. Drugs excluded under your pharmacy benefit will not be covered through this process. The request must include clinical information that supports why the drug is medically necessary for you. Tufts Health Plan will approve the request if it meets coverage guidelines. If Tufts Health Plan does not approve the request, you have the right to appeal. The appeal process is described in your benefit document.

## Quantity Limitation (QL) Program

Because of potential safety and utilization concerns, Tufts Health Plan has placed quantity limitations on some prescription drugs. You are covered for up to the amount posted in our list of covered drugs. These quantities are based on recognized standards of care as well as from FDA-approved dosing guidelines. If your provider believes it is necessary for you to take more than the QL amount posted on the list, he or she may submit a request for coverage under the Medical Review Process.

## New-To-Market Drug Evaluation Process (NTM)

In an effort to make sure the new-to-market prescription drugs we cover are safe, effective and affordable, we delay coverage of many new drug products until the Plan's Pharmacy and Therapeutics Committee and physician specialists have reviewed them. This review process is usually completed within six months after a drug becomes available.

The review process enables us to learn a great deal about these new drugs, including how a physician can safely prescribe these new drugs and how physicians can choose the most appropriate patients for the new therapy. During the review process, if your physician believes you have a medical need for the New-to-Market drug, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

Note: Drugs approved through the Medical Review Process may be subject to the highest copayment.

## Non-Covered Drugs (NC)

There are thousands of drugs listed on the Tufts Health Plan covered drug list. In fact, most drugs are covered. There is, however, a list of drugs that Tufts Health Plan currently does not cover.

In many cases, these drugs are not covered by Tufts Health Plan because there are safe, comparably effective, and cost effective alternatives available. Our goal is to keep pharmacy benefits as affordable as possible.

If your doctor feels that one of the non-covered drugs is needed, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

Note: Drugs approved through the Medical Review Process may be subject to the highest copayment.

## Prior Authorization (PA) Program

In order to ensure safety and affordability for everyone, some medications require prior authorization. This helps us work with your doctor to ensure that medications are prescribed appropriately.

If your doctor feels it is medically necessary for you to take one of the drugs listed below, he/she can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

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<b>CM</b>	Cancer Mandate	<b>MM</b>	Mandatory Mail	<b>NC</b>	Non Covered Drugs
<b>NTM</b>	New-to-Market	<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limitation Program
<b>SI</b>	Specialty Infusion	<b>SP</b>	Designated Specialty Pharmacy	<b>STPA</b>	Step Therapy Prior Authorization
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## Step Therapy Prior Authorization (STPA)

Step Therapy is an automated form of Prior Authorization. It encourages the use of therapies that should be tried first, before other treatments are covered, based on clinical practice guidelines and cost-effectiveness. Some types of Step Therapy include requiring the use of generics before brand name drugs, preferred before non-preferred brand name drugs, and first-line before second-line therapies.

Medications included on step 1-the lowest step-are usually covered without authorization. We have noted the few exceptions, which may require your physician to submit a request to Tufts Health Plan for coverage. Medications on Step 2 or higher are automatically authorized at the point-of-sale if you have taken the required prerequisite drugs. However, if your physician prescribes a medication on a higher step, and you have not yet taken the required medication(s) on a lower step, or if you are a new Tufts Health Plan member and do not have any prescription drug claims history, the prescription will deny at the point-of-sale with a message indicating that a Prior Authorization (PA) is required. Physicians may submit requests for coverage to Tufts Health Plan for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

## Designated Specialty Pharmacy Program (SP)

Tufts Health Plan's goal is to offer you the most clinically appropriate and cost-effective services.

As a result, we have designated special pharmacies to supply up to a 30-day supply of a select number of medications used in the treatment of complex diseases. These pharmacies are specialized in providing these medications and are staffed with nurses, coordinators and pharmacists to provide support services for members.

Other special designated pharmacies and medications may be identified and added to this program from time to time.

Benefits vary; some members may not participate in this program. Please see your benefit document for complete information.

Physicians may obtain a select number of specialty medications through a designated SP for administration in the office as an alternative to direct purchase. These medications are covered under the medical benefit, and will be shipped directly to and administered in the office by the member's provider. The designated pharmacy will bill Tufts Health Plan directly for the medication.

For the most current listing of special designated pharmacies or to find out if your plan includes this program, please call us at the number listed on the back of your member identification card.

## Designated Specialty Infusion Program for Drugs Covered Under the Medical Benefit (SI)

Tufts Health Plan has designated home infusion providers for a select number of specialized pharmacy products and drug administration services.

The designated specialty infusion provider offers clinical management of drug therapies, nursing support, and care coordination to members with acute and chronic conditions. Place of service may be in the home or alternate infusion site based on availability of infusion centers and determination of the most clinically appropriate site for treatment. These medications are covered under the medical benefit (not the pharmacy benefit) and generally require support services, medication dose management, and special handling in addition to the drug administration services. Medications include, but are not limited to, medications used in the treatment of hemophilia, pulmonary arterial hypertension, and immune deficiency. Other specialty infusion providers and medications may be identified and added to this program from time to time.

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### **Over-The-Counter Drugs (OTC)**

When a medication with the same active ingredient or a modified version of an active ingredient that is therapeutically equivalent, becomes available over-the-counter, Tufts Health Plan may exclude coverage of the specific medication or all of the prescription drugs in the class. For more information, please call our Member Services Department at the number listed on the back of your member identification card.

### **Cancer Mandate (CM)**

Oral Cancer medications may have a cost share of up to \$50 or the cost of the drug, whichever is less under the Rhode Island oral cancer therapy mandate. Please check your benefit document.

### **Low Cost Generic (LCG)**

Certain medications may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.

### **Women's Health (WH)**

Certain medications may be covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

### **Affordable Care Act (ACA)**

Under the Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA) or health care reform, these preventive medications may be covered at no cost (copay, coinsurance, or deductible) for Tufts Health Plan members, depending on their plan benefits. Please check the specific terms of your plan benefit document.

Note: A prescription is required for all listed medications, including over-the-counter (OTC) medications

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**Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.**

## Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Tufts Health Plan at 800.462-0224.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

### Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.  
705 Mount Auburn St. Watertown, MA 02472  
Phone: 888.880.8699 ext. 48000, [TTY number— 800.439.2370 or 711]  
Fax: 617.972.9048  
Email: [OCRCoordinator@tufts-health.com](mailto:OCRCoordinator@tufts-health.com).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

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

### U.S. Department of Health and Human Services

200 Independence Avenue, SW  
Room 509F, HHH Building Washington, D.C. 20201  
800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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For no cost translation in English, call the number on your ID card.

Arabic اكتب تصاخلا تيويها تقاطب على نودملا مقررلا على لاصتلا على جريد، تييرعلا تغلابا تيئاجملا تمجرتلا تمدخ على لوصحلا

Chinese 若需免費的中文版本，請撥打ID卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτας σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

Japanese 日本語の無料翻訳についてはIDカードに書いてある番号に電話してください。

Khmer (Cambodian) ស្រមាប់សេវាប្រែកម្របដយភកភិភៃថ្កជ ភាសាខ្មែរ សូមទូរស័ព្ទលេខនៃដលមនេខលើប័ណ្ណសមាម លំសមាជិករបស់អ្នក។

Korean 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ອໍສາວ໌ ບການແປພາສາຕ້ ນພາສາລາວອີ່ທ່ໍ່ບໄດ້ ເສຍຄ່ າໃຊ້ ຈໍ າຍ, ໃຫ້ ໂທຫາຕີບໍ່ອີທຍູ່ ຕີ ງຸ້ ດປະໍຈາຕີ ວຂອງທໍ ານ.

Navajo Doo bą́ąh ilíní da Diné k'ehjí álnéehgo, hodiilnih béésh bee haní'ée bee nées ho'dílingo nantinígíí bikáá'.

Persian. دینزب گنز نات ی ناسانش تراک رد جردنم نفلت هرامش هب ی سراف انگیار همجرت ی ارب

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.

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CURRENT AS OF 12/1/2018

Drug Name	Tier	Notes
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier-1	PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Tier-1	PA; ¥ (PA applies to members 25 and older); QL (60 capsules per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
ARMODAFINIL ORAL TABLET	Tier-2	STPA; QL (90 TABLETS per 90 days)
ATOMOXETINE HCL ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier-2	QL (180 EA per 90 days)
ATOMOXETINE HCL ORAL CAPSULE 100 MG, 80 MG	Tier-2	QL (90 EA per 90 days)
BELVIQ ORAL TABLET	Tier-3	PA
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	PA
BENZPHETAMINE HCL ORAL TABLET 25 MG	Tier-2	PA
<i>benzphetamine hcl oral tablet 50 mg</i>	Tier-1	PA
<i>clonidine hcl er oral tablet extended release 12 hour</i>	Tier-1	
DAYTRANA TRANSDERMAL PATCH	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older); QL (30 patches per 30 days)
DEXMETHYLPHENIDATE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
DEXTROAMPHETAMINE SULFATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (150 capsules per 30 days)
DEXTROAMPHETAMINE SULFATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (120 capsules per 30 days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>DEXTROAMPHETAMINE SULFATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG</i>	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)
<i>dextroamphetamine sulfate oral solution</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>dextroamphetamine sulfate oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>diethylpropion hcl oral tablet</i>	Tier-1	PA
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older); QL (240 ML per 30 days)
<i>GUANFACINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR</i>	Tier-2	QL (90 EA per 90 days)
LOMAIRA ORAL TABLET	Tier-3	PA
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	Tier-1	PA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days)
<i>methamphetamine hcl oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older); QL (150 tablets per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	Tier-1	PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)
<i>METHYLPHENIDATE HCL ER (LA) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG</i>	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg, 60 mg</i>	Tier-1	PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	Tier-1	PA; ¥ (PA applies to members 25 and older); QL (60 capsules per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	Tier-1	PA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days)
<i>METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG</i>	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days)
<i>METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 36 MG</i>	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (60 tablets per 30 days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 36 MG</i>	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (60 tablets per 30 days)
<i>METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 72 MG</i>	Tier-3	PA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days)
<i>methylphenidate hcl oral solution</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>methylphenidate hcl oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>methylphenidate hcl oral tablet chewable</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>MODAFINIL ORAL TABLET</i>	Tier-3	STPA; QL (180 TABLETS per 90 Days)
<i>phendimetrazine tartrate oral tablet</i>	Tier-1	
<i>phentermine hcl oral capsule</i>	Tier-1	
<i>phentermine hcl oral tablet</i>	Tier-1	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	PA
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older); QL (360 ML per 30 days)
SUPRENZA ORAL TABLET DISPERSIBLE	Tier-3	PA
VYVANSE ORAL CAPSULE	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)
VYVANSE ORAL TABLET CHEWABLE	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days)
XENICAL ORAL CAPSULE	Tier-3	PA
<b>*ALS AGENTS - MISCELLANEOUS***</b>		
RADICAVA INTRAVENOUS SOLUTION	Medical Benefit	PA
<b>*ALTERNATIVE MEDICINES*</b>		
<i>COENZYME Q10 ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG</i>	Tier-3	PA
<b>*AMEBICIDES*</b>		
SOLOSEC ORAL PACKET	Tier-3	
YODOXIN ORAL TABLET	Tier-3	
<b>*AMINO ACIDS***</b>		
ENDARI ORAL PACKET	Tier-4	PA

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>*AMINOGLYCOSIDES*</b>		
BETHKIS INHALATION NEBULIZATION SOLUTION	Tier-4	
<i>NEO-FRADIN ORAL SOLUTION</i>	Tier-3	
<i>neomycin sulfate oral tablet</i>	Tier-1	
<i>paromomycin sulfate oral capsule</i>	Tier-1	
TOBI PODHALER INHALATION CAPSULE	Tier-4	
<i>TOBRAMYCIN INHALATION NEBULIZATION SOLUTION</i>	Tier-4	
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
ACTEMRA INTRAVENOUS SOLUTION	Medical Benefit	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (4 Syringes per 28 Days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-4	PA; QL (4 VIALS per 28 Days)
<i>CELECOXIB ORAL CAPSULE</i>	Tier-2	
<i>diclofenac potassium oral tablet</i>	Tier-1	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Tier-1	
<i>diclofenac sodium oral tablet delayed release</i>	Tier-1	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-4	PA; QL (4 Syringes per 28 days)
ENBREL SUBCUTANEOUS KIT	Tier-4	PA; QL (8 Vials per 28 Days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier-4	PA; QL (8 Syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier-4	PA; QL (4 Syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-4	PA; QL (4 Syringes per 28 days)
<i>etodolac er oral tablet extended release 24 hour</i>	Tier-1	
<i>etodolac oral capsule</i>	Tier-1	
<i>etodolac oral tablet</i>	Tier-1	
<i>fenoprofen calcium oral tablet</i>	Tier-1	
<i>flurbiprofen oral tablet</i>	Tier-1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier-4	PA; ¥ (1 FILL PER LIFE OF PLAN)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	Tier-4	PA; QL (2 Syringes per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier-4	PA; ¥ (1 FILL PER LIFE OF PLAN)
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier-4	PA; ¥ (1 FILL PER LIFE OF PLAN)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-4	PA; QL (2 Syringes per 28 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier-1	^ (LCG)
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
INDOCIN ORAL SUSPENSION	Tier-3	
INDOCIN RECTAL SUPPOSITORY	Tier-3	
<i>indomethacin er oral capsule extended release</i>	Tier-1	
<i>indomethacin oral capsule</i>	Tier-1	
<i>ketoprofen er oral capsule extended release 24 hour</i>	Tier-1	
<i>ketoprofen oral capsule 25 mg</i>	Tier-1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier-1	^ (LCG)
<i>ketorolac tromethamine oral tablet</i>	Tier-1	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-4	PA; QL (2 auto-injectors per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (2 syringes per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (28 Syringes per 28 days)
<i>leflunomide oral tablet</i>	Tier-1	
<i>meclofenamate sodium oral capsule</i>	Tier-1	
<i>mefenamic acid oral capsule</i>	Tier-1	
<i>meloxicam oral suspension</i>	Tier-1	
<i>meloxicam oral tablet</i>	Tier-1	^ (LCG)
<i>nabumetone oral tablet</i>	Tier-1	
NALFON ORAL CAPSULE 200 MG	Tier-3	
<i>naproxen dr oral tablet delayed release</i>	Tier-1	
<i>naproxen oral suspension</i>	Tier-1	
<i>naproxen oral tablet</i>	Tier-1	^ (LCG)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG</i>	Tier-2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier-1	^ (LCG)
OLUMIANT ORAL TABLET	Tier-4	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-4	PA; QL (4 Syringes per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (4 Syringes per 28 days)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML, 7.5 MG/0.4ML	Tier-3	
<i>oxaprozin oral tablet</i>	Tier-1	
<i>piroxicam oral capsule</i>	Tier-1	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	
<b>RHEUMATREX ORAL TABLET 2.5 MG</b>	Tier-2	
<b>RIDAURA ORAL CAPSULE</b>	Tier-2	
SIMPONI ARIA INTRAVENOUS SOLUTION	Medical Benefit	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-4	PA; QL (1 Syringe per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (1 Syringe per 28 days)
<i>sulindac oral tablet</i>	Tier-1	
<i>tolmetin sodium oral capsule</i>	Tier-1	
<i>tolmetin sodium oral tablet</i>	Tier-1	
XELJANZ ORAL TABLET	Tier-4	PA; QL (60 TABLETS per 30 Days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-4	PA; QL (30 Tablets per 30 days)
<b>*ANALGESICS - NONNARCOTIC*</b>		
BUPAP ORAL TABLET	Tier-3	
<i>butalbital compound/asa oral tablet</i>	Tier-1	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier-1	
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	Tier-1	
<i>butalbital-apap-caffeine oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>butalbital-asa-caffeine oral capsule</i>	Tier-1	
<i>butalbital-aspirin-caffeine oral tablet</i>	Tier-1	
<i>diflunisal oral tablet</i>	Tier-1	
ESGIC ORAL CAPSULE	Tier-3	
<i>salsalate oral tablet</i>	Tier-1	
<b>*ANALGESICS - OPIOID*</b>		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	Tier-3	QL (32 TABLETS per 30 Days)
<i>acetaminophen-codeine #3 oral tablet</i>	Tier-1	
<i>acetaminophen-codeine #4 oral tablet</i>	Tier-1	
APAP-CAFF-DIHYDROCODEINE ORAL TABLET 325-30-16 MG	Tier-2	
BELBUCA BUCCAL FILM	Tier-3	QL (60 Films per 30 days)
BUNAVAIL BUCCAL FILM	Tier-3	PA
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier-1	QL (90 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier-1	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	Tier-1	
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY	Tier-2	QL (4 EA per 30 days)
<i>butalbital compound/codeine oral capsule</i>	Tier-1	
BUTALBITAL-APAP-CAFF-COD ORAL CAPSULE 50-325-40-30 MG	Tier-2	QL (360 Capsules per 30 days)
<i>butalbital-asa-caff-codeine oral capsule</i>	Tier-1	
<i>butorphanol tartrate nasal solution</i>	Tier-1	
CAPITAL/CODEINE ORAL SUSPENSION	Tier-3	
<i>codeine sulfate oral tablet</i>	Tier-1	
EMBEDA ORAL CAPSULE EXTENDED RELEASE	Tier-3	QL (60 EA per 30 days)
ENDOCET ORAL TABLET	Tier-1	
ENDODAN ORAL TABLET	Tier-1	
<i>fentanyl citrate buccal lozenge on a handle</i>	Tier-1	QL (120 UNITS per 30 Days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier-1	QL (10 PATCHES per 30 Days)
<i>hydrocodone-acetaminophen oral solution 7.5- 325 mg/15ml</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>hydrocodone-acetaminophen oral tablet</i>	Tier-1	
<i>hydrocodone-ibuprofen oral tablet</i>	Tier-1	
<b>HYDROMORPHONE HCL ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT</b>	Tier-2	QL (30 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	Tier-1	
<i>hydromorphone hcl oral tablet</i>	Tier-1	
<b>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 130 MG, 150 MG, 200 MG, 70 MG</b>	Tier-3	QL (60 CAPSULES per 30 Days)
<b>LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT</b>	Tier-3	QL (4 Bottles per 28 Days)
<i>levorphanol tartrate oral tablet</i>	Tier-1	
<b>LORCET 10/650 ORAL TABLET</b>	Tier-1	
<b>LORCET HD ORAL TABLET</b>	Tier-1	
<b>LORCET ORAL TABLET</b>	Tier-1	
<b>LORCET PLUS ORAL TABLET</b>	Tier-1	
<b>MAGNACET ORAL TABLET 10-400 MG, 5-400 MG, 7.5-400 MG</b>	Tier-3	
<i>meperidine hcl oral solution</i>	Tier-1	
<i>meperidine hcl oral tablet</i>	Tier-1	
<i>methadone hcl oral concentrate</i>	Tier-1	
<i>methadone hcl oral solution</i>	Tier-1	
<i>methadone hcl oral tablet</i>	Tier-1	
<i>methadone hcl oral tablet soluble</i>	Tier-1	
<b>METHADOSE ORAL CONCENTRATE 10 MG/ML</b>	Tier-1	
<b>METHADOSE ORAL TABLET 10 MG</b>	Tier-1	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	Tier-1	
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	Tier-1	QL (60 CAPSULES per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	Tier-1	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release</i>	Tier-1	QL (90 TABLETS per 30 Days)
<i>morphine sulfate oral solution</i>	Tier-1	
<i>morphine sulfate oral tablet</i>	Tier-1	
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 5 mg</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>MORPHINE SULFATE RECTAL SUPPOSITORY 30 MG</i>	Tier-2	
<i>OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG</i>	Tier-2	QL (120 EA per 30 days)
<i>oxycodone hcl oral tablet</i>	Tier-1	
<i>oxycodone-acetaminophen oral capsule</i>	Tier-1	
<i>oxycodone-acetaminophen oral solution</i>	Tier-1	
<i>oxycodone-acetaminophen oral tablet</i>	Tier-1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier-1	
<i>oxycodone-ibuprofen oral tablet</i>	Tier-1	
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>	Tier-2	QL (120 TABLETS per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier-1	
<i>OXYMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 15 MG, 7.5 MG</i>	Tier-2	
<i>oxymorphone hcl oral tablet</i>	Tier-1	
<i>pentazocine-acetaminophen oral tablet</i>	Tier-1	
<i>pentazocine-naloxone hcl oral tablet</i>	Tier-1	
<b>PRIMLEV ORAL TABLET</b>	Tier-3	
<b>PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT</b>	Medical Benefit	PA
<b>ROXICET ORAL TABLET 5-325 MG</b>	Tier-1	
<b>SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Medical Benefit	PA
<b>SUBOXONE SUBLINGUAL FILM</b>	Tier-3	PA
<b>SUBSYS SUBLINGUAL LIQUID</b>	Tier-3	QL (30 Bottles per 30 Days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Tier-1	
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	Tier-1	
<i>tramadol hcl er oral tablet extended release 24 hour</i>	Tier-1	
<i>tramadol hcl oral tablet</i>	Tier-1	
<i>tramadol-acetaminophen oral tablet</i>	Tier-1	
<b>XARTEMIS XR ORAL TABLET EXTENDED RELEASE</b>	Tier-3	QL (120 TABLETS per 30 days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
XYLON ORAL TABLET	Tier-1	
ZAMICET ORAL SOLUTION	Tier-1	
ZOLVIT ORAL SOLUTION	Tier-3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier-3	PA
<b>*ANDROGENS-ANABOLIC*</b>		
ANADROL-50 ORAL TABLET	Tier-3	
ANDROID ORAL CAPSULE	Tier-1	
ANDROXY ORAL TABLET	Tier-3	
<i>danazol oral capsule</i>	Tier-1	
FIRST-TESTOSTERONE MC TRANSDERMAL CREAM	Tier-3	
FIRST-TESTOSTERONE TRANSDERMAL OINTMENT	Tier-3	
<i>METHITEST ORAL TABLET</i>	Tier-3	
<i>oxandrolone oral tablet</i>	Tier-1	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier-1	
<i>testosterone enanthate intramuscular solution</i>	Tier-1	
<i>TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%), 12.5 MG/ACT (1%), 20.25 MG/1.25GM (1.62%), 20.25 MG/ACT (1.62%), 40.5 MG/2.5GM (1.62%)</i>	Tier-2	
<i>TESTOSTERONE TRANSDERMAL SOLUTION</i>	Tier-2	
<b>*ANORECTAL AGENTS*</b>		
COLOCORT RECTAL ENEMA	Tier-1	
<b>CORTIFOAM RECTAL FOAM</b>	Tier-2	
<i>HYDROCORTISONE ACE-PRAMOXINE RECTAL KIT</i>	Tier-2	
<i>hydrocortisone rectal cream 1 %</i>	Tier-1	^ (LCG)
<i>hydrocortisone rectal cream 2.5 %</i>	Tier-1	
<i>hydrocortisone rectal enema</i>	Tier-1	
PROCTOCREAM HC RECTAL CREAM	Tier-1	
PROCTOFOAM HC RECTAL FOAM	Tier-3	
PROCTOZONE-HC RECTAL CREAM	Tier-1	
RECTIV RECTAL OINTMENT	Tier-3	QL (1 TUBE per 30 Days)
<b>UCERIS RECTAL FOAM</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>*ANTHELMINTICS*</b>		
<i>ALBENDAZOLE ORAL TABLET</i>	Tier-2	
<i>BENZNIDAZOLE ORAL TABLET</i>	Tier-2	
EMVERM ORAL TABLET CHEWABLE	Tier-3	
<i>ivermectin oral tablet</i>	Tier-1	
<i>PRAZIQUANTEL ORAL TABLET</i>	Tier-2	
<b>*ANTIANGINAL AGENTS*</b>		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	Tier-3	
ISORDIL TITRADOSE ORAL TABLET 40 MG	Tier-3	
<i>isosorbide dinitrate er oral tablet extended release</i>	Tier-1	
<i>isosorbide dinitrate oral tablet</i>	Tier-1	
<i>isosorbide dinitrate sublingual tablet sublingual</i>	Tier-1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier-1	
<i>isosorbide mononitrate oral tablet</i>	Tier-1	
MINITRAN TRANSDERMAL PATCH 24 HOUR	Tier-1	
NITRO-BID TRANSDERMAL OINTMENT	Tier-3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier-3	
<i>nitroglycerin er oral capsule extended release</i>	Tier-1	
<i>nitroglycerin sublingual tablet sublingual</i>	Tier-1	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier-1	
<i>nitroglycerin translingual aerosol solution</i>	Tier-1	
<i>nitroglycerin translingual solution</i>	Tier-1	
<b>RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	Tier-2	
<b>*ANTIANSIETY AGENTS*</b>		
<i>alprazolam oral tablet</i>	Tier-1	^ (LCG)
<i>alprazolam oral tablet dispersible</i>	Tier-1	
<i>bupirone hcl oral tablet</i>	Tier-1	^ (LCG)
<i>chlordiazepoxide hcl oral capsule</i>	Tier-1	^ (LCG)
<i>diazepam oral solution 1 mg/ml</i>	Tier-1	
<i>diazepam oral tablet</i>	Tier-1	^ (LCG)
<i>hydroxyzine hcl oral solution</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>hydroxyzine hcl oral syrup</i>	Tier-1	
<i>hydroxyzine hcl oral tablet</i>	Tier-1	
<i>hydroxyzine pamoate oral capsule</i>	Tier-1	
<b>LORAZEPAM INTENSOL ORAL CONCENTRATE</b>	Tier-1	
<i>lorazepam oral concentrate</i>	Tier-1	
<i>lorazepam oral tablet</i>	Tier-1	^ (LCG)
<i>meprobamate oral tablet</i>	Tier-1	
<i>oxazepam oral capsule</i>	Tier-1	
<b>*ANTIARRHYTHMICS*</b>		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	Tier-1	
<i>disopyramide phosphate oral capsule</i>	Tier-1	
<b>DOFETILIDE ORAL CAPSULE</b>	Tier-2	
<i>flecainide acetate oral tablet</i>	Tier-1	
<i>mexiletine hcl oral capsule</i>	Tier-1	
<b>MULTAQ ORAL TABLET</b>	Tier-3	
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	Tier-3	
<b>PACERONE ORAL TABLET 100 MG</b>	Tier-2	
<b>PACERONE ORAL TABLET 200 MG, 400 MG</b>	Tier-1	
<b>PROPAFENONE HCL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	Tier-2	
<i>propafenone hcl oral tablet</i>	Tier-1	
<b>QUINIDINE GLUCONATE ER ORAL TABLET EXTENDED RELEASE</b>	Tier-2	
<i>quinidine sulfate er oral tablet extended release</i>	Tier-1	
<i>quinidine sulfate oral tablet</i>	Tier-1	
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier-2	QL (3 UNITS per 90 Days)
<b>ADVAIR HFA INHALATION AEROSOL</b>	Tier-2	QL (6 UNITS per 90 Days)
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	Tier-1	
<i>albuterol sulfate inhalation nebulization solution</i>	Tier-1	QL (360 vials per 90 Days)
<i>albuterol sulfate oral syrup</i>	Tier-1	^ (LCG)
<i>albuterol sulfate oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>aminophylline oral tablet</i>	Tier-1	
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier-2	QL (1 INHALER per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (3 Inhalers per 90 days)
<b>ATROVENT HFA INHALATION AEROSOL SOLUTION</b>	Tier-2	QL (6 EA per 90 Days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (3 Inhalers per 90 days)
BROVANA INHALATION NEBULIZATION SOLUTION	Tier-3	QL (180 vials per 90 Days)
<i>budesonide inhalation suspension</i>	Tier-1	QL (180 VIALS per 90 Days)
<b>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION</b>	Tier-2	QL (6 EA per 90 Days)
<i>cromolyn sodium inhalation nebulization solution</i>	Tier-1	QL (360 Vials per 90 Days)
DALIRESP ORAL TABLET	Tier-3	
<b>ELIXOPHYLLIN ORAL ELIXIR</b>	Tier-2	
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier-2	QL (6 UNITS per 90 Days)
<b>FLOVENT HFA INHALATION AEROSOL</b>	Tier-2	QL (6 UNITS per 90 Days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	Tier-1	QL (3 inhalers per 90 days)
<b>FORADIL AEROLIZER INHALATION CAPSULE</b>	Tier-2	QL (3 UNITS per 90 Days)
<i>ipratropium bromide inhalation solution</i>	Tier-1	QL (360 vials per 90 Days)
<i>ipratropium-albuterol inhalation solution</i>	Tier-1	QL (360 vials per 90 Days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Tier-1	QL (270 VIALS per 90 Days)
<b>LEVALBUTEROL TARTRATE HFA INHALATION AEROSOL<sup>†</sup></b>	Tier-2	QL (6 EA per 90 Days)
LUFYLLIN ORAL TABLET	Tier-3	
MAXAIR AUTOHALER INHALATION AEROSOL BREATH ACTIVATED	Tier-3	QL (3 UNITS per 90 Days)
<i>metaproterenol sulfate oral syrup</i>	Tier-1	
<i>metaproterenol sulfate oral tablet</i>	Tier-1	
<i>montelukast sodium oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>montelukast sodium oral tablet chewable</i>	Tier-1	
<b>PERFORMIST INHALATION NEBULIZATION SOLUTION</b>	Tier-2	QL (180 VIALS per 90 Days)
<b>PROAIR HFA INHALATION AEROSOL SOLUTION</b>	Tier-2	QL (6 UNITS per 90 Days)
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier-2	QL (6 UNITS per 90 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION	Tier-3	QL (6 UNITS per 90 Days)
<b>QVAR INHALATION AEROSOL SOLUTION</b>	Tier-2	QL (6 EA per 90 Days)
<b>QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED</b>	Tier-2	QL (6 EA per 90 days)
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier-2	QL (3 UNITS per 90 Days)
<b>SPIRIVA HANDHALER INHALATION CAPSULE</b>	Tier-2	QL (3 UNITS per 90 Days)
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</b>	Tier-2	QL (3 UNITS per 90 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	Tier-3	QL (3 UNITS per 90 days)
<i>terbutaline sulfate oral tablet</i>	Tier-1	
<b>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier-2	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier-1	
<i>theophylline er oral tablet extended release 12 hour</i>	Tier-1	
<i>theophylline er oral tablet extended release 24 hour</i>	Tier-1	
<i>theophylline oral elixir</i>	Tier-1	
<i>theophylline oral solution</i>	Tier-1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	Tier-3	QL (6 EA per 90 Days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>zafirlukast oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>ZILEUTON ER ORAL TABLET EXTENDED RELEASE 12 HOUR</i>	Tier-2	
ZYFLO ORAL TABLET	Tier-3	
<b>*ANTICOAGULANTS*</b>		
BEVYXXA ORAL CAPSULE	Tier-3	¥ (Max 42 days); QL (30 capsules per 30 days)
<b>ELIQUIS ORAL TABLET</b>	Tier-2	
<i>enoxaparin sodium injection solution</i>	Tier-1	
<i>enoxaparin sodium subcutaneous solution</i>	Tier-1	
<b>FONDAPARINUX SODIUM SUBCUTANEOUS SOLUTION</b>	Tier-2	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 25000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	Tier-3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml</i>	Tier-1	
JANTOVEN ORAL TABLET	Tier-1	
<i>warfarin sodium oral tablet</i>	Tier-1	
<b>XARELTO ORAL TABLET</b>	Tier-2	
<b>XARELTO STARTER PACK ORAL TABLET THERAPY PACK</b>	Tier-2	¥ (1 FILL PER LIFE OF PLAN)
<b>*ANTICONVULSANTS*</b>		
APTIOM ORAL TABLET	Tier-3	PA
<b>BANZEL ORAL SUSPENSION</b>	Tier-2	QL (1840 ML per 30 Days)
<b>BANZEL ORAL TABLET 200 MG</b>	Tier-2	QL (1440 TABLETS per 90 Days)
<b>BANZEL ORAL TABLET 400 MG</b>	Tier-2	QL (720 TABLETS per 90 Days)
BRIVIACT ORAL SOLUTION	Tier-3	PA
BRIVIACT ORAL TABLET	Tier-3	PA
<i>carbamazepine er oral capsule extended release 12 hour</i>	Tier-1	
<i>carbamazepine er oral tablet extended release 12 hour</i>	Tier-1	
<i>carbamazepine oral suspension</i>	Tier-1	
<i>carbamazepine oral tablet</i>	Tier-1	
<i>carbamazepine oral tablet chewable</i>	Tier-1	
CELONTIN ORAL CAPSULE	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>CLOBAZAM ORAL SUSPENSION</i>	Tier-2	PA
<i>CLOBAZAM ORAL TABLET</i>	Tier-2	PA
<i>clonazepam oral tablet</i>	Tier-1	^ (LCG)
<i>clonazepam oral tablet dispersible</i>	Tier-1	
<i>DIASTAT ACUDIAL RECTAL GEL</i>	Tier-3	QL (1 Kit per 30 Days)
<i>DIASTAT PEDIATRIC RECTAL GEL</i>	Tier-3	QL (1 Kit per 30 Days)
<i>diazepam rectal gel</i>	Tier-1	QL (1 Kit per 30 Days)
<i>DILANTIN ORAL CAPSULE 30 MG</i>	Tier-3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier-1	
<i>divalproex sodium oral capsule sprinkle</i>	Tier-1	
<i>divalproex sodium oral tablet delayed release</i>	Tier-1	
<i>EPITOL ORAL TABLET</i>	Tier-1	
<i>ethosuximide oral capsule</i>	Tier-1	
<i>ethosuximide oral solution</i>	Tier-1	
<i>felbamate oral suspension</i>	Tier-1	
<i>felbamate oral tablet</i>	Tier-1	
<i>FYCOMPA ORAL SUSPENSION</i>	Tier-3	PA
<i>FYCOMPA ORAL TABLET</i>	Tier-3	PA
<i>gabapentin oral capsule</i>	Tier-1	
<i>gabapentin oral solution 250 mg/5ml</i>	Tier-1	
<i>gabapentin oral tablet</i>	Tier-1	
<i>LAMOTRIGINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG</i>	Tier-2	QL (90 EA per 90 days)
<i>LAMOTRIGINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG</i>	Tier-2	QL (270 EA per 90 days)
<i>LAMOTRIGINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 300 MG</i>	Tier-2	QL (180 EA per 90 days)
<i>lamotrigine oral tablet</i>	Tier-1	^ (LCG)
<i>lamotrigine oral tablet chewable</i>	Tier-1	
<i>LAMOTRIGINE ORAL TABLET DISPERSIBLE</i>	Tier-2	
<i>LAMOTRIGINE STARTER KIT-BLUE ORAL KIT</i>	Tier-2	
<i>LAMOTRIGINE STARTER KIT-GREEN ORAL KIT</i>	Tier-2	
<i>LAMOTRIGINE STARTER KIT-ORANGE ORAL KIT</i>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>levetiracetam er oral tablet extended release 24 hour</i>	Tier-1	
<i>levetiracetam oral solution</i>	Tier-1	
<i>levetiracetam oral tablet</i>	Tier-1	
<b>LYRICA ORAL CAPSULE</b>	Tier-3	STPA
<b>LYRICA ORAL SOLUTION</b>	Tier-3	STPA
<i>oxcarbazepine oral suspension</i>	Tier-1	
<i>oxcarbazepine oral tablet</i>	Tier-1	
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG</b>	Tier-3	QL (30 TABLETS per 30 Days)
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG</b>	Tier-3	QL (120 TABLETS per 30 Days)
<b>PEGANONE ORAL TABLET</b>	Tier-3	
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier-1	
<i>phenytoin oral tablet chewable</i>	Tier-1	
<i>phenytoin sodium extended oral capsule</i>	Tier-1	
<b>POTIGA ORAL TABLET</b>	Tier-3	
<i>primidone oral tablet</i>	Tier-1	
<b>SABRIL ORAL TABLET</b>	Tier-4	
<b>STAVZOR ORAL CAPSULE DELAYED RELEASE</b>	Tier-3	
<b>TIAGABINE HCL ORAL TABLET 12 MG, 16 MG</b>	Tier-2	
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	Tier-1	
<b>TOPIRAMATE ER ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG</b>	Tier-2	
<i>topiramate oral capsule sprinkle</i>	Tier-1	^ (LCG)
<i>topiramate oral tablet</i>	Tier-1	^ (LCG)
<i>valproic acid oral capsule</i>	Tier-1	
<b>VIGABATRIN ORAL PACKET</b>	Tier-2	
<b>VIMPAT ORAL SOLUTION</b>	Tier-2	PA; QL (1200 ML per 30 Days)
<b>VIMPAT ORAL TABLET</b>	Tier-2	PA; QL (180 TABLETS per 90 Days)
<i>zonisamide oral capsule</i>	Tier-1	
<b>*ANTIDEPRESSANTS*</b>		
<i>amitriptyline hcl oral tablet</i>	Tier-1	^ (LCG)
<i>amoxapine oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	STPA
BUDEPRION SR ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-1	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	Tier-1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier-1	
<b>BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG</b>	Tier-2	
<i>bupropion hcl oral tablet</i>	Tier-1	
<i>citalopram hydrobromide oral solution</i>	Tier-1	
<i>citalopram hydrobromide oral tablet</i>	Tier-1	^ (LCG)
<i>clomipramine hcl oral capsule</i>	Tier-1	
<i>desipramine hcl oral tablet</i>	Tier-1	
<b>DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier-2	STPA
<b>DESVENLAFAXINE FUMARATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier-2	STPA
<b>DESVENLAFAXINE SUCCINATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier-2	STPA
<i>doxepin hcl oral capsule</i>	Tier-1	
<i>doxepin hcl oral concentrate</i>	Tier-1	
<b>DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG</b>	Tier-2	QL (60 EA per 30 Days)
<b>DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG</b>	Tier-2	QL (90 EA per 30 Days)
<b>DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 40 MG</b>	Tier-2	QL (60 Capsules per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier-3	STPA
<i>escitalopram oxalate oral solution</i>	Tier-1	
<i>escitalopram oxalate oral tablet</i>	Tier-1	
<i>fluoxetine hcl oral capsule</i>	Tier-1	^ (LCG)
<i>fluoxetine hcl oral capsule delayed release</i>	Tier-1	
<i>fluoxetine hcl oral solution</i>	Tier-1	
<b>FLUOXETINE HCL ORAL TABLET</b>	Tier-2	PA
<b>FLUVOXAMINE MALEATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>fluvoxamine maleate oral tablet</i>	Tier-1	
<i>imipramine hcl oral tablet</i>	Tier-1	
<i>imipramine pamoate oral capsule</i>	Tier-1	
<i>maprotiline hcl oral tablet</i>	Tier-1	
MARPLAN ORAL TABLET	Tier-3	
<i>mirtazapine oral tablet</i>	Tier-1	^ (LCG)
<i>mirtazapine oral tablet dispersible</i>	Tier-1	
<i>nefazodone hcl oral tablet</i>	Tier-1	
<i>nortriptyline hcl oral capsule</i>	Tier-1	
<i>nortriptyline hcl oral solution</i>	Tier-1	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Tier-1	
<i>paroxetine hcl oral tablet</i>	Tier-1	^ (LCG)
PEXEVA ORAL TABLET	Tier-3	STPA
<i>phenelzine sulfate oral tablet</i>	Tier-1	
<i>protriptyline hcl oral tablet</i>	Tier-1	
<i>sertraline hcl oral concentrate</i>	Tier-1	
<i>sertraline hcl oral tablet</i>	Tier-1	^ (LCG)
<i>tranylcypromine sulfate oral tablet</i>	Tier-1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier-1	^ (LCG)
<i>trazodone hcl oral tablet 300 mg</i>	Tier-1	
TRIMIPRAMINE MALEATE ORAL CAPSULE 100 MG	Tier-2	
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	Tier-1	
TRINTELLIX ORAL TABLET	Tier-3	STPA
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Tier-1	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	Tier-1	STPA
<i>venlafaxine hcl oral tablet</i>	Tier-1	
VIIBRYD ORAL KIT	Tier-3	STPA
VIIBRYD ORAL TABLET	Tier-3	STPA
VIIBRYD STARTER PACK ORAL KIT	Tier-3	STPA
<b>*ANTIDIABETICS*</b>		
<i>acarbose oral tablet</i>	Tier-1	
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>alogliptin benzoate oral tablet</i>	Tier-1	
<i>alogliptin-metformin hcl oral tablet</i>	Tier-1	
<i>alogliptin-pioglitazone oral tablet</i>	Tier-1	
<i>chlorpropamide oral tablet</i>	Tier-1	
<b>CYCLOSET ORAL TABLET</b>	Tier-2	
<i>glimepiride oral tablet</i>	Tier-1	^ (LCG)
<i>glipizide er oral tablet extended release 24 hour</i>	Tier-1	
<i>glipizide oral tablet</i>	Tier-1	^ (LCG)
<i>glipizide xl oral tablet extended release 24 hour</i>	Tier-1	
<i>glipizide-metformin hcl oral tablet</i>	Tier-1	
<b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED</b>	Tier-2	
<b>GLUCAGON EMERGENCY INJECTION KIT</b>	Tier-2	
<i>glyburide micronized oral tablet</i>	Tier-1	^ (LCG)
<i>glyburide oral tablet</i>	Tier-1	^ (LCG)
<i>glyburide-metformin oral tablet</i>	Tier-1	
<b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML</b>	Tier-2	
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	Tier-2	
<b>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION</b>	Tier-2	
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	Tier-2	
<b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION</b>	Tier-2	
<b>HUMALOG SUBCUTANEOUS SOLUTION</b>	Tier-2	
<b>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier-2	
<b>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION</b>	Tier-2	
<b>HUMULIN N SUBCUTANEOUS SUSPENSION</b>	Tier-2	
<b>HUMULIN R INJECTION SOLUTION</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION</b>	Tier-2	
<b>INVOKANA ORAL TABLET</b>	Tier-2	
<b>JANUMET ORAL TABLET</b>	Tier-2	
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier-2	
<b>JANUVIA ORAL TABLET</b>	Tier-2	
<b>JARDIANCE ORAL TABLET</b>	Tier-2	
<b>JENTADUETO ORAL TABLET</b>	Tier-2	
<b>JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier-2	
<b>KORLYM ORAL TABLET</b>	Tier-2	PA; QL (120 TABLETS per 30 Days)
<b>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier-2	
<b>LANTUS SUBCUTANEOUS SOLUTION</b>	Tier-2	
<i>METFORMIN HCL ER (MOD) ORAL TABLET EXTENDED RELEASE 24 HOUR</i>	Tier-3	PA
<i>METFORMIN HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG</i>	Tier-3	PA
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier-1	
<i>metformin hcl oral tablet</i>	Tier-1	^ (LCG)
<i>MIGLITOL ORAL TABLET</i>	Tier-2	
<i>nateglinide oral tablet</i>	Tier-1	
<b>OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier-2	
<i>pioglitazone hcl oral tablet</i>	Tier-1	
<i>pioglitazone hcl-glimepiride oral tablet</i>	Tier-1	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Tier-1	
<b>PROGLYCEM ORAL SUSPENSION</b>	Tier-3	
<i>repaglinide oral tablet</i>	Tier-1	
<i>repaglinide-metformin hcl oral tablet</i>	Tier-1	
<b>RIOMET ORAL SOLUTION</b>	Tier-3	
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier-3	
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
TANZEUM SUBCUTANEOUS PEN-INJECTOR	Tier-3	
<i>tolazamide oral tablet</i>	Tier-1	
<i>tolbutamide oral tablet</i>	Tier-1	
<b>TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier-2	
<b>TRADJENTA ORAL TABLET</b>	Tier-2	
<b>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier-2	
<b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier-2	
<b>*ANTIDIARRHEALS*</b>		
<i>diphenoxylate-atropine oral liquid</i>	Tier-1	
<i>diphenoxylate-atropine oral tablet</i>	Tier-1	
<i>loperamide hcl oral capsule</i>	Tier-1	
MOTOFEN ORAL TABLET	Tier-3	
<b>MYTESI ORAL TABLET DELAYED RELEASE</b>	Tier-2	PA
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>		
CETYLEV ORAL TABLET EFFERVESCENT	Tier-3	
<b>VISTOGARD ORAL PACKET</b>	Tier-2	QL (20 Packets per 30 days)
<b>*ANTIDOTES*</b>		
CETYLEV ORAL TABLET EFFERVESCENT	Tier-3	
CHEMET ORAL CAPSULE	Tier-3	
EVZIO INJECTION SOLUTION AUTO-INJECTOR	Tier-3	PA; ¥ (Max of 2 kits (4 units) per 30 days); QL (1 KIT per 1 Fill)
EXJADE ORAL TABLET SOLUBLE	Tier-4	
<b>FERRIPROX ORAL SOLUTION</b>	Tier-2	PA; QL (150 ML per 30 days)
<b>FERRIPROX ORAL TABLET</b>	Tier-2	PA; QL (30 TABLETS per 30 Days)
JADENU ORAL TABLET	Tier-4	
JADENU SPRINKLE ORAL PACKET	Tier-4	
Naloxone HCl Injection Solution 0.4 MG/ML, 1 MG/ML	No Copayment	
<i>naltrexone hcl oral tablet</i>	Tier-1	
NARCAN NASAL LIQUID	No Copayment	¥ (Max of 4 units per 30 days); QL (2 EA per 1 Fill)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>VISTOGARD ORAL PACKET</b>	Tier-2	QL (20 Packets per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Medical Benefit	
<b>*ANTIEMETICS*</b>		
AKYNZEO ORAL CAPSULE	Tier-3	¥ (1 capsule per fill); QL (3 EA per 28 days)
<b>ANZEMET ORAL TABLET</b>	Tier-2	QL (3 TABLETS per 7 Days)
<i>APREPITANT ORAL CAPSULE 125 MG, 40 MG, 80 &amp; 125 MG</i>	Tier-2	QL (1 EA per 7 days)
<i>APREPITANT ORAL CAPSULE 80 MG</i>	Tier-2	QL (2 EA per 7 days)
CESAMET ORAL CAPSULE	Tier-3	QL (18 CAPSULES per 7 Days)
<i>DRONABINOL ORAL CAPSULE</i>	Tier-2	
EMEND ORAL SUSPENSION RECONSTITUTED	Tier-3	QL (3 Units per 7 days)
<i>granisetron hcl oral tablet</i>	Tier-1	QL (6 TABLETS per 7 Days)
GRANISOL ORAL SOLUTION	Tier-3	QL (45 ML per 7 Days)
<i>meclizine hcl oral tablet</i>	Tier-1	
<i>ondansetron hcl oral solution</i>	Tier-1	QL (90 ML per 7 Days)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier-1	QL (1 TABLET per 7 Days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier-1	QL (9 TABLETS per 7 Days)
<i>ondansetron oral tablet dispersible</i>	Tier-1	QL (9 EA per 7 Days)
SANCUSO TRANSDERMAL PATCH	Tier-3	QL (1 PATCH per 7 Days)
<i>SCOPOLAMINE TRANSDERMAL PATCH 72 HOUR</i>	Tier-2	
<i>trimethobenzamide hcl oral capsule</i>	Tier-1	
VARUBI ORAL TABLET	Tier-3	¥ (Max 6 capsules per 30 days); QL (2 CAPSULES per 1 Fill)
ZUPLENZ ORAL FILM	Tier-3	QL (10 FILMS per 7 Days)
<b>*ANTIFUNGALS*</b>		
CRESEMBA ORAL CAPSULE	Tier-3	
<i>fluconazole oral suspension reconstituted</i>	Tier-1	
<i>fluconazole oral tablet</i>	Tier-1	^ (LCG)
<i>flucytosine oral capsule</i>	Tier-1	
<i>GRISEOFULVIN MICROSIZED ORAL SUSPENSION</i>	Tier-2	
<i>GRISEOFULVIN MICROSIZED ORAL TABLET</i>	Tier-2	
<i>GRISEOFULVIN ULTRAMICROSIZED ORAL TABLET</i>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>ITRACONAZOLE ORAL CAPSULE</i>	Tier-2	PA
<i>ITRACONAZOLE ORAL SOLUTION</i>	Tier-2	
<i>ketoconazole oral tablet</i>	Tier-1	
LAMISIL ORAL PACKET 125 MG	Tier-3	¥ (12 WEEK ANNUAL LIMIT APPLIES); QL (56 PACKETS per 28 Days)
LAMISIL ORAL PACKET 187.5 MG	Tier-3	¥ (12 WEEK ANNUAL LIMIT APPLIES); QL (28 PACKETS per 28 Days)
<i>nystatin oral tablet</i>	Tier-1	
ONMEL ORAL TABLET	Tier-3	PA; QL (28 EA per 28 Days)
<i>terbinafine hcl oral tablet</i>	Tier-1	¥ (90 DAYS PER YEAR); QL (30 TABLETS per 30 Days)
<i>voriconazole oral suspension reconstituted</i>	Tier-1	QL (150 ML per 14 Days)
<i>VORICONAZOLE ORAL TABLET 200 MG</i>	Tier-2	QL (28 TABLETS per 14 days)
<i>VORICONAZOLE ORAL TABLET 50 MG</i>	Tier-2	QL (56 TABLETS per 14 days)
<b>*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION	Tier-4	PA
<b>*ANTIHISTAMINES*</b>		
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier-1	
<i>CARBINOXAMINE MALEATE ORAL TABLET 6 MG</i>	Tier-2	
<i>clemastine fumarate oral syrup</i>	Tier-1	
<i>clemastine fumarate oral tablet</i>	Tier-1	
<i>cyproheptadine hcl oral syrup</i>	Tier-1	
<i>cyproheptadine hcl oral tablet</i>	Tier-1	
<i>desloratadine oral tablet</i>	Tier-1	
<i>dexchlorpheniramine maleate oral syrup</i>	Tier-1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED	Tier-3	
<i>diphenhydramine hcl oral capsule</i>	Tier-1	
<i>promethazine hcl oral solution</i>	Tier-1	^ (LCG)
<i>promethazine hcl oral syrup</i>	Tier-1	^ (LCG)
<i>promethazine hcl oral tablet</i>	Tier-1	^ (LCG)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier-1	
PROMETHEGAN RECTAL SUPPOSITORY	Tier-1	

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Drug Name	Tier	Notes
<b>*ANTHYPERLIPIDEMICS*</b>		
ADVICOR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
<i>atorvastatin calcium oral tablet</i>	Tier-1	^ (ACA); QL (90 EA per 90 days)
COLESEVELAM HCL ORAL PACKET	Tier-2	
COLESEVELAM HCL ORAL TABLET	Tier-2	
<i>colestipol hcl oral packet</i>	Tier-1	
<i>colestipol hcl oral tablet</i>	Tier-1	
EZETIMIBE ORAL TABLET	Tier-2	
EZETIMIBE-SIMVASTATIN ORAL TABLET	Tier-2	
FENOFIBRATE MICRONIZED ORAL CAPSULE 130 MG	Tier-2	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier-1	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	Tier-2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier-1	
<i>fenofibric acid oral capsule delayed release</i>	Tier-1	
<i>fenofibric acid oral tablet</i>	Tier-1	
FLOLIPID ORAL SUSPENSION	Tier-3	PA
FLUVASTATIN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	^ (ACA); QL (90 EA per 90 days)
<i>fluvastatin sodium oral capsule</i>	Tier-1	^ (ACA); QL (90 EA per 90 days)
<i>gemfibrozil oral tablet</i>	Tier-1	
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	Tier-4	PA; QL (28 EA per 28 days)
JUXTAPID ORAL CAPSULE 20 MG	Tier-4	PA; QL (84 EA per 28 days)
JUXTAPID ORAL CAPSULE 30 MG, 40 MG, 60 MG	Tier-4	PA; QL (56 EA per 28 days)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (4 EA per 28 days)
<i>lovastatin oral tablet</i>	Tier-1	^ (ACA); QL (90 EA per 90 days)
NIACIN ER (ANTHYPERLIPIDEMIC) ORAL TABLET EXTENDED RELEASE	Tier-2	
NIACOR ORAL TABLET	Tier-1	
OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE	Tier-2	
<i>pravastatin sodium oral tablet</i>	Tier-1	^ (ACA); QL (90 EA per 90 days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
PREVALITE ORAL POWDER	Tier-1	
ROSUVASTATIN CALCIUM ORAL TABLET	Tier-2	^ (ACA); QL (90 EA per 90 days)
<i>simvastatin oral tablet</i>	Tier-1	^ (ACA); QL (90 EA per 90 days)
<b>*ANTIHYPERTENSIVES*</b>		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier-1	
<i>amlodipine besylate-valsartan oral tablet</i>	Tier-1	
AMLODIPINE-OLMESARTAN ORAL TABLET	Tier-2	
<i>amlodipine-valsartan-hctz oral tablet</i>	Tier-1	
<i>atenolol-chlorthalidone oral tablet</i>	Tier-1	
<i>benazepril hcl oral tablet</i>	Tier-1	^ (LCG)
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier-1	^ (LCG)
CANDESARTAN CILEXETIL ORAL TABLET	Tier-2	
CANDESARTAN CILEXETIL-HCTZ ORAL TABLET	Tier-2	
<i>captopril oral tablet</i>	Tier-1	^ (LCG)
<i>captopril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>clonidine hcl oral tablet</i>	Tier-1	^ (LCG)
<i>clonidine hcl transdermal patch weekly</i>	Tier-1	
DEMSEER ORAL CAPSULE	Tier-3	
<i>doxazosin mesylate oral tablet</i>	Tier-1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
<i>enalapril maleate oral tablet</i>	Tier-1	^ (LCG)
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier-1	
EPANED ORAL SOLUTION RECONSTITUTED	Tier-3	
EPLERENONE ORAL TABLET	Tier-2	STPA
<i>eprosartan mesylate oral tablet</i>	Tier-1	
<i>fosinopril sodium oral tablet</i>	Tier-1	
<i>fosinopril sodium-hctz oral tablet</i>	Tier-1	
<i>guanfacine hcl oral tablet</i>	Tier-1	^ (LCG)
<i>hydralazine hcl oral tablet</i>	Tier-1	
<i>irbesartan oral tablet</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>lisinopril oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>losartan potassium oral tablet</i>	Tier-1	^ (LCG)
<i>losartan potassium-hctz oral tablet</i>	Tier-1	^ (LCG)
<i>methyldopa oral tablet</i>	Tier-1	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>minoxidil oral tablet</i>	Tier-1	
<i>moexipril hcl oral tablet</i>	Tier-1	
<i>moexipril-hydrochlorothiazide oral tablet</i>	Tier-1	
<b>OLMESARTAN MEDOXOMIL ORAL TABLET</b>	Tier-2	
<b>OLMESARTAN MEDOXOMIL-HCTZ ORAL TABLET</b>	Tier-2	
<b>OLMESARTAN-AMLODIPINE-HCTZ ORAL TABLET</b>	Tier-2	
<i>perindopril erbumine oral tablet</i>	Tier-1	
<i>phenoxybenzamine hcl oral capsule</i>	Tier-1	
<i>prazosin hcl oral capsule</i>	Tier-1	
<i>quinapril hcl oral tablet</i>	Tier-1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>ramipril oral capsule</i>	Tier-1	^ (LCG)
<b>TARKA ORAL TABLET EXTENDED RELEASE</b>	Tier-3	
<b>TEKAMLO ORAL TABLET</b>	Tier-3	
<b>TEKTURNA ORAL TABLET</b>	Tier-3	
<i>telmisartan oral tablet</i>	Tier-1	
<b>TELMISARTAN-AMLODIPINE ORAL TABLET</b>	Tier-2	
<b>TELMISARTAN-HCTZ ORAL TABLET</b>	Tier-2	
<i>terazosin hcl oral capsule</i>	Tier-1	^ (LCG)
<i>trandolapril oral tablet</i>	Tier-1	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Tier-1	
<i>valsartan oral tablet</i>	Tier-1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier-1	
<b>VECAMYL ORAL TABLET</b>	Tier-3	
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	Tier-3	
<b>ALINIA ORAL TABLET</b>	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>ATOVAQUONE ORAL SUSPENSION</i>	Tier-2	
<i>clindamycin hcl oral capsule</i>	Tier-1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier-1	
<i>dapsone oral tablet</i>	Tier-1	
<b>IMPAVIDO ORAL CAPSULE</b>	Tier-2	
<b>KETEK ORAL TABLET</b>	Tier-2	
<i>linezolid oral suspension reconstituted</i>	Tier-1	
<i>linezolid oral tablet</i>	Tier-1	
<i>metronidazole oral capsule</i>	Tier-1	
<i>metronidazole oral tablet</i>	Tier-1	
<b>NEBUPENT INHALATION SOLUTION RECONSTITUTED</b>	Tier-3	
<b>PRIMSOL ORAL SOLUTION</b>	Tier-3	
<b>SIVEXTRO ORAL TABLET</b>	Tier-3	
<i>smz-tmp ds oral tablet</i>	Tier-1	^ (LCG)
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier-1	^ (LCG)
<i>tinidazole oral tablet</i>	Tier-1	
<i>trimethoprim oral tablet</i>	Tier-1	
<b>XIFAXAN ORAL TABLET 200 MG</b>	Tier-3	PA; QL (9 TABLETS per 30 Days)
<b>XIFAXAN ORAL TABLET 550 MG</b>	Tier-3	PA; QL (60 TABLETS per 30 Days)
<b>*ANTIMALARIALS*</b>		
<i>ATOVAQUONE-PROGUANIL HCL ORAL TABLET</i>	Tier-2	
<i>chloroquine phosphate oral tablet</i>	Tier-1	
<b>COARTEM ORAL TABLET</b>	Tier-2	QL (24 TABLETS per 180 Days)
<b>DARAPRIM ORAL TABLET</b>	Tier-2	
<i>hydroxychloroquine sulfate oral tablet</i>	Tier-1	
<i>mefloquine hcl oral tablet</i>	Tier-1	
<i>PRIMAQUINE PHOSPHATE ORAL TABLET</i>	Tier-2	
<i>quinine sulfate oral capsule</i>	Tier-1	
<b>*ANTIMYASTHENIC AGENTS*</b>		
<i>GUANIDINE HCL ORAL TABLET</i>	Tier-3	
<b>MESTINON ORAL SYRUP</b>	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
MYTELEASE ORAL TABLET	Tier-3	
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier-1	
<i>pyridostigmine bromide oral tablet</i>	Tier-1	
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>		
<i>GUANIDINE HCL ORAL TABLET</i>	Tier-3	
MESTINON ORAL SYRUP	Tier-3	
MYTELEASE ORAL TABLET	Tier-3	
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier-1	
<i>pyridostigmine bromide oral tablet</i>	Tier-1	
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<i>cycloserine oral capsule</i>	Tier-1	
<i>ethambutol hcl oral tablet</i>	Tier-1	
ISONARIF ORAL CAPSULE	Tier-1	
<i>isoniazid oral syrup</i>	Tier-1	
<i>isoniazid oral tablet 100 mg</i>	Tier-1	
<i>isoniazid oral tablet 300 mg</i>	Tier-1	^ (LCG)
PASER ORAL PACKET	Tier-3	
<b>PRIFTIN ORAL TABLET</b>	Tier-2	
<i>pyrazinamide oral tablet</i>	Tier-1	
<i>rifabutin oral capsule</i>	Tier-1	
<i>rifampin oral capsule</i>	Tier-1	
RIFATER ORAL TABLET	Tier-3	
<b>SIRTURO ORAL TABLET</b>	Tier-2	PA
TRECTOR ORAL TABLET	Tier-3	
<b>*ANTINEOPLASTIC - BCL-2 INHIBITORS***</b>		
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier-4	PA; ^ (CM)
<b>VENCLEXTA ORAL TABLET 100 MG</b>	Tier-2	PA; ^ (CM)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier-4	PA; ^ (CM)
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<b>ACTIMMUNE SUBCUTANEOUS SOLUTION</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
AFINITOR DISPERZ ORAL TABLET SOLUBLE	Tier-4	PA; ^ (CM); QL (60 TABLETS per 30 Days)
AFINITOR ORAL TABLET	Tier-4	PA; ^ (CM); QL (30 TABLETS per 30 Days)
ALECENSA ORAL CAPSULE	Tier-4	PA; ^ (CM)
ALUNBRIG ORAL TABLET	Tier-4	PA; ^ (CM)
ALUNBRIG ORAL TABLET THERAPY PACK	Tier-4	PA; ^ (CM)
<i>anastrozole oral tablet</i>	Tier-1	^ (CM)
<i>BEXAROTENE ORAL CAPSULE</i>	Tier-4	^ (CM)
<i>bicalutamide oral tablet</i>	Tier-1	^ (CM)
BOSULIF ORAL TABLET 100 MG	Tier-4	PA; ^ (CM); QL (120 TABLETS per 30 Days)
BOSULIF ORAL TABLET 400 MG	Tier-4	PA; ^ (CM); QL (30 TABLETS per 30 days)
BOSULIF ORAL TABLET 500 MG	Tier-4	PA; ^ (CM); QL (30 TABLETS per 30 Days)
BRAFTOVI ORAL CAPSULE	Tier-4	PA; ^ (CM)
CABOMETYX ORAL TABLET	Tier-4	PA; ^ (CM)
CALQUENCE ORAL CAPSULE	Tier-4	PA; ^ (CM)
<i>capecitabine oral tablet 150 mg</i>	Tier-1	^ (CM); QL (84 TABLETS per 14 days)
<i>capecitabine oral tablet 500 mg</i>	Tier-1	^ (CM); QL (168 TABLETS per 14 days)
CAPRELSA ORAL TABLET 100 MG	Tier-4	PA; ^ (CM); QL (60 TABLETS per 30 Days)
CAPRELSA ORAL TABLET 300 MG	Tier-4	PA; ^ (CM); QL (30 TABLETS per 30 Days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	Tier-4	PA; ^ (CM)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	Tier-4	PA; ^ (CM)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier-4	PA; ^ (CM)
COTELLIC ORAL TABLET	Tier-4	PA; ^ (CM)
<i>CYCLOPHOSPHAMIDE ORAL CAPSULE</i>	Tier-2	^ (CM)
<i>cyclophosphamide oral tablet</i>	Tier-1	^ (CM)
CYRAMZA INTRAVENOUS SOLUTION	Medical Benefit	PA
EMCYT ORAL CAPSULE	Tier-4	^ (CM)
ERIVEDGE ORAL CAPSULE	Tier-4	PA; ^ (CM)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
ERLEADA ORAL TABLET	Tier-4	PA; ^ (CM)
<i>ETOPOSIDE ORAL CAPSULE</i>	Tier-4	^ (CM)
<i>exemestane oral tablet</i>	Tier-1	^ (CM)
FARESTON ORAL TABLET	Tier-4	^ (CM)
FARYDAK ORAL CAPSULE	Tier-4	PA; ^ (CM)
<i>flutamide oral capsule</i>	Tier-1	^ (CM)
GILOTRIF ORAL TABLET	Tier-4	PA; ^ (CM)
GLEOSTINE ORAL CAPSULE	Tier-3	^ (CM)
<b>HEXALEN ORAL CAPSULE</b>	Tier-2	^ (CM)
HYCAMTIN ORAL CAPSULE 0.25 MG	Tier-4	PA; ^ (CM); QL (15 CAPSULES per 21 Days)
HYCAMTIN ORAL CAPSULE 1 MG	Tier-4	PA; ^ (CM); QL (25 CAPSULES per 21 Days)
<i>hydroxyurea oral capsule</i>	Tier-1	^ (CM)
ICLUSIG ORAL TABLET 15 MG	Tier-4	PA; ^ (CM); QL (60 EA per 30 Days)
ICLUSIG ORAL TABLET 45 MG	Tier-4	PA; ^ (CM); QL (30 EA per 30 Days)
<i>IMATINIB MESYLATE ORAL TABLET</i>	Tier-4	^ (CM)
IMBRUVICA ORAL CAPSULE 70 MG	Tier-4	PA; ^ (CM)
IMBRUVICA ORAL TABLET	Tier-4	PA; ^ (CM)
INLYTA ORAL TABLET	Tier-4	PA; ^ (CM)
INTRON A INJECTION SOLUTION	Tier-4	
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier-4	
<b>IRESSA ORAL TABLET</b>	Tier-2	PA; ^ (CM)
JAKAFI ORAL TABLET	Tier-4	PA; ^ (CM)
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	Tier-4	PA; ^ (CM)
LENVIMA 12 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	Tier-4	PA; ^ (CM)
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	Tier-4	PA; ^ (CM)
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	Tier-4	PA; ^ (CM)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	Tier-4	PA; ^ (CM)
LENVIMA 4 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	Tier-4	PA; ^ (CM)
<i>letrozole oral tablet</i>	Tier-1	^ (CM)
<i>leucovorin calcium oral tablet</i>	Tier-1	^ (CM)
LEUKERAN ORAL TABLET	Tier-3	^ (CM)
<i>leuprolide acetate injection kit</i>	Tier-1	# (Lupron Depot and Lupron Depot-Ped are covered under the medical benefit)
<i>lomustine oral capsule</i>	Tier-1	^ (CM)
LONSURF ORAL TABLET	Tier-4	PA; ^ (CM)
<b>LYSODREN ORAL TABLET</b>	Tier-2	^ (CM)
MATULANE ORAL CAPSULE	Tier-4	^ (CM)
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier-1	
<i>megestrol acetate oral tablet</i>	Tier-1	^ (CM)
MEKINIST ORAL TABLET	Tier-4	PA; ^ (CM)
MEKTOVI ORAL TABLET	Tier-4	PA; ^ (CM)
<i>MELPHALAN ORAL TABLET</i>	Tier-2	^ (CM)
<i>mercaptopurine oral tablet</i>	Tier-1	
MESNEX ORAL TABLET	Tier-3	^ (CM)
<i>methotrexate oral tablet</i>	Tier-1	
MYLERAN ORAL TABLET	Tier-4	^ (CM)
NERLYNX ORAL TABLET	Tier-4	PA; ^ (CM)
NEXAVAR ORAL TABLET	Tier-4	PA; ^ (CM); QL (120 TABLETS per 30 Days)
<i>NILUTAMIDE ORAL TABLET</i>	Tier-4	^ (CM)
NINLARO ORAL CAPSULE	Tier-4	PA; ^ (CM)
ODOMZO ORAL CAPSULE	Tier-4	PA; ^ (CM)
PERJETA INTRAVENOUS SOLUTION	Medical Benefit	PA
POMALYST ORAL CAPSULE	Tier-4	PA; ^ (CM); Males Only
PROVENGE INTRAVENOUS SUSPENSION	Medical Benefit	PA
PURIXAN ORAL SUSPENSION	Tier-3	
RITUXAN INTRAVENOUS SOLUTION	Medical Benefit	PA
RYDAPT ORAL CAPSULE	Tier-4	PA; ^ (CM)
<b>SOLTAMOX ORAL SOLUTION</b>	Tier-2	^ (CM)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier-4	PA; ^ (CM); QL (30 TABLETS per 30 Days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier-4	PA; ^ (CM); QL (60 TABLETS per 30 Days)
STIVARGA ORAL TABLET	Tier-4	PA; ^ (CM); QL (84 TABLETS per 28 Days)
SUTENT ORAL CAPSULE	Tier-4	PA; ^ (CM)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 296 MCG, 300 MCG, 4 X 296 MCG, 4 X 444 MCG, 444 MCG, 600 MCG, 888 MCG	Tier-4	QL (4 VIALS per 28 days)
<b>TABLOID ORAL TABLET</b>	Tier-2	^ (CM)
TAFINLAR ORAL CAPSULE	Tier-4	PA; ^ (CM)
TAGRISSEO ORAL TABLET 40 MG	Tier-4	PA; ^ (CM); QL (30 EA per 30 days)
TAGRISSEO ORAL TABLET 80 MG	Tier-4	PA; ^ (CM)
<i>tamoxifen citrate oral tablet</i>	Tier-1	^ (CM)
TARCEVA ORAL TABLET 100 MG, 150 MG	Tier-4	^ (CM); QL (30 TABLETS per 30 Days)
TARCEVA ORAL TABLET 25 MG	Tier-4	^ (CM); QL (90 TABLETS per 30 Days)
TASIGNA ORAL CAPSULE	Tier-4	PA; ^ (CM)
<i>temozolomide oral capsule</i>	Tier-1	^ (CM)
<i>TRETINOIN ORAL CAPSULE</i>	Tier-4	^ (CM)
<b>TREXALL ORAL TABLET</b>	Tier-2	
TYKERB ORAL TABLET	Tier-4	PA; ^ (CM); QL (180 TABLETS per 30 Days)
VOTRIENT ORAL TABLET	Tier-4	PA; ^ (CM); QL (120 TABLETS per 30 Days)
XALKORI ORAL CAPSULE	Tier-4	PA; ^ (CM)
XATMEP ORAL SOLUTION	Tier-3	PA; ^ (CM)
XTANDI ORAL CAPSULE	Tier-4	PA; ^ (CM); QL (120 CAPSULES per 30 Days)
YONSA ORAL TABLET	Tier-4	PA; ^ (CM)
ZELBORAF ORAL TABLET	Tier-4	PA; ^ (CM)
ZOLINZA ORAL CAPSULE	Tier-4	PA; ^ (CM)
ZYKADIA ORAL CAPSULE	Tier-4	PA; ^ (CM)
ZYTIGA ORAL TABLET 250 MG	Tier-4	PA; ^ (CM); QL (120 TABLETS per 30 Days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
ZYTIGA ORAL TABLET 500 MG	Tier-4	PA; ^ (CM); QL (60 EA per 30 days)
<b>*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***</b>		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	PA
<b>*ANTI-OBESITY AGENT COMBINATIONS**</b>		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-3	PA
<b>*ANTIPARKINSON AGENTS*</b>		
<i>amantadine hcl oral capsule</i>	Tier-1	
<i>amantadine hcl oral syrup</i>	Tier-1	
<i>amantadine hcl oral tablet</i>	Tier-1	
<b>APOKYN SUBCUTANEOUS SOLUTION</b>	Tier-2	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg</i>	Tier-1	^ (LCG)
<i>benztropine mesylate oral tablet 2 mg</i>	Tier-1	
<i>bromocriptine mesylate oral capsule</i>	Tier-1	
<i>bromocriptine mesylate oral tablet</i>	Tier-1	
<i>carbidopa oral tablet</i>	Tier-1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier-1	
<i>carbidopa-levodopa oral tablet</i>	Tier-1	
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier-1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	Tier-1	
<b>DUOPA ENTERAL SUSPENSION</b>	Tier-2	
<i>entacapone oral tablet</i>	Tier-1	
NEUPRO TRANSDERMAL PATCH 24 HOUR	Tier-3	QL (30 PATCHES per 30 Days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg</i>	Tier-1	
<i>pramipexole dihydrochloride oral tablet</i>	Tier-1	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier-1	QL (90 TABLETS per 90 Days)
<i>ropinirole hcl oral tablet</i>	Tier-1	
<i>selegiline hcl oral capsule</i>	Tier-1	
<i>selegiline hcl oral tablet</i>	Tier-1	
<i>tolcapone oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>trihexyphenidyl hcl oral elixir</i>	Tier-1	
<i>trihexyphenidyl hcl oral tablet</i>	Tier-1	
XADAGO ORAL TABLET	Tier-3	PA
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>		
<i>ARIPIPRAZOLE ORAL SOLUTION</i>	Tier-2	STPA; QL (900 ML per 90 days)
<i>ARIPIPRAZOLE ORAL TABLET</i>	Tier-2	STPA; QL (90 EA per 90 days)
<i>ARIPIPRAZOLE ORAL TABLET DISPERSIBLE</i>	Tier-2	STPA; QL (180 EA per 90 days)
<i>chlorpromazine hcl oral tablet</i>	Tier-1	
<i>clozapine oral tablet</i>	Tier-1	
<i>clozapine oral tablet dispersible</i>	Tier-1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
<i>fluphenazine hcl oral concentrate</i>	Tier-1	
<i>fluphenazine hcl oral elixir</i>	Tier-1	
<i>fluphenazine hcl oral tablet</i>	Tier-1	
<i>haloperidol lactate oral concentrate</i>	Tier-1	
<i>haloperidol oral tablet</i>	Tier-1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier-3	STPA; QL (90 EA per 90 days)
LATUDA ORAL TABLET 80 MG	Tier-3	STPA; QL (180 EA per 90 days)
<i>lithium carbonate er oral tablet extended release</i>	Tier-1	
<i>lithium carbonate oral capsule</i>	Tier-1	^ (LCG)
<i>lithium carbonate oral tablet</i>	Tier-1	
<i>LITHIUM ORAL SOLUTION</i>	Tier-2	
<i>loxapine succinate oral capsule</i>	Tier-1	
NUPLAZID ORAL TABLET	Tier-4	PA; QL (60 Tablets per 30 days)
<i>olanzapine oral tablet</i>	Tier-1	
<i>olanzapine oral tablet dispersible</i>	Tier-1	STPA
<i>PALIPERIDONE ER ORAL TABLET EXTENDED RELEASE 24 HOUR</i>	Tier-2	STPA
<i>perphenazine oral tablet</i>	Tier-1	
<i>prochlorperazine maleate oral tablet</i>	Tier-1	^ (LCG)
<i>prochlorperazine rectal suppository</i>	Tier-1	
<i>QUETIAPINE FUMARATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR</i>	Tier-2	STPA
<i>quetiapine fumarate oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE	Tier-1	
<i>risperidone oral solution</i>	Tier-1	
<i>risperidone oral tablet</i>	Tier-1	
<i>risperidone oral tablet dispersible</i>	Tier-1	
<i>thioridazine hcl oral tablet</i>	Tier-1	
<i>thiothixene oral capsule</i>	Tier-1	
<i>trifluoperazine hcl oral tablet</i>	Tier-1	
VERSACLOZ ORAL SUSPENSION	Tier-3	
VRAYLAR ORAL CAPSULE	Tier-3	STPA
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier-3	STPA
<i>ziprasidone hcl oral capsule</i>	Tier-1	STPA
<b>*ANTIRETROVIRALS ADJUVANTS***</b>		
<b>TYBOST ORAL TABLET</b>	Tier-2	
<b>*ANTISEPTICS &amp; DISINFECTANTS*</b>		
PHISOHEX EXTERNAL LIQUID	Tier-3	
<b>*ANTIVIRALS*</b>		
<i>ABACAVIR SULFATE ORAL SOLUTION</i>	Tier-2	
<i>abacavir sulfate oral tablet</i>	Tier-1	
<i>ABACAVIR SULFATE-LAMIVUDINE ORAL TABLET</i>	Tier-2	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	Tier-1	
<i>acyclovir oral capsule</i>	Tier-1	
<i>acyclovir oral suspension</i>	Tier-1	
<i>acyclovir oral tablet</i>	Tier-1	
<i>adefovir dipivoxil oral tablet</i>	Tier-1	
<b>APTIVUS ORAL CAPSULE</b>	Tier-2	
<b>APTIVUS ORAL SOLUTION</b>	Tier-2	
<i>ATAZANAVIR SULFATE ORAL CAPSULE</i>	Tier-2	
<b>ATRIPLA ORAL TABLET</b>	Tier-2	
<b>BARACLUDGE ORAL SOLUTION</b>	Tier-2	
<b>BIKTARVY ORAL TABLET</b>	Tier-2	
<b>CIMDUO ORAL TABLET</b>	Tier-2	
<b>COMPLERA ORAL TABLET</b>	Tier-2	
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>DESCOVY ORAL TABLET</b>	Tier-2	
<i>didanosine oral capsule delayed release</i>	Tier-1	
<b>EDURANT ORAL TABLET</b>	Tier-2	
<i>EFAVIRENZ ORAL CAPSULE</i>	Tier-2	
<i>EFAVIRENZ ORAL TABLET</i>	Tier-2	
<b>EMTRIVA ORAL CAPSULE</b>	Tier-2	
<b>EMTRIVA ORAL SOLUTION</b>	Tier-2	
<i>ENTECAVIR ORAL TABLET</i>	Tier-2	
<b>EPIVIR HBV ORAL SOLUTION</b>	Tier-2	
<b>EVOTAZ ORAL TABLET</b>	Tier-2	
<i>famciclovir oral tablet</i>	Tier-1	
<i>FOSAMPRENAVIR CALCIUM ORAL TABLET</i>	Tier-2	
<b>FUZEON SUBCUTANEOUS KIT</b>	Tier-4	
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier-4	
<b>GENVOYA ORAL TABLET</b>	Tier-2	
<b>INTELENCE ORAL TABLET</b>	Tier-2	
<b>INVIRASE ORAL CAPSULE</b>	Tier-2	
<b>INVIRASE ORAL TABLET</b>	Tier-2	
<b>ISENTRESS HD ORAL TABLET</b>	Tier-2	QL (60 EA per 30 days)
<b>ISENTRESS ORAL PACKET</b>	Tier-2	QL (60 EA per 30 days)
<b>ISENTRESS ORAL TABLET</b>	Tier-2	QL (120 EA per 30 days)
<b>ISENTRESS ORAL TABLET CHEWABLE 100 MG</b>	Tier-2	QL (180 EA per 30 days)
<b>ISENTRESS ORAL TABLET CHEWABLE 25 MG</b>	Tier-2	QL (720 EA per 30 days)
<b>JULUCA ORAL TABLET</b>	Tier-2	
<b>KALETRA ORAL TABLET</b>	Tier-2	
<i>lamivudine oral solution</i>	Tier-1	
<i>lamivudine oral tablet</i>	Tier-1	
<i>lamivudine-zidovudine oral tablet</i>	Tier-1	
<b>LEXIVA ORAL SUSPENSION</b>	Tier-2	
<i>LOPINA VIR-RITONAVIR ORAL SOLUTION</i>	Tier-2	
<i>nevirapine er oral tablet extended release 24 hour</i>	Tier-1	
<i>nevirapine oral suspension</i>	Tier-1	
<i>nevirapine oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>NORVIR ORAL CAPSULE</b>	Tier-2	
<b>NORVIR ORAL PACKET</b>	Tier-2	
<b>NORVIR ORAL SOLUTION</b>	Tier-2	
<b>ODEFSEY ORAL TABLET</b>	Tier-2	
<i>OSELTAMIVIR PHOSPHATE ORAL CAPSULE</i>	Tier-2	QL (10 EA per 365 days)
<i>OSELTAMIVIR PHOSPHATE ORAL SUSPENSION RECONSTITUTED</i>	Tier-2	¥ (2 fills per 365 days); QL (180 ML per 1 Fill)
<b>PEGASYS PROCLICK SUBCUTANEOUS SOLUTION</b>	Tier-4	QL (4 PENS per 28 Days)
<b>PEGASYS SUBCUTANEOUS KIT</b>	Tier-4	QL (1 KIT per 28 Days)
<b>PEGASYS SUBCUTANEOUS SOLUTION</b>	Tier-4	QL (4 VIALS per 28 Days)
<b>PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT</b>	Tier-4	QL (4 SYRINGES per 28 Days)
<b>PEG-INTRON REDIPEN SUBCUTANEOUS KIT</b>	Tier-4	QL (4 SYRINGES per 28 Days)
<b>PEGINTRON SUBCUTANEOUS KIT</b>	Tier-4	QL (4 EA per 28 days)
<b>PEG-INTRON SUBCUTANEOUS KIT</b>	Tier-4	QL (4 VIALS per 28 Days)
<b>PREVYMIS INTRAVENOUS SOLUTION</b>	Medical Benefit	PA
<b>PREVYMIS ORAL TABLET</b>	Tier-4	PA
<b>PREZCOBIX ORAL TABLET</b>	Tier-2	
<b>PREZISTA ORAL SUSPENSION</b>	Tier-2	
<b>PREZISTA ORAL TABLET 150 MG, 400 MG, 600 MG, 75 MG, 800 MG</b>	Tier-2	
<b>REBETOL ORAL SOLUTION</b>	Tier-3	QL (35 ML per 1 day)
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier-2	QL (20 UNITS per 365 Days)
<b>RESCRIPTOR ORAL TABLET</b>	Tier-2	
<b>REYATAZ ORAL PACKET</b>	Tier-2	
<b>RIBASPHERE ORAL CAPSULE</b>	Tier-1	QL (7 EA per 1 day)
<b>RIBASPHERE ORAL TABLET 200 MG</b>	Tier-1	QL (7 EA per 1 day)
<i>ribavirin oral capsule</i>	Tier-1	QL (7 EA per 1 day)
<i>ribavirin oral tablet 200 mg</i>	Tier-1	QL (7 EA per 1 day)
<i>rimantadine hcl oral tablet</i>	Tier-1	
<i>RITONAVIR ORAL TABLET</i>	Tier-2	
<b>SELZENTRY ORAL SOLUTION</b>	Tier-2	QL (1800 ML per 30 days)
<b>SELZENTRY ORAL TABLET 150 MG</b>	Tier-2	QL (60 TABLETS per 30 Days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>SELZENTRY ORAL TABLET 25 MG</b>	Tier-2	QL (120 TABLETS per 30 days)
<b>SELZENTRY ORAL TABLET 300 MG</b>	Tier-2	QL (120 TABLETS per 30 Days)
<b>SELZENTRY ORAL TABLET 75 MG</b>	Tier-2	QL (60 TABLETS per 30 days)
<i>stavudine oral capsule</i>	Tier-1	
<i>stavudine oral solution reconstituted</i>	Tier-1	
<b>STRIBILD ORAL TABLET</b>	Tier-2	
<b>SYMFI LO ORAL TABLET</b>	Tier-2	
<b>SYMFI ORAL TABLET</b>	Tier-2	
<b>SYMTUZA ORAL TABLET</b>	Tier-2	
<i>TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET</i>	Tier-2	
<b>TIVICAY ORAL TABLET</b>	Tier-2	
<b>TRIUMEQ ORAL TABLET</b>	Tier-2	
<b>TRUVADA ORAL TABLET 200-300 MG</b>	Tier-2	
<b>TYZEKA ORAL TABLET</b>	Tier-2	
<i>valacyclovir hcl oral tablet</i>	Tier-1	
<b>VALCYTE ORAL TABLET</b>	Tier-2	
<i>VALGANCICLOVIR HCL ORAL SOLUTION RECONSTITUTED</i>	Tier-2	
<i>valganciclovir hcl oral tablet</i>	Tier-1	
<b>VEMLIDY ORAL TABLET</b>	Tier-2	
VIDEX ORAL SOLUTION RECONSTITUTED	Tier-3	
<b>VIRACEPT ORAL TABLET</b>	Tier-2	
<b>VIREAD ORAL POWDER</b>	Tier-2	
<b>VITEKTA ORAL TABLET</b>	Tier-2	
<i>zidovudine oral capsule</i>	Tier-1	
<i>zidovudine oral syrup</i>	Tier-1	
<i>zidovudine oral tablet</i>	Tier-1	
<b>*ASSORTED CLASSES*</b>		
<b>AZASAN ORAL TABLET</b>	Tier-2	
<i>azathioprine oral tablet</i>	Tier-1	
<i>azathioprine sodium injection solution reconstituted</i>	Tier-1	
<b>BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED</b>	Medical Benefit	PA
<b>BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier-4	PA

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA
<b>CUPRIMINE ORAL CAPSULE 250 MG</b>	Tier-2	
<i>cyclosporine modified oral capsule</i>	Tier-1	
<i>cyclosporine modified oral solution</i>	Tier-1	
<i>cyclosporine oral capsule</i>	Tier-1	
<b>DEPEN TITRATABS ORAL TABLET</b>	Tier-2	
KIONEX ORAL SUSPENSION	Tier-1	
<i>mycophenolate mofetil oral capsule</i>	Tier-1	
<i>MYCOPHENOLATE MOFETIL ORAL SUSPENSION RECONSTITUTED</i>	Tier-2	
<i>mycophenolate mofetil oral tablet</i>	Tier-1	
<i>mycophenolic acid oral tablet delayed release</i>	Tier-1	
RAPAMUNE ORAL SOLUTION	Tier-4	
RAPAMUNE ORAL TABLET	Tier-4	
REVLIMID ORAL CAPSULE	Tier-4	PA; ^ (CM)
<i>sirolimus oral tablet</i>	Tier-1	
<i>sodium polystyrene sulfonate oral suspension</i>	Tier-1	
<i>tacrolimus oral capsule</i>	Tier-1	
THALOMID ORAL CAPSULE	Tier-4	^ (CM)
<i>TRIENTINE HCL ORAL CAPSULE</i>	Tier-2	
<b>VELTASSA ORAL PACKET</b>	Tier-2	
XIAFLEX INJECTION SOLUTION RECONSTITUTED	Medical Benefit	PA
ZORTRESS ORAL TABLET	Tier-4	QL (60 TABLETS per 30 Days)
<b>*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***</b>		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Tier-4	PA; QL (4 ML per 28 days)
<b>*BACTERIAL MONOCLONAL ANTIBODIES***</b>		
ZINPLAVA INTRAVENOUS SOLUTION	Medical Benefit	PA
<b>*BETA BLOCKERS*</b>		
<i>acebutolol hcl oral capsule</i>	Tier-1	
<i>atenolol oral tablet</i>	Tier-1	^ (LCG)
<i>betaxolol hcl oral tablet</i>	Tier-1	
<i>bisoprolol fumarate oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
BYSTOLIC ORAL TABLET	Tier-3	
<i>carvedilol oral tablet</i>	Tier-1	^ (LCG)
<i>CARVEDILOL PHOSPHATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR</i>	Tier-2	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	
<i>labetalol hcl oral tablet</i>	Tier-1	
LEVATOL ORAL TABLET	Tier-3	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier-1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier-1	^ (LCG)
<i>METOPROLOL TARTRATE ORAL TABLET 37.5 MG, 75 MG</i>	Tier-3	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier-1	
<i>pindolol oral tablet</i>	Tier-1	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier-1	
<i>propranolol hcl oral solution</i>	Tier-1	
<i>propranolol hcl oral tablet</i>	Tier-1	^ (LCG)
<i>sotalol hcl oral tablet</i>	Tier-1	
SOTYLIZE ORAL SOLUTION	Tier-3	
<i>timolol maleate oral tablet</i>	Tier-1	
<b>*BILE ACID SYNTHESIS DISORDER AGENTS***</b>		
CHOLBAM ORAL CAPSULE	Tier-2	PA
<b>*BIOLOGICALS MISC*</b>		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA; QL (30 EA per 30 days)
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA; QL (30 EA per 30 days)
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<i>amlodipine besylate oral tablet</i>	Tier-1	^ (LCG)
CARDENE SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-1	
COVERA-HS ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>dilt-cd oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl cd oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier-1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier-1	
<i>diltiazem hcl oral tablet</i>	Tier-1	
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier-1	
<i>diltzac oral capsule extended release 24 hour</i>	Tier-1	
DYNACIRC CR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
<i>felodipine er oral tablet extended release 24 hour</i>	Tier-1	
<i>isradipine oral capsule</i>	Tier-1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-1	
<i>nicardipine hcl oral capsule</i>	Tier-1	
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-1	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-1	
<i>nifedipine er oral tablet extended release 24 hour</i>	Tier-1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	Tier-1	
<i>nifedipine oral capsule</i>	Tier-1	
<i>nimodipine oral capsule</i>	Tier-1	
<i>nisoldipine er oral tablet extended release 24 hour</i>	Tier-1	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-1	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier-1	
<i>verapamil hcl oral tablet</i>	Tier-1	
<b>*CARDIOTONICS*</b>		
<i>digoxin oral solution</i>	Tier-1	
<i>digoxin oral tablet</i>	Tier-1	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	Tier-3	
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
ADEMPAS ORAL TABLET	Tier-4	PA
<i>AMLODIPINE-ATORVASTATIN ORAL TABLET</i>	Tier-2	
<b>BIDIL ORAL TABLET</b>	Tier-2	
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	Tier-3	
EDEX INTRACAVERNOSAL KIT	Tier-3	
epoprostenol sodium intravenous solution reconstituted	Medical Benefit	PA; SI
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
LETAIRIS ORAL TABLET	Tier-4	PA
MUSE URETHRAL PELLETT	Tier-3	
OPSUMIT ORAL TABLET	Tier-4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE	Tier-4	PA
REMODULIN INJECTION SOLUTION	Medical Benefit	PA; SI
REVATIO ORAL SUSPENSION RECONSTITUTED	Tier-4	PA
<i>SILDENAFIL CITRATE ORAL TABLET 100 MG, 25 MG, 50 MG</i>	Tier-2	QL (4 EA per 30 days)
<i>SILDENAFIL CITRATE ORAL TABLET 20 MG</i>	Tier-4	PA
<i>TADALAFIL (PAH) ORAL TABLET</i>	Tier-4	PA
<i>TADALAFIL ORAL TABLET 10 MG, 2.5 MG, 20 MG</i>	Tier-3	QL (4 Tablets per 30 days)
<i>TADALAFIL ORAL TABLET 5 MG</i>	Tier-3	PA; ¥ (PA only applies for diagnosis of Symptomatic Benign Prostatic Hyperplasia (BPH).); QL (30 Tablets per 30 days)
TRACLEER ORAL TABLET	Tier-4	PA
TRACLEER ORAL TABLET SOLUBLE	Tier-4	PA

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
TYVASO INHALATION SOLUTION	Medical Benefit	PA; SI
TYVASO REFILL INHALATION SOLUTION	Medical Benefit	PA; SI
TYVASO STARTER INHALATION SOLUTION	Medical Benefit	PA; SI
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
VENTAVIS INHALATION SOLUTION	Medical Benefit	PA; SI
<b>*CEPHALOSPORINS*</b>		
<i>CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR</i>	Tier-2	
<i>cefaclor oral capsule</i>	Tier-1	
<i>cefaclor oral suspension reconstituted</i>	Tier-1	
<i>cefadroxil oral capsule</i>	Tier-1	
<i>cefadroxil oral suspension reconstituted</i>	Tier-1	
<i>cefadroxil oral tablet</i>	Tier-1	
<i>cefdinir oral capsule</i>	Tier-1	
<i>cefdinir oral suspension reconstituted</i>	Tier-1	
<i>cefditoren pivoxil oral tablet</i>	Tier-1	
<i>CEFIXIME ORAL SUSPENSION RECONSTITUTED</i>	Tier-2	
<i>CEFPODOXIME PROXETIL ORAL SUSPENSION RECONSTITUTED</i>	Tier-2	
<i>CEFPODOXIME PROXETIL ORAL TABLET</i>	Tier-2	
<i>cefprozil oral suspension reconstituted</i>	Tier-1	
<i>cefprozil oral tablet</i>	Tier-1	
<i>ceftibuten oral capsule</i>	Tier-1	
<i>ceftibuten oral suspension reconstituted</i>	Tier-1	
<i>CEFTIN ORAL SUSPENSION RECONSTITUTED</i>	Tier-3	
<i>cefuroxime axetil oral suspension reconstituted 125 mg/5ml</i>	Tier-1	
<i>cefuroxime axetil oral tablet</i>	Tier-1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier-1	^ (LCG)
<i>cephalexin oral capsule 750 mg</i>	Tier-1	
<i>cephalexin oral suspension reconstituted</i>	Tier-1	
<i>cephalexin oral tablet</i>	Tier-1	^ (LCG)
SUPRAX ORAL CAPSULE	Tier-3	

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Drug Name	Tier	Notes
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	Tier-3	
SUPRAX ORAL TABLET CHEWABLE	Tier-3	
<b>*CONTRACEPTIVES*</b>		
AMETHIA LO ORAL TABLET	Tier-1	^ (WH)
AMETHIA ORAL TABLET	Tier-1	^ (WH)
AMETHYST ORAL TABLET	Tier-1	^ (WH)
APRI ORAL TABLET	Tier-1	^ (WH)
ARANELLE ORAL TABLET	Tier-1	^ (WH)
AVIANE ORAL TABLET	Tier-1	^ (WH)
AZURETTE ORAL TABLET	Tier-1	^ (WH)
BALCOLTRA ORAL TABLET	Tier-3	
BALZIVA ORAL TABLET	Tier-1	^ (WH)
BEYAZ ORAL TABLET	Tier-3	^ (WH)
BREVICON (28) ORAL TABLET	Tier-3	^ (WH)
CAMILA ORAL TABLET	Tier-1	^ (WH)
CAMRESE LO ORAL TABLET	Tier-1	^ (WH)
CAMRESE ORAL TABLET	Tier-1	^ (WH)
CRYSSELLE-28 ORAL TABLET	Tier-1	^ (WH)
CYCLAFEM 1/35 ORAL TABLET	Tier-1	^ (WH)
CYCLAFEM 7/7/7 ORAL TABLET	Tier-1	^ (WH)
CYCLESSA ORAL TABLET	Tier-3	^ (WH)
DESOGEN ORAL TABLET	Tier-3	^ (WH)
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier-1	^ (WH)
ELLA ORAL TABLET	Tier-3	^ (WH)
ENPRESSE-28 ORAL TABLET	Tier-1	^ (WH)
ERRIN ORAL TABLET	Tier-1	^ (WH)
ESTROSTEP FE ORAL TABLET	Tier-3	^ (WH)
FAYOSIM ORAL TABLET	Tier-1	^ (WH)
GENERESS FE ORAL TABLET CHEWABLE	Tier-3	^ (WH)
GIANVI ORAL TABLET	Tier-1	^ (WH)
JOLESSA ORAL TABLET	Tier-1	^ (WH)
JOLIVETTE ORAL TABLET	Tier-1	^ (WH)
JUNEL 1.5/30 ORAL TABLET	Tier-1	^ (WH)
JUNEL 1/20 ORAL TABLET	Tier-1	^ (WH)
JUNEL FE 1.5/30 ORAL TABLET	Tier-1	^ (WH)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
JUNEL FE 1/20 ORAL TABLET	Tier-1	^ (WH)
KARIVA ORAL TABLET	Tier-1	^ (WH)
LESSINA ORAL TABLET	Tier-1	^ (WH)
LEVORA 0.15/30 (28) ORAL TABLET	Tier-1	^ (WH)
LO LOESTRIN FE ORAL TABLET	Tier-3	^ (WH)
LOESTRIN 1.5/30 (21) ORAL TABLET	Tier-3	^ (WH)
LOESTRIN 1/20 (21) ORAL TABLET	Tier-3	^ (WH)
LOESTRIN 24 FE ORAL TABLET	Tier-3	^ (WH)
LOESTRIN FE 1.5/30 ORAL TABLET	Tier-3	^ (WH)
LOESTRIN FE 1/20 ORAL TABLET	Tier-3	^ (WH)
LOSEASONIQUE ORAL TABLET	Tier-3	^ (WH)
LOW-OGESTREL ORAL TABLET	Tier-1	^ (WH)
LUTERA ORAL TABLET	Tier-1	^ (WH)
MICROGESTIN 1.5/30 ORAL TABLET	Tier-1	^ (WH)
MICROGESTIN 1/20 ORAL TABLET	Tier-1	^ (WH)
MICROGESTIN FE 1.5/30 ORAL TABLET	Tier-1	^ (WH)
MICROGESTIN FE 1/20 ORAL TABLET	Tier-1	^ (WH)
MIRCETTE ORAL TABLET	Tier-3	^ (WH)
MONONESSA ORAL TABLET	Tier-1	^ (WH)
NATAZIA ORAL TABLET	Tier-3	^ (WH)
NECON 0.5/35 (28) ORAL TABLET	Tier-3	^ (WH)
NECON 1/35 (28) ORAL TABLET	Tier-1	^ (WH)
NECON 1/50 (28) ORAL TABLET	Tier-1	^ (WH)
<b>NECON 10/11 (28) ORAL TABLET</b>	Tier-2	^ (WH)
NECON 7/7/7 ORAL TABLET	Tier-1	^ (WH)
NEXT CHOICE ONE DOSE ORAL TABLET	Tier-1	^ (WH)
NEXT CHOICE ORAL TABLET	Tier-1	^ (WH)
NORA-BE ORAL TABLET	Tier-1	^ (WH)
NORDETTE (28) ORAL TABLET	Tier-3	^ (WH)
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier-1	^ (WH)
NORINYL 1+35 (28) ORAL TABLET	Tier-3	^ (WH)
NOR-QD ORAL TABLET	Tier-3	^ (WH)
NORTREL 1/35 (21) ORAL TABLET	Tier-1	^ (WH)
NORTREL 1/35 (28) ORAL TABLET	Tier-1	^ (WH)
NORTREL 7/7/7 ORAL TABLET	Tier-1	^ (WH)
<b>NUVARING VAGINAL RING</b>	Tier-2	^ (WH)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
OCELLA ORAL TABLET	Tier-1	^ (WH)
OGESTREL ORAL TABLET	Tier-1	^ (WH)
ORSYTHIA ORAL TABLET	Tier-1	^ (WH)
ORTHO EVRA TRANSDERMAL PATCH WEEKLY	Tier-3	^ (WH)
ORTHO MICRONOR ORAL TABLET	Tier-3	^ (WH)
ORTHO TRI-CYCLEN (28) ORAL TABLET	Tier-3	^ (WH)
ORTHO TRI-CYCLEN LO ORAL TABLET	Tier-3	^ (WH)
ORTHO-CEPT (28) ORAL TABLET	Tier-3	^ (WH)
ORTHO-CYCLEN (28) ORAL TABLET	Tier-3	^ (WH)
ORTHO-NOVUM 1/35 (28) ORAL TABLET	Tier-3	^ (WH)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET	Tier-3	^ (WH)
OVCON-35 (28) ORAL TABLET	Tier-3	^ (WH)
PLAN B ONE-STEP ORAL TABLET	Tier-3	^ (WH)
PORTIA-28 ORAL TABLET	Tier-1	^ (WH)
PREVIFEM ORAL TABLET	Tier-1	^ (WH)
QUASENSE ORAL TABLET	Tier-1	^ (WH)
RECLIPSEN ORAL TABLET	Tier-1	^ (WH)
SAFYRAL ORAL TABLET	Tier-3	^ (WH)
SEASONIQUE ORAL TABLET	Tier-3	^ (WH)
SPRINTEC 28 ORAL TABLET	Tier-1	^ (WH)
TILIA FE ORAL TABLET	Tier-1	^ (WH)
TRI-ESTARYLLA ORAL TABLET	Tier-1	^ (WH)
TRI-LEGEST FE ORAL TABLET	Tier-1	^ (WH)
TRINESSA (28) ORAL TABLET	Tier-1	^ (WH)
TRINESSA LO ORAL TABLET	Tier-1	^ (WH)
TRI-NORINYL (28) ORAL TABLET	Tier-3	^ (WH)
TRI-PREVIFEM ORAL TABLET	Tier-1	^ (WH)
TRI-SPRINTEC ORAL TABLET	Tier-1	^ (WH)
TRIVORA (28) ORAL TABLET	Tier-1	^ (WH)
VELIVET ORAL TABLET	Tier-1	^ (WH)
YASMIN 28 ORAL TABLET	Tier-3	^ (WH)
YAZ ORAL TABLET	Tier-3	^ (WH)
ZOVIA 1/35E (28) ORAL TABLET	Tier-1	^ (WH)
ZOVIA 1/50E (28) ORAL TABLET	Tier-1	^ (WH)

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Drug Name	Tier	Notes
<b>*CORTICOSTEROIDS*</b>		
BAYCADRON ORAL ELIXIR	Tier-1	
<i>budesonide er oral capsule extended release 24 hour</i>	Tier-1	
<b>BUDESONIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier-2	
<i>cortisone acetate oral tablet</i>	Tier-1	
<i>dexamethasone oral elixir</i>	Tier-1	
<i>dexamethasone oral tablet</i>	Tier-1	^ (LCG)
<i>dexamethasone oral tablet therapy pack</i>	Tier-1	
EMFLAZA ORAL SUSPENSION	Tier-4	PA; QL (26 ML per 30 days)
EMFLAZA ORAL TABLET	Tier-4	PA; QL (30 tablets per 30 days)
<i>fludrocortisone acetate oral tablet</i>	Tier-1	
<i>hydrocortisone oral tablet</i>	Tier-1	
MEDROL ORAL TABLET 2 MG	Tier-3	
<i>methylprednisolone (pak) oral tablet</i>	Tier-1	
<i>methylprednisolone oral tablet</i>	Tier-1	
MILLIPRED ORAL TABLET	Tier-3	
<i>prednisolone oral syrup 15 mg/5ml</i>	Tier-1	^ (LCG)
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier-1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>	Tier-1	^ (LCG)
<i>prednisone (pak) oral tablet</i>	Tier-1	
PREDNISONO INTENSOL ORAL CONCENTRATE	Tier-3	
<i>prednisone oral solution</i>	Tier-1	
<i>prednisone oral tablet</i>	Tier-1	^ (LCG)
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21)</i>	Tier-1	^ (LCG)
<b>*COUGH/COLD/ALLERGY*</b>		
<i>acetylcysteine inhalation solution</i>	Tier-1	
<i>benzonatate oral capsule 100 mg</i>	Tier-1	^ (LCG)
<i>benzonatate oral capsule 150 mg, 200 mg</i>	Tier-1	
BROMFED DM ORAL SYRUP	Tier-1	
<i>cheratussin ac oral syrup</i>	Tier-1	
<i>cheratussin dac oral solution</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>guaiaatussin ac oral syrup</i>	Tier-1	
<i>guaifenesin ac oral syrup</i>	Tier-1	
<i>guaifenesin dac oral solution</i>	Tier-1	
<i>guaifenesin-codeine oral solution</i>	Tier-1	
<i>guaifenesin-codeine oral syrup</i>	Tier-1	
<i>hydrocod polst-cpm polst er oral liquid extended release</i>	Tier-1	
<i>hydrocodone-homatropine oral syrup</i>	Tier-1	
<i>hydrocodone-homatropine oral tablet</i>	Tier-1	
<i>hydromet oral syrup</i>	Tier-1	
<i>iophen c-nr oral liquid</i>	Tier-1	
<i>mytussin dac oral solution</i>	Tier-1	
<b>NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %</b>	Tier-2	
<i>promethazine-dm oral syrup</i>	Tier-1	^ (LCG)
SEMPREX-D ORAL CAPSULE	Tier-3	
SSKI ORAL SOLUTION	Tier-3	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
VITUZ ORAL SOLUTION	Tier-3	
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***</b>		
IBRANCE ORAL CAPSULE	Tier-4	PA; ^ (CM)
KISQALI 200 DOSE ORAL TABLET	Tier-4	PA; ^ (CM)
KISQALI 400 DOSE ORAL TABLET	Tier-4	PA; ^ (CM)
KISQALI 600 DOSE ORAL TABLET	Tier-4	PA; ^ (CM)
VERZENIO ORAL TABLET	Tier-4	PA; ^ (CM)
<b>*CYSTIC FIBROSIS AGENT - COMBINATIONS***</b>		
ORKAMBI ORAL PACKET	Tier-4	PA; QL (56 Packets per 28 days)
ORKAMBI ORAL TABLET	Tier-4	PA; QL (112 tablets per 28 days)
SYMDEKO ORAL TABLET THERAPY PACK	Tier-4	PA; QL (56 Tablets per 28 days)
<b>*DERMATOLOGICALS*</b>		
8-MOP ORAL CAPSULE	Tier-3	
<i>acitretin oral capsule</i>	Tier-1	
ACTICIN EXTERNAL CREAM	Tier-1	
ACYCLOVIR EXTERNAL OINTMENT	Tier-2	QL (1 TUBE per 30 days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
ADAPALENE EXTERNAL CREAM	Tier-3	PA
ADAPALENE EXTERNAL GEL	Tier-3	PA
ADAPALENE EXTERNAL LOTION	Tier-2	PA
ADAPALENE-BENZOYL PEROXIDE EXTERNAL GEL	Tier-2	
AKNE-MYCIN EXTERNAL OINTMENT	Tier-3	
<i>ala-cort external cream 1 %</i>	Tier-1	^ (LCG)
<i>alclometasone dipropionate external cream</i>	Tier-1	
<i>alclometasone dipropionate external ointment</i>	Tier-1	
ALTABAX EXTERNAL OINTMENT	Tier-3	
AMCINONIDE EXTERNAL CREAM	Tier-2	PA
AMCINONIDE EXTERNAL LOTION	Tier-2	PA
AMCINONIDE EXTERNAL OINTMENT	Tier-2	PA
<i>ammonium lactate external cream</i>	Tier-1	
<i>ammonium lactate external lotion</i>	Tier-1	
APEXICON E EXTERNAL CREAM	Tier-3	
APEXICON EXTERNAL OINTMENT	Tier-3	
AVITA EXTERNAL CREAM	Tier-1	PA
AVITA EXTERNAL GEL	Tier-1	PA
AZELEX EXTERNAL CREAM	Tier-3	
<i>bacitracin external ointment</i>	Tier-1	
<i>bacitracin zinc external ointment</i>	Tier-1	
<i>bacitracin-polymyxin b external ointment</i>	Tier-1	
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM	Tier-1	
BENZEPRO EXTERNAL FOAM	Tier-3	
BENZEPRO FOAMING CLOTHS EXTERNAL	Tier-3	
BENZEPRO SHORT CONTACT EXTERNAL FOAM	Tier-3	
<i>benzoyl peroxide-erythromycin external gel</i>	Tier-1	
<i>betamethasone dipropionate aug external cream</i>	Tier-1	
<i>betamethasone dipropionate aug external gel</i>	Tier-1	
<i>betamethasone dipropionate aug external lotion</i>	Tier-1	
<i>betamethasone dipropionate aug external ointment</i>	Tier-1	
<i>betamethasone dipropionate external cream</i>	Tier-1	
<i>betamethasone dipropionate external lotion</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>BETAMETHASONE DIPROPIONATE EXTERNAL OINTMENT</i>	Tier-2	PA
<i>betamethasone valerate external cream</i>	Tier-1	
<i>BETAMETHASONE VALERATE EXTERNAL FOAM</i>	Tier-2	PA
<i>betamethasone valerate external lotion</i>	Tier-1	
<i>betamethasone valerate external ointment</i>	Tier-1	
BIONECT EXTERNAL CREAM	Tier-3	
BIONECT EXTERNAL GEL	Tier-3	
BIONECT EXTERNAL SOLUTION	Tier-3	
<i>BP WASH EXTERNAL LIQUID 2.5 %</i>	Tier-3	
<i>CALCIPOTRIENE EXTERNAL CREAM</i>	Tier-2	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	Tier-1	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	Tier-1	QL (120 ML per 30 days)
<i>CALCIPOTRIENE-BETAMETH DIPROP EXTERNAL OINTMENT</i>	Tier-2	
CALCITRENE EXTERNAL OINTMENT	Tier-3	
<i>CALCITRIOL EXTERNAL OINTMENT</i>	Tier-2	
CAPEX EXTERNAL SHAMPOO	Tier-3	PA
CICLODAN EXTERNAL CREAM	Tier-1	
<i>ciclopirox external gel</i>	Tier-1	
<i>CICLOPIROX EXTERNAL SHAMPOO</i>	Tier-2	
<i>ciclopirox external solution</i>	Tier-1	QL (1 BOTTLE per 30 Days)
<i>ciclopirox olamine external cream</i>	Tier-1	
<i>ciclopirox olamine external suspension</i>	Tier-1	
<i>ciclopirox treatment external kit</i>	Tier-1	QL (1 BOTTLE per 30 Days)
CLARAVIS ORAL CAPSULE	Tier-3	
CLINDACIN-P EXTERNAL SWAB	Tier-3	
<i>CLINDAMYCIN PHOS-BENZOYL PEROX EXTERNAL GEL 1-5 %, 1.2-5 %</i>	Tier-3	
<i>CLINDAMYCIN PHOSPHATE EXTERNAL FOAM</i>	Tier-3	
<i>CLINDAMYCIN PHOSPHATE EXTERNAL GEL</i>	Tier-2	
<i>CLINDAMYCIN PHOSPHATE EXTERNAL LOTION</i>	Tier-2	
<i>clindamycin phosphate external solution</i>	Tier-1	
<i>CLINDAMYCIN-TRETINOIN EXTERNAL GEL</i>	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>CLOBETASOL PROPIONATE E EXTERNAL CREAM</i>	Tier-2	PA
<i>CLOBETASOL PROPIONATE EMULSION EXTERNAL FOAM</i>	Tier-2	PA
<i>CLOBETASOL PROPIONATE EXTERNAL CREAM</i>	Tier-2	PA
<i>CLOBETASOL PROPIONATE EXTERNAL FOAM</i>	Tier-2	PA
<i>CLOBETASOL PROPIONATE EXTERNAL GEL</i>	Tier-2	PA
<i>CLOBETASOL PROPIONATE EXTERNAL LIQUID</i>	Tier-2	PA
<i>CLOBETASOL PROPIONATE EXTERNAL LOTION</i>	Tier-2	PA
<i>CLOBETASOL PROPIONATE EXTERNAL OINTMENT</i>	Tier-2	PA
<i>CLOBETASOL PROPIONATE EXTERNAL SHAMPOO</i>	Tier-2	PA
<i>CLOBETASOL PROPIONATE EXTERNAL SOLUTION</i>	Tier-2	PA
<i>CLOCORTOLONE PIVALATE EXTERNAL CREAM</i>	Tier-2	PA
<i>CLOCORTOLONE PIVALATE PUMP EXTERNAL CREAM</i>	Tier-2	PA
<i>clotrimazole-betamethasone external cream</i>	Tier-1	
<i>CLOTRIMAZOLE-BETAMETHASONE EXTERNAL LOTION</i>	Tier-2	
CONDYLOX EXTERNAL GEL	Tier-3	
CORDRAN EXTERNAL TAPE	Tier-3	PA
CORTISPORIN EXTERNAL CREAM	Tier-3	
CORTISPORIN EXTERNAL OINTMENT	Tier-3	
COSENTYX 300 DOSE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (2 Syringes per 28 days)
COSENTYX SENSOREADY 300 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-4	PA; QL (2 Syringes per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier-4	PA; QL (1 Syringe per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (1 Syringe per 28 days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>CROTAN EXTERNAL LOTION</b>	Tier-2	
<i>DAPSONE EXTERNAL GEL</i>	Tier-2	
DENAVIR EXTERNAL CREAM	Tier-3	
<i>DESONIDE EXTERNAL CREAM</i>	Tier-2	PA
<i>DESONIDE EXTERNAL LOTION</i>	Tier-2	PA
<i>DESONIDE EXTERNAL OINTMENT</i>	Tier-2	PA
<i>DESOXIMETASONE EXTERNAL CREAM</i>	Tier-2	PA
<i>DESOXIMETASONE EXTERNAL GEL</i>	Tier-2	PA
<i>DESOXIMETASONE EXTERNAL OINTMENT</i>	Tier-2	PA
<i>diclofenac sodium transdermal gel 1 %</i>	Tier-1	QL (2 Tubes per 1 Fill)
<i>DICLOFENAC SODIUM TRANSDERMAL GEL 3 %</i>	Tier-3	QL (200 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	Tier-1	QL (1 Bottle per 30 days)
DIFFERIN GEL 0.1 % EXTERNAL (OTC)	Tier-1	PA; # (OTC)
<i>DIFLORASONE DIACETATE EXTERNAL CREAM</i>	Tier-2	PA
<i>DIFLORASONE DIACETATE EXTERNAL OINTMENT</i>	Tier-2	PA
<i>DOXEPIN HCL EXTERNAL CREAM</i>	Tier-2	QL (90 GM per 30 days)
<i>DOXYCYCLINE ORAL CAPSULE DELAYED RELEASE</i>	Tier-2	
<i>econazole nitrate external cream</i>	Tier-1	
ELESTONE EXTERNAL CREAM	Tier-3	
ELIDEL EXTERNAL CREAM	Tier-3	STPA
ERTACZO EXTERNAL CREAM	Tier-3	
<i>ery external pad</i>	Tier-1	
<i>erythromycin external gel</i>	Tier-1	
<i>erythromycin external pad</i>	Tier-1	
<i>erythromycin external solution</i>	Tier-1	
<b>EURAX EXTERNAL CREAM</b>	Tier-2	
EXELDERM EXTERNAL CREAM	Tier-3	
EXELDERM EXTERNAL SOLUTION	Tier-3	
FABIOR EXTERNAL FOAM	Tier-3	PA
<b>FINACEA EXTERNAL FOAM</b>	Tier-2	
<b>FINACEA EXTERNAL GEL</b>	Tier-2	
<i>FLUOCINOLONE ACETONIDE BODY EXTERNAL OIL</i>	Tier-2	PA

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>fluocinolone acetonide external cream</i>	Tier-1	
<i>fluocinolone acetonide external ointment</i>	Tier-1	
<b>FLUOCINOLONE ACETONIDE EXTERNAL SOLUTION</b>	Tier-2	PA
<b>FLUOCINOLONE ACETONIDE SCALP EXTERNAL OIL</b>	Tier-2	PA
<i>fluocinonide external cream 0.05 %</i>	Tier-1	QL (60 GM per 30 days)
<b>FLUOCINONIDE EXTERNAL CREAM 0.1 %</b>	Tier-2	PA; QL (240 GM per 30 days)
<b>FLUOCINONIDE EXTERNAL GEL</b>	Tier-2	PA; QL (60 GM per 30 days)
<b>FLUOCINONIDE EXTERNAL OINTMENT</b>	Tier-2	PA; QL (60 GM per 30 days)
<b>FLUOCINONIDE EXTERNAL SOLUTION</b>	Tier-2	PA; QL (60 ML per 30 days)
<b>FLUROPLEX EXTERNAL CREAM</b>	Tier-2	
<i>fluorouracil external cream</i>	Tier-1	
<i>fluorouracil external solution</i>	Tier-1	
<b>FLURANDRENOLIDE EXTERNAL CREAM</b>	Tier-2	PA
<b>FLURANDRENOLIDE EXTERNAL LOTION</b>	Tier-2	PA
<b>FLURANDRENOLIDE EXTERNAL OINTMENT</b>	Tier-2	PA
<i>fluticasone propionate external cream</i>	Tier-1	
<b>FLUTICASONE PROPIONATE EXTERNAL LOTION</b>	Tier-2	PA
<i>fluticasone propionate external ointment</i>	Tier-1	
<i>gentamicin sulfate external cream</i>	Tier-1	
<i>gentamicin sulfate external ointment</i>	Tier-1	
<b>HALOBETASOL PROPIONATE EXTERNAL CREAM</b>	Tier-2	PA
<b>HALOBETASOL PROPIONATE EXTERNAL OINTMENT</b>	Tier-2	PA
<b>HALOG EXTERNAL CREAM</b>	Tier-3	PA
<b>HALOG EXTERNAL OINTMENT</b>	Tier-3	PA
<b>HYDROCORTISONE BUTYR LIPO BASE EXTERNAL CREAM</b>	Tier-2	PA
<b>HYDROCORTISONE BUTYRATE EXTERNAL CREAM</b>	Tier-2	PA
<b>HYDROCORTISONE BUTYRATE EXTERNAL LOTION</b>	Tier-2	PA
<i>hydrocortisone butyrate external ointment</i>	Tier-1	
<b>HYDROCORTISONE BUTYRATE EXTERNAL SOLUTION</b>	Tier-2	PA

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>hydrocortisone external cream 2.5 %</i>	Tier-1	^ (LCG)
<i>hydrocortisone external lotion 2.5 %</i>	Tier-1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier-1	^ (LCG)
<b>HYDROCORTISONE VALERATE EXTERNAL CREAM</b>	Tier-2	PA
<b>HYDROCORTISONE VALERATE EXTERNAL OINTMENT</b>	Tier-2	PA
<i>imiquimod external cream</i>	Tier-1	
<b>IMIQUIMOD PUMP EXTERNAL CREAM</b>	Tier-2	QL (1 BOTTLE per 30 days)
<b>KERALYT EXTERNAL GEL 3 %</b>	Tier-3	
<i>ketoconazole external cream</i>	Tier-1	
<b>KETOCONAZOLE EXTERNAL FOAM</b>	Tier-3	
<i>ketoconazole external shampoo</i>	Tier-1	
<b>LACLOTION EXTERNAL LOTION</b>	Tier-1	
<b>LAVOCLEN-4 ACNE WASH EXTERNAL KIT</b>	Tier-1	
<b>LAVOCLEN-8 ACNE WASH EXTERNAL KIT</b>	Tier-1	
<b>LIDOCAINE EXTERNAL OINTMENT</b>	Tier-2	QL (50 GM per 30 days)
<b>LIDOCAINE EXTERNAL PATCH 5 %</b>	Tier-3	PA; QL (30 PATCHES per 30 days)
<i>lidocaine hcl external gel 2 %</i>	Tier-1	
<i>lidocaine-prilocaine external cream</i>	Tier-1	
<i>lidocaine-prilocaine external kit</i>	Tier-1	
<b>LIDOCAINE-TETRACAINE EXTERNAL CREAM</b>	Tier-2	
<b>LIDOVIR EXTERNAL OINTMENT</b>	Tier-3	QL (1 KIT per 30 Days)
<i>lindane external lotion</i>	Tier-1	
<i>lindane external shampoo</i>	Tier-1	
<b>LULICONAZOLE EXTERNAL CREAM</b>	Tier-2	
<b>MAFENIDE ACETATE EXTERNAL PACKET</b>	Tier-2	
<b>MALATHION EXTERNAL LOTION</b>	Tier-2	
<b>MENTAX EXTERNAL CREAM</b>	Tier-3	
<i>methoxsalen rapid oral capsule</i>	Tier-1	
<i>metronidazole external cream</i>	Tier-1	
<i>metronidazole external gel 0.75 %</i>	Tier-1	
<b>METRONIDAZOLE EXTERNAL GEL 1 %</b>	Tier-2	
<b>METRONIDAZOLE EXTERNAL LOTION</b>	Tier-2	
<i>mometasone furoate external cream</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>mometasone furoate external ointment</i>	Tier-1	
<i>mometasone furoate external solution</i>	Tier-1	
<b>MUPIROCIN CALCIUM EXTERNAL CREAM</b>	Tier-2	
<i>mupirocin external ointment</i>	Tier-1	
<b>NAFTIFINE HCL EXTERNAL CREAM</b>	Tier-2	
NAFTIN EXTERNAL GEL	Tier-3	
NATROBA EXTERNAL SUSPENSION	Tier-3	
NORITATE EXTERNAL CREAM	Tier-3	
<i>nystatin external cream</i>	Tier-1	
<i>nystatin external ointment</i>	Tier-1	
<i>nystatin external powder</i>	Tier-1	
<i>nystatin-triamcinolone external cream</i>	Tier-1	
<i>nystatin-triamcinolone external ointment</i>	Tier-1	
NYSTOP EXTERNAL POWDER	Tier-1	
OPTASE EXTERNAL GEL	Tier-3	
<b>OXICONAZOLE NITRATE EXTERNAL CREAM</b>	Tier-2	
<b>OXISTAT EXTERNAL LOTION</b>	Tier-2	
<b>OXSORALEN EXTERNAL LOTION</b>	Tier-2	
PANDEL EXTERNAL CREAM	Tier-3	PA
PANRETIN EXTERNAL GEL	Tier-3	
<i>permethrin external cream</i>	Tier-1	
PICATO EXTERNAL GEL 0.015 %	Tier-3	QL (1 CARTON per 3 Days)
PICATO EXTERNAL GEL 0.05 %	Tier-3	QL (1 CARTON per 2 Days)
<i>podofilox external solution</i>	Tier-1	
<b>PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID</b>	Tier-2	
<b>PREDNICARBATE EXTERNAL CREAM</b>	Tier-2	PA
<i>prednicarbate external ointment</i>	Tier-1	
<b>RA LIDOCAINE PAIN RELIEVING EXTERNAL PATCH</b>	Tier-2	MM; QL (30 patches per 30 days)
REFISSA EXTERNAL CREAM	Tier-1	PA
<b>REGRANEX EXTERNAL GEL</b>	Tier-2	
ROSADAN EXTERNAL CREAM	Tier-1	
ROSADAN EXTERNAL GEL	Tier-1	
SALACYN EXTERNAL CREAM	Tier-1	
SALACYN EXTERNAL LOTION	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>SALICYLIC ACID EXTERNAL FOAM</i>	Tier-3	
<i>salicylic acid external liquid 27.5 %</i>	Tier-1	
<b>SANTYL EXTERNAL OINTMENT</b>	Tier-3	
<i>selenium sulfide external lotion</i>	Tier-1	
<b>SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier-4	PA; QL (2 Syringes per 28 days)
<i>silver sulfadiazine external cream</i>	Tier-1	
<b>SILVRSTAT WOUND DRESSING EXTERNAL GEL</b>	Tier-3	
<b>SKLICE EXTERNAL LOTION</b>	Tier-3	QL (1 Bottle per 1 Fill)
<b>SOOLANTRA EXTERNAL CREAM</b>	Tier-3	
<i>SPINOSAD EXTERNAL SUSPENSION</i>	Tier-2	QL (1 Bottle per 1 Fill)
<b>SSD EXTERNAL CREAM</b>	Tier-1	
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML</b>	Tier-4	PA; QL (1 Syringe per 84 days)
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML</b>	Tier-4	PA; ¥ (1 injection every 54 days for Crohn's Disease); QL (1 Syringe per 84 days)
<b>SULFAMYLLON EXTERNAL CREAM</b>	Tier-3	
<i>TACROLIMUS EXTERNAL OINTMENT</i>	Tier-2	STPA
<b>TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR</b>	Tier-4	PA; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)
<b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier-4	PA; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)
<b>TARGRETIN EXTERNAL GEL</b>	Tier-4	
<i>TAZAROTENE EXTERNAL CREAM</i>	Tier-2	PA; ¥ (PA applies to members 26 and older)
<b>TAZORAC EXTERNAL CREAM 0.05 %</b>	Tier-2	PA
<b>TAZORAC EXTERNAL GEL</b>	Tier-2	PA
<b>TEXACORT EXTERNAL SOLUTION</b>	Tier-3	PA
<b>THERMAZENE EXTERNAL CREAM</b>	Tier-1	
<b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier-4	PA; QL (1 Syringes per 54 days)
<i>TRETINOIN EXTERNAL CREAM</i>	Tier-2	PA
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Tier-1	PA
<i>TRETINOIN EXTERNAL GEL 0.05 %</i>	Tier-3	PA

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>TRETINOIN MICROSPHERE EXTERNAL GEL</i>	Tier-3	PA
<i>TRETINOIN MICROSPHERE PUMP EXTERNAL GEL</i>	Tier-3	PA
TRETIN-X EXTERNAL CREAM 0.0375 %	Tier-3	PA
TRETIN-X EXTERNAL KIT	Tier-3	PA
<i>TRIAMCINOLONE ACETONIDE EXTERNAL AEROSOL SOLUTION</i>	Tier-2	PA
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	Tier-1	
<i>triamcinolone acetonide external lotion</i>	Tier-1	
<i>triamcinolone acetonide external ointment</i>	Tier-1	
TRIANEX EXTERNAL OINTMENT	Tier-3	PA
ULESFIA EXTERNAL LOTION	Tier-3	QL (6 Bottles per 7 Days)
<i>UREA EXTERNAL CREAM 10 %, 20 %, 39 %, 40 %, 45 %, 50 %</i>	Tier-2	
<i>UREA EXTERNAL GEL</i>	Tier-2	
VALCHLOR EXTERNAL GEL	Tier-4	PA
XCLAIR EXTERNAL CREAM	Tier-3	
ZOVIRAX EXTERNAL CREAM	Tier-3	QL (1 TUBE per 30 Days)
ZYCLARA EXTERNAL CREAM	Tier-3	QL (1 BOX per 30 Days)
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	Tier-3	QL (1 BOTTLE per 30 Days)
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>ONETOUCH TEST IN VITRO STRIP</b>	Tier-2	
<b>ONETOUCH ULTRA BLUE IN VITRO STRIP</b>	Tier-2	
<b>ONETOUCH VERIO IN VITRO STRIP</b>	Tier-2	
<b>*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS*</b>		
DEPLIN 15 ORAL CAPSULE	Tier-3	
DEPLIN 7.5 ORAL CAPSULE	Tier-3	
DEPLIN ORAL TABLET	Tier-3	
<i>L-METHYLFOLATE ORAL TABLET</i>	Tier-3	
<b>*DIGESTIVE AIDS*</b>		
<b>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES</b>	Tier-2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>pancrelipase (lip-prot-amyl) oral capsule delayed release particles</i>	Tier-1	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
SUCRAID ORAL SOLUTION	Tier-3	
ULTRESA ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
VIOKACE ORAL TABLET	Tier-3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
<b>*DIRECT-ACTING P2Y12 INHIBITORS***</b>		
BRILINTA ORAL TABLET	Tier-3	
<b>*DIURETICS*</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier-1	
<i>acetazolamide oral tablet</i>	Tier-1	
<i>amiloride hcl oral tablet</i>	Tier-1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>bumetanide oral tablet</i>	Tier-1	
<i>chlorothiazide oral tablet</i>	Tier-1	^ (LCG)
<i>chlorthalidone oral tablet</i>	Tier-1	
DIURIL ORAL SUSPENSION	Tier-3	
DYRENIUM ORAL CAPSULE	Tier-3	
<i>ETHACRYNIC ACID ORAL TABLET</i>	Tier-2	
<i>furosemide oral solution 10 mg/ml, 40 mg/4ml</i>	Tier-1	
<i>FUROSEMIDE ORAL SOLUTION 8 MG/ML</i>	Tier-3	
<i>furosemide oral tablet</i>	Tier-1	^ (LCG)
<i>hydrochlorothiazide oral capsule</i>	Tier-1	^ (LCG)
<i>hydrochlorothiazide oral tablet</i>	Tier-1	^ (LCG)
<i>indapamide oral tablet</i>	Tier-1	^ (LCG)
KEVEYIS ORAL TABLET	Tier-3	PA
<i>methazolamide oral tablet</i>	Tier-1	
<i>methyclothiazide oral tablet</i>	Tier-1	
<i>metolazone oral tablet</i>	Tier-1	
<i>spironolactone oral tablet</i>	Tier-1	^ (LCG)
<i>spironolactone-hctz oral tablet</i>	Tier-1	
<i>toremide oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>triamterene-hctz oral capsule</i>	Tier-1	^ (LCG)
<i>triamterene-hctz oral tablet</i>	Tier-1	^ (LCG)
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<b>ACTHAR HP INJECTION GEL</b>	Tier-2	
ALDURAZYME INTRAVENOUS SOLUTION	Medical Benefit	SI
<i>alendronate sodium oral tablet</i>	Tier-1	^ (LCG)
<b>BUPHENYL ORAL TABLET</b>	Tier-3	
<i>cabergoline oral tablet</i>	Tier-1	
<i>calcitonin (salmon) nasal solution</i>	Tier-1	
<i>calcitriol oral capsule</i>	Tier-1	
<i>calcitriol oral solution</i>	Tier-1	
<b>CARBAGLU ORAL TABLET</b>	Tier-2	PA
Cetrotide Subcutaneous Kit	Coinsurance	PA
Chorionic Gonadotropin Intramuscular Solution Reconstituted	Coinsurance	
<i>clomiphene citrate oral tablet</i>	Tier-1	
<b>CYSTADANE ORAL POWDER</b>	Tier-3	
<i>desmopressin ace spray refrig nasal solution</i>	Tier-1	
<i>desmopressin acetate oral tablet</i>	Tier-1	
<b>DOXERCALCIFEROL ORAL CAPSULE</b>	Tier-2	
<b>EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier-4	PA
<b>ELAPRASE INTRAVENOUS SOLUTION</b>	Medical Benefit	SI
<i>etidronate disodium oral tablet</i>	Tier-1	
<b>FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED</b>	Medical Benefit	PA; SI
Follistim AQ Injection Solution	Coinsurance	PA
Follistim AQ Subcutaneous Solution	Coinsurance	PA
<b>FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML</b>	Tier-4	PA
<b>FORTICAL NASAL SOLUTION</b>	Tier-3	
Ganirelix Acetate Subcutaneous Solution	Coinsurance	PA
Gonal-f Injection Solution Reconstituted	Coinsurance	PA
Gonal-f RFF Pen Subcutaneous Solution	Coinsurance	PA
Gonal-f RFF Subcutaneous Solution Reconstituted	Coinsurance	PA

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>HP ACTHAR INJECTION GEL</b>	Tier-2	
<i>ibandronate sodium oral tablet</i>	Tier-1	
INCRELEX SUBCUTANEOUS SOLUTION	Tier-4	PA
JYNARQUE ORAL TABLET THERAPY PACK	Tier-4	
KUVAN ORAL PACKET	Tier-4	PA
KUVAN ORAL TABLET SOLUBLE	Tier-4	PA
<i>levocarnitine oral solution</i>	Tier-1	
<i>levocarnitine oral tablet</i>	Tier-1	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	SI
Menopur Subcutaneous Solution Reconstituted	Coinsurance	PA
<b>MIACALCIN INJECTION SOLUTION</b>	Tier-2	
NAGLAZYME INTRAVENOUS SOLUTION	Medical Benefit	SI
NATPARA SUBCUTANEOUS CARTRIDGE	Tier-4	PA; QL (2 Cartridges per 28 days)
NITYR ORAL TABLET	Tier-4	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier-4	PA
NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS SOLUTION 30 MG/3ML	Tier-4	PA
Novarel Intramuscular Solution Reconstituted 10000 UNIT	Coinsurance	PA
ORFADIN ORAL CAPSULE	Tier-4	PA
ORFADIN ORAL SUSPENSION	Tier-4	PA
OSPHENA ORAL TABLET	Tier-3	
Ovidrel Subcutaneous Injectable	Coinsurance	
<i>paricalcitol oral capsule</i>	Tier-1	
Pregnyl Intramuscular Solution Reconstituted	Coinsurance	PA
PROLIA SUBCUTANEOUS SOLUTION	Medical Benefit	PA
<i>raloxifene hcl oral tablet</i>	Tier-1	^ (ACA)
RAVICTI ORAL LIQUID	Tier-3	PA
<i>RISEDRONATE SODIUM ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG</i>	Tier-2	
<i>RISEDRONATE SODIUM ORAL TABLET DELAYED RELEASE</i>	Tier-2	
SAMSCA ORAL TABLET	Tier-3	QL (14 TABLETS per 7 Days)
<b>SENSIPAR ORAL TABLET</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Tier-4	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED	Medical Benefit	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 30 MG	Medical Benefit	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier-4	PA; QL (60 Ampules per 30 Days)
<b>SKELID ORAL TABLET</b>	Tier-2	
<i>SODIUM PHENYLBUTYRATE ORAL TABLET</i>	Tier-2	
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-4	PA
<b>SYNAREL NASAL SOLUTION</b>	Tier-2	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-4	PA
XGEVA SUBCUTANEOUS SOLUTION	Medical Benefit	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-4	PA
<b>*ESTROGENS*</b>		
ALORA TRANSDERMAL PATCH TWICE WEEKLY	Tier-3	
ANGELIQ ORAL TABLET	Tier-3	
CENESTIN ORAL TABLET	Tier-3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	Tier-3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Tier-3	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	Tier-3	
DIVIGEL TRANSDERMAL GEL	Tier-3	
ELESTRIN TRANSDERMAL GEL	Tier-3	
ENJUVIA ORAL TABLET	Tier-3	
<i>estradiol oral tablet</i>	Tier-1	^ (LCG)
<i>ESTRADIOL TRANSDERMAL PATCH TWICE WEEKLY</i>	Tier-2	
<i>estradiol transdermal patch weekly</i>	Tier-1	
<i>estradiol-norethindrone acet oral tablet</i>	Tier-1	
ESTRASORB TRANSDERMAL EMULSION	Tier-3	
ESTROGEL TRANSDERMAL GEL	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>estropipate oral tablet</i>	Tier-1	
EVAMIST TRANSDERMAL SOLUTION	Tier-3	QL (1 Bottle per 1 Fill)
FEMTRACE ORAL TABLET 0.45 MG, 0.9 MG	Tier-3	
JEVANTIQUE ORAL TABLET	Tier-1	
JINTELI ORAL TABLET	Tier-1	
MENEST ORAL TABLET	Tier-3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier-3	
MIMVEY LO ORAL TABLET	Tier-1	^ (WH)
MIMVEY ORAL TABLET	Tier-1	^ (WH)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	Tier-3	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Tier-1	
<b>PREFEST ORAL TABLET</b>	Tier-2	
PREMARIN INJECTION SOLUTION RECONSTITUTED	Tier-3	
PREMARIN ORAL TABLET	Tier-3	
PREMPHASE ORAL TABLET	Tier-3	
PREMPRO ORAL TABLET	Tier-3	
<b>*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***</b>		
DUAVEE ORAL TABLET	Tier-3	
<b>*FARNESOID X RECEPTOR (FXR) AGONISTS***</b>		
OALIVA ORAL TABLET	Tier-4	PA; QL (30 Tablets per 30 days)
<b>*FLUOROQUINOLONES*</b>		
BAXDELA ORAL TABLET	Tier-3	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	Tier-1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier-1	^ (LCG)
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour</i>	Tier-1	
<i>levofloxacin oral solution</i>	Tier-1	
<i>levofloxacin oral tablet</i>	Tier-1	^ (LCG)
<b>MOXIFLOXACIN HCL ORAL TABLET</b>	Tier-2	
NOROXIN ORAL TABLET	Tier-3	
<i>ofloxacin oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<i>alosetron hcl oral tablet</i>	Tier-1	
<b>AMITIZA ORAL CAPSULE</b>	Tier-2	
<b>APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier-2	
<i>balsalazide disodium oral capsule</i>	Tier-1	
<i>calcium acetate (phos binder) oral capsule</i>	Tier-1	
<i>calcium acetate (phos binder) oral tablet</i>	Tier-1	
<b>CANASA RECTAL SUPPOSITORY</b>	Tier-2	
CIMZIA PREFILLED SUBCUTANEOUS KIT	Tier-4	PA; QL (2 Injections per 28 Days)
CIMZIA STARTER KIT SUBCUTANEOUS KIT	Tier-4	PA; QL (2 Injections per 28 Days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier-4	PA; QL (2 Injections per 28 days)
<i>cromolyn sodium oral concentrate</i>	Tier-1	
<b>DELZICOL ORAL CAPSULE DELAYED RELEASE</b>	Tier-2	
<b>DIPENTUM ORAL CAPSULE</b>	Tier-2	
<i>enulose oral solution</i>	Tier-1	
GATTEX SUBCUTANEOUS KIT	Tier-4	QL (30 Vials per 30 Days)
<i>generlac oral solution</i>	Tier-1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>LANTHANUM CARBONATE ORAL TABLET CHEWABLE</i>	Tier-2	
<b>LINZESS ORAL CAPSULE</b>	Tier-2	QL (30 CAPSULES per 30 Days)
<i>MESALAMINE ORAL TABLET DELAYED RELEASE</i>	Tier-2	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Tier-1	
<i>metoclopramide hcl oral tablet</i>	Tier-1	^ (LCG)
<b>METOCLOPRAMIDE HCL ORAL TABLET DISPERSIBLE 10 MG</b>	Tier-3	QL (120 EA per 30 days)
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	Tier-1	QL (120 EA per 30 days)
MOVANTIK ORAL TABLET	Tier-3	
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE</b>	Tier-2	
<b>RELISTOR ORAL TABLET</b>	Tier-2	
<b>RELISTOR SUBCUTANEOUS KIT</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>	Tier-2	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>SEVELAMER CARBONATE ORAL PACKET 0.8 GM</i>	Tier-2	
<b>SFROWASA RECTAL ENEMA</b>	Tier-2	
<i>sulfasalazine oral tablet</i>	Tier-1	
<i>sulfasalazine oral tablet delayed release</i>	Tier-1	
SULFAZINE ORAL TABLET	Tier-1	
SYMPROIC ORAL TABLET	Tier-3	
<i>ursodiol oral capsule</i>	Tier-1	
<i>ursodiol oral tablet</i>	Tier-1	
<b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier-1	
CYSTAGON ORAL CAPSULE	Tier-3	
<i>dutasteride oral capsule</i>	Tier-1	
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier-1	
ELMIRON ORAL CAPSULE	Tier-3	
<i>finasteride oral tablet 5 mg</i>	Tier-1	
<i>POTASSIUM CITRATE ER ORAL TABLET EXTENDED RELEASE</i>	Tier-2	
<i>tamsulosin hcl oral capsule</i>	Tier-1	
<b>*GLYCOPEPTIDES***</b>		
FIRST-VANCOMYCIN 25 ORAL SOLUTION	Tier-3	
FIRST-VANCOMYCIN 50 ORAL SOLUTION	Tier-3	
FIRVANQ ORAL SOLUTION RECONSTITUTED	Tier-3	QL (2 ML per 10 days)
<i>VANCOMYCIN HCL ORAL CAPSULE</i>	Tier-2	
<b>*GOUT AGENTS*</b>		
<i>allopurinol oral tablet</i>	Tier-1	
<i>COLCHICINE ORAL CAPSULE</i>	Tier-2	QL (180 EA per 90 days)
<i>COLCHICINE ORAL TABLET</i>	Tier-2	QL (180 EA per 90 days)
<i>colchicine-probenecid oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
DUZALLO ORAL TABLET	Tier-3	PA
KRYSTEXXA INTRAVENOUS SOLUTION	Medical Benefit	PA
<i>probenecid oral tablet</i>	Tier-1	
ULORIC ORAL TABLET	Tier-3	STPA
ZURAMPIC ORAL TABLET	Tier-3	PA
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 500 unit, 750 unit	Medical Benefit	PA; SI
adynovate intravenous solution reconstituted 3000 unit	Medical Benefit	PA
AFSTYLA INTRAVENOUS KIT	Medical Benefit	PA; SI
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Medical Benefit	PA; SI
<i>anagrelide hcl oral capsule</i>	Tier-1	
<i>ASPIRIN-DIPYRIDAMOLE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR</i>	Tier-2	
BEBULIN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
BENEFIX INTRAVENOUS KIT	Medical Benefit	PA; SI
BERINERT INTRAVENOUS KIT	Medical Benefit	SI
BRILINTA ORAL TABLET	Tier-3	
<i>cilostazol oral tablet</i>	Tier-1	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier-1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier-1	^ (LCG)
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
CORIFACT INTRAVENOUS KIT	Medical Benefit	PA; SI
<i>dipyridamole oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	Medical Benefit	PA; SI
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
FIRAZYR SUBCUTANEOUS SOLUTION	Tier-4	PA; QL (3 ML per 1 Fill)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-4	PA
HELIXATE FS INTRAVENOUS KIT	Medical Benefit	PA; SI
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Medical Benefit	PA; SI
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Medical Benefit	PA; SI
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Medical Benefit	PA; SI
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
KOGENATE FS BIO-SET INTRAVENOUS KIT	Medical Benefit	PA; SI
KOGENATE FS INTRAVENOUS KIT	Medical Benefit	PA; SI
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT	Medical Benefit	PA; SI
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Medical Benefit	PA; SI
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
NUWIQ INTRAVENOUS KIT	Medical Benefit	PA; SI
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
obizur intravenous solution reconstituted	Medical Benefit	PA; SI
<i>pentoxifylline er oral tablet extended release</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>PRASUGREL HCL ORAL TABLET</i>	Tier-2	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
<i>rixubis intravenous solution reconstituted</i>	Medical Benefit	PA; SI
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	SI
SOLIRIS INTRAVENOUS SOLUTION 10 MG/ML	Medical Benefit	PA
<i>ticlopidine hcl oral tablet</i>	Tier-1	
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
WILATE INTRAVENOUS KIT	Medical Benefit	PA; SI
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Medical Benefit	PA; SI
XYNTHA SOLOFUSE INTRAVENOUS KIT	Medical Benefit	PA; SI
<b>*HEMATOPOIETIC AGENTS*</b>		
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>	Tier-2	QL (4 ML per 30 days)
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 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</b>	Tier-2	QL (4 ML per 30 days)
CERDELGA ORAL CAPSULE	Tier-4	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
<i>cyanocobalamin injection solution</i>	Tier-1	^ (LCG)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
DOPTELET ORAL TABLET 20 MG	Tier-4	PA
<b>DROXIA ORAL CAPSULE</b>	Tier-2	^ (CM)
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<b>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	Tier-2	QL (10 vials per 14 Days)
FERIVA ORAL CAPSULE	Tier-3	
FERRALET 90 ORAL TABLET	Tier-3	
<i>folic acid oral tablet 1 mg</i>	Tier-1	^ (ACA)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (1 ML per 14 days)
FUSION PLUS ORAL CAPSULE	Tier-3	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (10 Syringes per 14 days)
INTEGRA F ORAL CAPSULE	Tier-3	
INTEGRA PLUS ORAL CAPSULE	Tier-3	
IROSPAN 24/6 ORAL	Tier-3	
LEUKINE INJECTION SOLUTION	Tier-4	QL (6 vials per 14 Days)
MAXARON FORTE ORAL CAPSULE	Tier-3	
MAXARON FORTE ORAL TABLET	Tier-3	
<i>MIGLUSTAT ORAL CAPSULE</i>	Tier-3	PA
<b>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE</b>	Tier-2	QL (2 Syringes per 28 days)
<b>NASCOBAL NASAL SOLUTION</b>	Tier-2	
NEULASTA DELIVERY KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-4	QL (1 Syringe per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (1 Syringe per 14 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier-4	PA; QL (10 VIALS per 14 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (10 Syringes per 14 days)
NOVAFERRUM ORAL SOLUTION RECONSTITUTED	Tier-3	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	
<b>PROCRIT INJECTION SOLUTION</b>	Tier-2	QL (10 vials per 14 Days)
PROMACTA ORAL TABLET 12.5 MG, 75 MG	Tier-4	QL (30 TABLETS per 30 days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
PROMACTA ORAL TABLET 25 MG	Tier-4	QL (30 TABLETS per 30 Days)
PROMACTA ORAL TABLET 50 MG	Tier-4	QL (60 TABLETS per 30 days)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier-4	QL (10 Syringes per 14 days)
<b>*HEMOSTATICS*</b>		
AMICAR ORAL SOLUTION	Tier-3	
AMICAR ORAL SYRUP	Tier-3	
AMICAR ORAL TABLET	Tier-3	
<i>aminocaproic acid oral tablet</i>	Tier-1	
<i>tranexamic acid oral tablet</i>	Tier-1	QL (30 TABLETS per 28 Days)
<b>*HEPATITIS C AGENT - COMBINATIONS***</b>		
EPCLUSA ORAL TABLET	Tier-4	PA
HARVONI ORAL TABLET	Tier-4	PA
VOSEVI ORAL TABLET	Tier-4	PA
<b>*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**</b>		
XURIDEN ORAL PACKET	Tier-2	PA; QL (120 Packets per 30 days)
<b>*HYPNOTICS*</b>		
<i>chloral hydrate oral syrup</i>	Tier-1	
<i>estazolam oral tablet</i>	Tier-1	
<i>eszopiclone oral tablet</i>	Tier-1	QL (10 TABLETS per 30 days)
<i>flurazepam hcl oral capsule</i>	Tier-1	^ (LCG)
HETLIOZ ORAL CAPSULE	Tier-4	PA; QL (30 EA per 30 days)
<i>phenobarbital oral elixir</i>	Tier-1	
<i>phenobarbital oral solution</i>	Tier-1	
<i>phenobarbital oral tablet 100 mg, 60 mg</i>	Tier-1	
<i>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier-1	^ (LCG)
ROZEREM ORAL TABLET	Tier-3	STPA; QL (10 TABLETS per 30 Days)
<i>temazepam oral capsule</i>	Tier-1	^ (LCG)
<i>triazolam oral tablet</i>	Tier-1	
<i>zaleplon oral capsule</i>	Tier-1	QL (10 CAPSULES per 30 Days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>zolpidem tartrate er oral tablet extended release</i>	Tier-1	STPA; QL (10 TABLETS per 30 Days)
<i>zolpidem tartrate oral tablet</i>	Tier-1	^ (LCG); QL (10 TABLETS per 30 Days)
<b>ZOLPIDEM TARTRATE SUBLINGUAL TABLET SUBLINGUAL</b>	Tier-2	STPA; QL (10 TABLETS per 30 days)
<b>ZOLPIMIST ORAL SOLUTION</b>	Tier-3	STPA; QL (1 Unit per 30 Days)
<b>*HYPOPHOSPHATASIA (HPP) AGENTS***</b>		
<b>STRENSIQ SUBCUTANEOUS SOLUTION</b>	Tier-2	PA; QL (24 Vials per 28 days)
<b>*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***</b>		
<b>VIBERZI ORAL TABLET</b>	Tier-3	
<b>*INTEGRIN RECEPTOR ANTAGONISTS***</b>		
<b>ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED</b>	Medical Benefit	PA
<b>*INTERLEUKIN ANTAGONISTS***</b>		
<b>STELARA INTRAVENOUS SOLUTION</b>	Medical Benefit	PA
<b>*INTERLEUKIN-4 ALPHA ANTAGONISTS***</b>		
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML</b>	Tier-4	PA; QL (2 syringes per 28 days)
<b>*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***</b>		
<b>FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Medical Benefit	PA
<b>NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Medical Benefit	PA
<b>*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***</b>		
<b>CINQAIR INTRAVENOUS SOLUTION</b>	Medical Benefit	PA
<b>*INTERLEUKIN-6 (IL-6) ANTAGONISTS***</b>		
<b>SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED</b>	Medical Benefit	PA
<b>*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***</b>		
<b>TIBSOVO ORAL TABLET</b>	Tier-4	PA; ^ (CM)

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Drug Name	Tier	Notes
<b>*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***</b>		
IDHIFA ORAL TABLET	Tier-4	PA; ^ (CM); QL (30 Tablets per 30 days)
<b>*LAXATIVES*</b>		
CLENPIQ ORAL SOLUTION	Tier-3	^ (May be covered at no copayment for members age 50 through 74)
<i>constulose oral solution</i>	Tier-1	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	Tier-1	^ (May be covered at no copayment for members age 50 through 74)
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	Tier-1	^ (May be covered at no copayment for members age 50 through 74)
<b>GOLYTELY ORAL SOLUTION RECONSTITUTED</b>	Tier-2	^ (May be covered at no copayment for members age 50 through 74)
<b>HALFLYTELY WITH FLAVOR PACKS ORAL KIT</b>	Tier-2	
KRISTALOSE ORAL PACKET	Tier-3	
<i>lactulose oral solution</i>	Tier-1	
MOVIPREP ORAL SOLUTION RECONSTITUTED	Tier-3	^ (ACA)
OSMOPREP ORAL TABLET	Tier-3	
<i>peg 3350/electrolytes oral solution reconstituted</i>	Tier-1	^ (ACA)
PLENVU ORAL SOLUTION RECONSTITUTED	Tier-3	^ (May be covered at no copayment for members age 50 through 74)
PREPOPIK ORAL PACKET	Tier-3	^ (ACA)
SUPREP BOWEL PREP KIT ORAL SOLUTION	Tier-3	^ (ACA)
TRILYTE ORAL SOLUTION RECONSTITUTED	Tier-1	^ (May be covered at no copayment for members age 50 through 74)
<b>*LEPTIN ANALOGUES***</b>		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; QL (30 Injections per 30 days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***</b>		
XIIDRA OPHTHALMIC SOLUTION	Tier-3	PA
<b>*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***</b>		
KANUMA INTRAVENOUS SOLUTION	Medical Benefit	PA
<b>*MACROLIDES*</b>		
<i>azithromycin oral packet</i>	Tier-1	
<i>azithromycin oral suspension reconstituted</i>	Tier-1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier-1	
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier-1	
<i>clarithromycin oral suspension reconstituted</i>	Tier-1	
<i>clarithromycin oral tablet</i>	Tier-1	
DIFICID ORAL TABLET	Tier-3	PA
E.E.S. 400 ORAL TABLET	Tier-1	
<b>ERYPED 200 ORAL SUSPENSION RECONSTITUTED</b>	Tier-2	
<b>ERYPED 400 ORAL SUSPENSION RECONSTITUTED</b>	Tier-2	
<b>ERY-TAB ORAL TABLET DELAYED RELEASE</b>	Tier-2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier-1	
<i>erythromycin base oral capsule delayed release particles</i>	Tier-1	
<i>erythromycin base oral tablet</i>	Tier-1	
<b>ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION RECONSTITUTED</b>	Tier-2	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier-1	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier-1	
PCE ORAL TABLET DELAYED RELEASE	Tier-3	
ZMAX ORAL SUSPENSION RECONSTITUTED	Tier-3	
<b>*MEDICAL DEVICES*</b>		
<b>BD AUTOSHIELD</b>	Tier-2	
<b>BD AUTOSHIELD DUO</b>	Tier-2	

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Drug Name	Tier	Notes
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier-2	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 1/2" 2 ML, 30G X 1/2" 0.5 ML, U-100 1 ML	Tier-2	
BD INSULIN SYRINGE HALF-UNIT	Tier-2	
BD INSULIN SYRINGE MICROFINE	Tier-2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML	Tier-2	
BD INSULIN SYRINGE U-40	Tier-2	
BD INSULIN SYRINGE ULTRAFINE	Tier-2	
BD INTEGRA INSULIN SYRINGE	Tier-2	
BD INTEGRA SYRINGE 25G X 1" 1 ML	Tier-2	
BD PEN NEEDLE MINI U/F	Tier-2	
BD PEN NEEDLE NANO U/F	Tier-2	
BD PEN NEEDLE ORIGINAL U/F	Tier-2	
BD PEN NEEDLE SHORT U/F	Tier-2	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML	Tier-2	
BD SAFETY-LOK INSULIN SYRINGE	Tier-2	
<b>*MIGRAINE PRODUCTS*</b>		
<i>ALMOTRIPTAN MALATE ORAL TABLET</i>	Tier-2	QL (6 TABLETS per 30 days)
ALSUMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	STPA; QL (4 VIALS per 30 days)
<i>DIHYDROERGOTAMINE MESYLATE NASAL SOLUTION</i>	Tier-3	QL (1 Box per 30 days)
<i>ELETRIPTAN HYDROBROMIDE ORAL TABLET</i>	Tier-2	QL (6 EA per 30 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier-3	
<i>ERGOTAMINE-CAFFEINE ORAL TABLET</i>	Tier-2	
<i>FROVATRIPTAN SUCCINATE ORAL TABLET</i>	Tier-2	QL (9 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY	Tier-3	
MIGRANAL NASAL SOLUTION	Tier-3	QL (1 Box per 30 Days)
<i>naratriptan hcl oral tablet</i>	Tier-1	QL (9 TABLETS per 30 Days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
ONZETRA XSAIL NASAL EXHALER POWDER	Tier-3	STPA; ¥ (Max of 1 kit (8 units) per 30 days); QL (16 Units per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Tier-1	QL (9 TABLETS per 30 Days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier-1	QL (9 TABLETS per 30 Days)
<i>sumatriptan nasal solution 20 mg/act</i>	Tier-1	QL (1 Box per 30 Days)
<i>sumatriptan nasal solution 5 mg/act</i>	Tier-1	QL (2 Boxes per 30 Days)
<i>sumatriptan succinate oral tablet</i>	Tier-1	QL (9 TABLETS per 30 Days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Tier-1	QL (4 VIALS per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier-1	QL (4 Injections per 30 Days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Tier-1	QL (4 INJECTIONS per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	Tier-1	QL (4 INJECTIONS per 30 days)
SUMATRIPTAN-NAPROXEN SODIUM ORAL TABLET	Tier-2	PA; QL (9 EA per 30 days)
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	Tier-3	STPA; QL (6 Injections per 30 days)
ZOLMITRIPTAN ORAL TABLET	Tier-2	QL (6 TABLETS per 30 Days)
ZOLMITRIPTAN ORAL TABLET DISPERSIBLE	Tier-2	QL (6 TABLETS per 30 Days)
ZOMIG NASAL SOLUTION	Tier-3	STPA; QL (1 Box per 30 Days)
<b>*MINERALS &amp; ELECTROLYTES*</b>		
EFFER-K ORAL TABLET EFFERVESCENT	Tier-3	
GALZIN ORAL CAPSULE	Tier-2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	Tier-1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	Tier-1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	Tier-3	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE	Tier-1	
KLOR-CON ORAL TABLET EXTENDED RELEASE	Tier-1	
LURIDE ORAL SOLUTION	Tier-3	^ (ACA)
LURIDE ORAL TABLET CHEWABLE	Tier-3	^ (ACA)
<i>potassium chloride crys er oral tablet extended release</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>potassium chloride er oral capsule extended release</i>	Tier-1	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	Tier-1	
<b>POTASSIUM CHLORIDE ORAL PACKET</b>	Tier-2	
<b>POTASSIUM CHLORIDE ORAL SOLUTION 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)</b>	Tier-2	
<i>sodium fluoride oral solution</i>	Tier-1	^ (ACA)
<i>sodium fluoride oral tablet</i>	Tier-1	^ (ACA)
<i>sodium fluoride oral tablet chewable</i>	Tier-1	^ (ACA)
<b>*MIXED ALLERGENIC EXTRACTS***</b>		
<b>ODACTRA SUBLINGUAL TABLET SUBLINGUAL</b>	Tier-3	PA; QL (30 EA per 30 days)
<b>ORALAIR SUBLINGUAL TABLET SUBLINGUAL</b>	Tier-3	PA; QL (30 EA per 30 days)
<b>*MONOBACTAMS***</b>		
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED</b>	Tier-4	
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>		
<b>APHTHASOL MOUTH/THROAT PASTE</b>	Tier-3	
<i>CEVIMELINE HCL ORAL CAPSULE</i>	Tier-2	
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier-1	^ (LCG)
<i>clotrimazole mouth/throat troche</i>	Tier-1	
<b>EPISIL MOUTH/THROAT LIQUID</b>	Tier-2	QL (4 Bottles per 30 Days)
<b>FIRST-BXN MOUTHWASH MOUTH/THROAT SUSPENSION</b>	Tier-3	
<b>FIRST-DUKES MOUTHWASH MOUTH/THROAT SUSPENSION</b>	Tier-3	
<b>GELCLAIR MOUTH/THROAT GEL</b>	Tier-2	
<i>lidocaine hcl mouth/throat solution</i>	Tier-1	
<i>lidocaine viscous mouth/throat solution</i>	Tier-1	
<b>NUMOISYN MOUTH/THROAT LIQUID</b>	Tier-3	
<i>nystatin mouth/throat suspension</i>	Tier-1	
<b>ORALONE MOUTH/THROAT PASTE</b>	Tier-1	
<b>PERIOGARD MOUTH/THROAT SOLUTION</b>	Tier-1	^ (LCG)
<i>pilocarpine hcl oral tablet</i>	Tier-1	
<i>triamcinolone acetonide mouth/throat paste</i>	Tier-1	

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Drug Name	Tier	Notes
<b>*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS***</b>		
VIMIZIM INTRAVENOUS SOLUTION	Medical Benefit	PA
<b>*MULTIVITAMINS*</b>		
ATABEX EC ORAL TABLET DELAYED RELEASE	Tier-3	
CITRANATAL DHA ORAL	Tier-3	
CITRANATAL RX ORAL TABLET	Tier-3	
GESTICARE DHA ORAL 27-1 & 250 MG	Tier-3	
MARNATAL-F ORAL CAPSULE	Tier-3	
<i>mynephrocaps oral capsule</i>	Tier-1	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	Tier-3	
<i>pnv-dha+docusate oral capsule</i>	Tier-1	
<i>PNV-OB/DHA ORAL</i>	Tier-3	
<i>PRENATAL PLUS IRON ORAL TABLET</i>	Tier-3	
PREQUE 10 ORAL TABLET	Tier-3	
SELECT-OB+DHA ORAL	Tier-3	
VITAFOL-OB+DHA ORAL	Tier-3	
<i>VOL-TAB RX ORAL TABLET</i>	Tier-3	
<b>*MUSCULAR DYSTROPHY AGENTS***</b>		
EXONDYS 51 INTRAVENOUS SOLUTION	Medical Benefit	PA
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<i>baclofen oral tablet</i>	Tier-1	
<i>carisoprodol oral tablet</i>	Tier-1	
<i>carisoprodol-aspirin oral tablet</i>	Tier-1	
<i>carisoprodol-aspirin-codeine oral tablet</i>	Tier-1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier-1	^ (LCG)
<i>cyclobenzaprine hcl oral tablet</i>	Tier-1	^ (LCG)
<i>DANTROLENE SODIUM ORAL CAPSULE</i>	Tier-2	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
<i>METAXALONE ORAL TABLET 800 MG</i>	Tier-2	
<i>methocarbamol oral tablet</i>	Tier-1	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Tier-1	
<i>orphenadrine compound-ds oral tablet</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	Tier-1	
<i>tizanidine hcl oral capsule</i>	Tier-1	
<i>tizanidine hcl oral tablet</i>	Tier-1	
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<i>azelastine hcl nasal solution 0.1 %</i>	Tier-1	QL (3 EA per 90 Days)
<i>azelastine hcl nasal solution 0.15 %</i>	Tier-1	QL (3 EA per 90 days)
BACTROBAN NASAL NASAL OINTMENT	Tier-3	
<i>BUDESONIDE NASAL SUSPENSION</i>	Tier-2	QL (3 EA per 90 days)
<i>flunisolide nasal solution</i>	Tier-1	QL (3 EA per 90 Days)
<i>fluticasone propionate nasal suspension</i>	Tier-1	QL (3 EA per 90 Days)
<i>ipratropium bromide nasal solution</i>	Tier-1	QL (6 EA per 90 Days)
<i>MOMETASONE FUROATE NASAL SUSPENSION</i>	Tier-2	QL (6 BOTTLES per 90 days)
<i>OLOPATADINE HCL NASAL SOLUTION</i>	Tier-2	QL (3 EA per 90 days)
<i>TRIAMCINOLONE ACETONIDE NASAL AEROSOL</i>	Tier-2	QL (3 EA per 90 days)
<b>*NEPRILYSIN INHIB (ARNI)- ANGIOTENSIN II RECEPT ANTAG COMB***</b>		
ENTRESTO ORAL TABLET	Tier-3	PA
<b>*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***</b>		
NORTHERA ORAL CAPSULE	Tier-4	PA
<b>*NEUROMUSCULAR AGENTS*</b>		
BOTOX INJECTION SOLUTION RECONSTITUTED	Medical Benefit	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	Medical Benefit	PA
MYOBLOC INTRAMUSCULAR SOLUTION	Medical Benefit	PA
<i>riluzole oral tablet</i>	Tier-1	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	Medical Benefit	PA
<b>*NUTRIENTS*</b>		
NUTRESTORE ORAL PACKET	Tier-4	PA
<b>*OPHTHALMIC AGENTS*</b>		
<i>ak-poly-bac ophthalmic ointment</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
ALOCRILOPHTHALMIC SOLUTION	Tier-3	
ALOMIDOPHTHALMIC SOLUTION	Tier-3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier-3	
<b>ALREX OPHTHALMIC SUSPENSION</b>	Tier-2	
<i>apraclonidine hcl ophthalmic solution</i>	Tier-1	
<i>atropine sulfate ophthalmic solution</i>	Tier-1	
AZASITE OPHTHALMIC SOLUTION	Tier-3	QL (1 Bottle per 7 Days)
<i>azelastine hcl ophthalmic solution</i>	Tier-1	
<b>AZOPT OPHTHALMIC SUSPENSION</b>	Tier-2	
<i>bacitracin ophthalmic ointment</i>	Tier-1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier-1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier-1	
BESIVANCE OPHTHALMIC SUSPENSION	Tier-3	QL (1 Bottle per 5 Days)
<i>betaxolol hcl ophthalmic solution</i>	Tier-1	
<b>BETIMOL OPHTHALMIC SOLUTION</b>	Tier-2	
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier-3	
<i>BIMATOPROST OPHTHALMIC SOLUTION</i>	Tier-2	STPA
BLEPHAMIDE OPHTHALMIC SUSPENSION	Tier-3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	Tier-3	
<i>BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %</i>	Tier-2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier-1	
BROMDAY OPHTHALMIC SOLUTION	Tier-3	
<i>BROMFENAC SODIUM (ONCE-DAILY) OPHTHALMIC SOLUTION</i>	Tier-2	
<i>bromfenac sodium ophthalmic solution</i>	Tier-1	
<i>carteolol hcl ophthalmic solution</i>	Tier-1	
CILOXAN OPHTHALMIC OINTMENT	Tier-3	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier-1	
COMBIGAN OPHTHALMIC SOLUTION	Tier-3	QL (30 ML per 90 days)
<i>cromolyn sodium ophthalmic solution</i>	Tier-1	
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>	Tier-1	
<b>CYSTARAN OPHTHALMIC SOLUTION</b>	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier-1	
<i>diclofenac sodium ophthalmic solution</i>	Tier-1	
<i>dorzolamide hcl ophthalmic solution</i>	Tier-1	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier-1	
<b>DORZOLAMIDE HCL-TIMOLOL MAL PF OPHTHALMIC SOLUTION</b>	Tier-2	
<b>EMADINE OPHTHALMIC SOLUTION</b>	Tier-3	
<i>epinastine hcl ophthalmic solution</i>	Tier-1	
<i>erythromycin ophthalmic ointment</i>	Tier-1	
<b>FLAREX OPHTHALMIC SUSPENSION</b>	Tier-3	
<i>fluorometholone ophthalmic suspension</i>	Tier-1	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier-1	
<b>FML FORTE OPHTHALMIC SUSPENSION</b>	Tier-3	
<b>FML OPHTHALMIC OINTMENT</b>	Tier-3	
<b>FRESHKOTE OPHTHALMIC SOLUTION</b>	Tier-3	
<b>GARAMYCIN OPHTHALMIC OINTMENT</b>	Tier-1	
<b>GATIFLOXACIN OPHTHALMIC SOLUTION</b>	Tier-2	QL (1 Bottle per 7 Days)
<b>GENTAK OPHTHALMIC OINTMENT</b>	Tier-1	
<i>gentamicin sulfate ophthalmic ointment</i>	Tier-1	
<i>gentamicin sulfate ophthalmic solution</i>	Tier-1	
<b>ILEVRO OPHTHALMIC SUSPENSION</b>	Tier-3	
<b>ILOTYCIN OPHTHALMIC OINTMENT</b>	Tier-1	
<b>IOPIDINE OPHTHALMIC SOLUTION 1 %</b>	Tier-3	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier-1	
<b>LACRISERT OPHTHALMIC INSERT</b>	Tier-3	
<i>latanoprost ophthalmic solution</i>	Tier-1	
<i>levobunolol hcl ophthalmic solution</i>	Tier-1	
<i>levofloxacin ophthalmic solution</i>	Tier-1	
<b>LOTEMAX OPHTHALMIC GEL</b>	Tier-3	
<b>LOTEMAX OPHTHALMIC OINTMENT</b>	Tier-3	
<b>LOTEMAX OPHTHALMIC SUSPENSION</b>	Tier-3	
<b>LUMIGAN OPHTHALMIC SOLUTION</b>	Tier-3	STPA
<b>MAXIDEX OPHTHALMIC SUSPENSION</b>	Tier-3	
<i>metipranolol ophthalmic solution</i>	Tier-1	
<b>MOXEZA OPHTHALMIC SOLUTION</b>	Tier-3	QL (1 BOTTLE per 10 Days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>MOXIFLOXACIN HCL OPHTHALMIC SOLUTION</i>	Tier-2	QL (1 ML per 10 days)
<i>naphazoline hcl ophthalmic solution</i>	Tier-1	
NATACYN OPHTHALMIC SUSPENSION	Tier-3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier-1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier-1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier-1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier-1	
<b>NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1</b>	Tier-2	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	Tier-1	
NEO-POLYCIN OPHTHALMIC OINTMENT	Tier-1	
NEVANAC OPHTHALMIC SUSPENSION	Tier-3	
<i>ofloxacin ophthalmic solution</i>	Tier-1	
<b>OLOPATADINE HCL OPHTHALMIC SOLUTION</b>	Tier-2	
<i>parcaine ophthalmic solution</i>	Tier-1	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	Tier-3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier-1	
<b>PILOPINE HS OPHTHALMIC GEL</b>	Tier-2	
<i>polycin b ophthalmic ointment</i>	Tier-1	
POLYCIN OPHTHALMIC OINTMENT	Tier-1	
<i>poly-dex ophthalmic ointment</i>	Tier-1	
<b>PRED MILD OPHTHALMIC SUSPENSION</b>	Tier-2	
<b>PRED-G OPHTHALMIC SUSPENSION</b>	Tier-2	
<b>PRED-G S.O.P. OPHTHALMIC OINTMENT</b>	Tier-2	
<i>prednisolone acetate ophthalmic suspension</i>	Tier-1	
<b>PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION</b>	Tier-3	
PROLENSA OPHTHALMIC SOLUTION	Tier-3	
<i>proparacaine hcl ophthalmic solution</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
RESCULA OPHTHALMIC SOLUTION	Tier-3	
RESTASIS OPHTHALMIC EMULSION	Tier-3	PA
SIMBRINZA OPHTHALMIC SUSPENSION	Tier-3	
<i>sulfacetamide sodium ophthalmic ointment</i>	Tier-1	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier-1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier-1	
<b>SULFACETAMIDE-PREDNISOLONE OPHTHALMIC SUSPENSION</b>	Tier-3	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier-1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier-1	^ (LCG)
<b>TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.5 % (DAILY)</b>	Tier-2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	Tier-3	
TOBRADEX OPHTHALMIC OINTMENT	Tier-3	
<i>tobramycin ophthalmic solution</i>	Tier-1	
<b>TOBRAMYCIN-DEXAMETHASONE OPHTHALMIC SUSPENSION</b>	Tier-2	
TOBEX OPHTHALMIC OINTMENT	Tier-3	
TRAVATAN Z OPHTHALMIC SOLUTION	Tier-3	STPA
<b>TRIFLURIDINE OPHTHALMIC SOLUTION</b>	Tier-2	
<i>triple antibiotic ophthalmic ointment 5-400-10000</i>	Tier-1	
<i>tropicamide ophthalmic solution</i>	Tier-1	
<b>VEXOL OPHTHALMIC SUSPENSION</b>	Tier-2	
VYZULTA OPHTHALMIC SOLUTION	Tier-3	STPA
ZIOPTAN OPHTHALMIC SOLUTION	Tier-3	STPA; QL (90 EA per 90 Days)
ZIRGAN OPHTHALMIC GEL	Tier-3	
ZYLET OPHTHALMIC SUSPENSION	Tier-3	
<b>*OPHTHALMIC RHO KINASE INHIBITORS***</b>		
RHOPRESSA OPHTHALMIC SOLUTION	Tier-3	STPA
<b>*OREXIN RECEPTOR ANTAGONISTS***</b>		
BELSOMRA ORAL TABLET	Tier-3	STPA; QL (10 EA per 30 days)
<b>*OTIC AGENTS*</b>		
ACETASOL HC OTIC SOLUTION	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>acetic acid otic solution</i>	Tier-1	
<i>antibiotic ear otic solution</i>	Tier-1	
CIPRO HC OTIC SUSPENSION	Tier-3	
<b>CIPRODEX OTIC SUSPENSION</b>	Tier-2	
<i>ciprofloxacin hcl otic solution</i>	Tier-1	
COLY-MYCIN S OTIC SUSPENSION	Tier-3	
CORTISPORIN OTIC SOLUTION	Tier-1	
CORTISPORIN-TC OTIC SUSPENSION	Tier-3	
<i>fluocinolone acetonide otic oil</i>	Tier-1	
<i>hydrocortisone-acetic acid otic solution</i>	Tier-1	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	Tier-1	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier-1	
<i>ofloxacin otic solution</i>	Tier-1	
OTOZIN OTIC LIQUID	Tier-3	
<b>*OXYTOCICS*</b>		
<i>methylergonovine maleate oral tablet</i>	Tier-1	
<b>*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***</b>		
HYQVIA SUBCUTANEOUS KIT	Medical Benefit	PA; SI
<b>*PASSIVE IMMUNIZING AGENTS*</b>		
BIVIGAM INTRAVENOUS SOLUTION	Medical Benefit	PA; SI
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	Medical Benefit	PA; SI
CYTOGAM INTRAVENOUS INJECTABLE	Medical Benefit	PA; SI
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	Medical Benefit	PA; SI
GAMMAGARD INJECTION SOLUTION	Medical Benefit	PA; SI
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
GAMMAKED INJECTION SOLUTION	Medical Benefit	PA; SI
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	Medical Benefit	PA; SI
GAMUNEX-C INJECTION SOLUTION	Medical Benefit	PA; SI
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Medical Benefit	PA; SI
OCTAGAM INTRAVENOUS SOLUTION	Medical Benefit	PA; SI

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
PRIVIGEN INTRAVENOUS SOLUTION	Medical Benefit	PA; SI
SYNAGIS INTRAMUSCULAR SOLUTION	Medical Benefit	PA
<b>*PCSK9 INHIBITORS***</b>		
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	PA; # (Non-preferred product); QL (2 Pens per 28 days)
PRALUENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; # (Non-preferred product); QL (2 Syringes per 28 days)
<b>REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier-2	PA; # (Preferred product); QL (1 System per 28 days)
<b>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier-2	PA; # (Preferred product); QL (2 Syringes per 28 days)
<b>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier-2	PA; # (Preferred product); QL (2 Autoinjectors per 28 days)
<b>*PENICILLINS*</b>		
<i>AMOXICILLIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR</i>	Tier-2	
<i>amoxicillin oral capsule</i>	Tier-1	^ (LCG)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml</i>	Tier-1	^ (LCG)
<i>amoxicillin oral suspension reconstituted 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier-1	
<i>amoxicillin oral tablet</i>	Tier-1	^ (LCG)
<i>amoxicillin oral tablet chewable 125 mg</i>	Tier-1	
<i>amoxicillin oral tablet chewable 250 mg</i>	Tier-1	^ (LCG)
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier-1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier-1	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier-1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier-1	
<i>ampicillin oral capsule</i>	Tier-1	^ (LCG)
<i>ampicillin oral suspension reconstituted</i>	Tier-1	
<b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML</b>	Tier-3	
<i>dicloxacillin sodium oral capsule</i>	Tier-1	
<i>penicillin v potassium oral solution reconstituted</i>	Tier-1	^ (LCG)
<i>penicillin v potassium oral tablet</i>	Tier-1	^ (LCG)

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Drug Name	Tier	Notes
<b>*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***</b>		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
ZYDELIG ORAL TABLET	Tier-4	PA; ^ (CM)
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***</b>		
EUCRISA EXTERNAL OINTMENT	Tier-3	PA
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***</b>		
OTEZLA ORAL TABLET	Tier-4	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	Tier-4	PA; ¥ (1 FILL PER LIFE OF PLAN)
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**</b>		
LYNPARZA ORAL CAPSULE	Tier-4	PA; ^ (CM)
LYNPARZA ORAL TABLET	Tier-4	PA; ^ (CM)
RUBRACA ORAL TABLET	Tier-4	PA; ^ (CM); QL (120 EA per 30 days)
ZEJULA ORAL CAPSULE	Tier-4	PA; ^ (CM)
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***</b>		
LYNPARZA ORAL CAPSULE	Tier-4	PA; ^ (CM)
LYNPARZA ORAL TABLET	Tier-4	PA; ^ (CM)
RUBRACA ORAL TABLET	Tier-4	PA; ^ (CM); QL (120 EA per 30 days)
ZEJULA ORAL CAPSULE	Tier-4	PA; ^ (CM)
<b>*POTASSIUM REMOVING AGENTS***</b>		
KIONEX ORAL SUSPENSION	Tier-1	
<i>sodium polystyrene sulfonate oral suspension</i>	Tier-1	
VELTASSA ORAL PACKET	Tier-2	
<b>*PROGESTINS*</b>		
<i>medroxyprogesterone acetate oral tablet</i>	Tier-1	^ (LCG)
MEGESTROL ACETATE ORAL SUSPENSION 625 MG/5ML	Tier-2	
<i>norethindrone acetate oral tablet</i>	Tier-1	
<i>progesterone micronized oral capsule</i>	Tier-1	

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Drug Name	Tier	Notes
<b>*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***</b>		
ZONTIVITY ORAL TABLET	Tier-3	
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<i>acamprosate calcium oral tablet delayed release</i>	Tier-1	
AUBAGIO ORAL TABLET	Tier-4	QL (28 TABLETS per 28 Days)
AUSTEDO ORAL TABLET	Tier-4	PA; QL (60 EA per 30 days)
AVONEX INTRAMUSCULAR KIT	Tier-4	QL (4 VIALS per 28 Days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier-4	QL (4 Pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier-4	QL (4 Syringes per 28 days)
BETASERON SUBCUTANEOUS KIT	Tier-4	QL (15 Vials per 30 Days)
BUPROBAN ORAL TABLET EXTENDED RELEASE 12 HOUR	No Copayment	
BuPROPion HCl ER (Smoking Det) Oral Tablet Extended Release 12 Hour	No Copayment	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	No Copayment	
CHANTIX ORAL TABLET	No Copayment	
CHANTIX STARTING MONTH PAK ORAL TABLET	No Copayment	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	Tier-1	
CVS Nicotine Polacrilex Mouth/Throat Gum	No Copayment	
CVS Nicotine Polacrilex Mouth/Throat Lozenge	No Copayment	
CVS Nicotine Transdermal Patch 24 Hour 14 MG/24HR, 7 MG/24HR	No Copayment	
<i>DALFAMPRIDINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR</i>	Tier-4	PA; QL (60 Tablets per 30 days)
<i>disulfiram oral tablet</i>	Tier-1	
<i>donepezil hcl oral tablet</i>	Tier-1	^ (LCG)
<i>donepezil hcl oral tablet dispersible</i>	Tier-1	
EQ Nicotine Mouth/Throat Gum 4 MG	No Copayment	
EQ Nicotine Mouth/Throat Lozenge	No Copayment	
EQ Nicotine Polacrilex Mouth/Throat Gum	No Copayment	
EQ Nicotine Polacrilex Mouth/Throat Lozenge	No Copayment	
EQ Nicotine Step 3 Transdermal Patch 24 Hour	No Copayment	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
EQ Nicotine Transdermal Patch 24 Hour	No Copayment	
EQL Nicotine Polacrilex Mouth/Throat Gum	No Copayment	
EQL Nicotine Polacrilex Mouth/Throat Lozenge	No Copayment	
EQL Nicotine Transdermal Patch 24 Hour	No Copayment	
<i>ergoloid mesylates oral tablet</i>	Tier-1	
EXELON ORAL SOLUTION	Tier-3	
<i>fluoxetine hcl (pmdd) oral capsule</i>	Tier-1	^ (LCG)
<i>fluoxetine hcl (pmdd) oral tablet</i>	Tier-1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier-1	
<i>galantamine hydrobromide oral solution</i>	Tier-1	
<i>galantamine hydrobromide oral tablet</i>	Tier-1	
GILENYA ORAL CAPSULE 0.5 MG	Tier-4	QL (30 EA per 30 days)
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	QL (12 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier-4	QL (30 Syringes per 30 days)
GNP Nicotine Mini Mouth/Throat Lozenge	No Copayment	
GNP Nicotine Polacrilex Mouth/Throat Gum	No Copayment	
GNP Nicotine Polacrilex Mouth/Throat Lozenge	No Copayment	
HM Nicotine Polacrilex Mouth/Throat Gum	No Copayment	
HM Nicotine Polacrilex Mouth/Throat Lozenge	No Copayment	
HM Nicotine Transdermal Patch 24 Hour	No Copayment	
HORIZANT ORAL TABLET EXTENDED RELEASE	Tier-3	QL (60 EA per 30 days)
<b>INGREZZA ORAL CAPSULE</b>	Tier-2	PA
LEMTRADA INTRAVENOUS SOLUTION	Medical Benefit	PA
<i>MEMANTINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR</i>	Tier-2	
<i>MEMANTINE HCL ORAL SOLUTION</i>	Tier-2	
<i>MEMANTINE HCL ORAL TABLET</i>	Tier-2	
<b>NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier-2	
Nicotine Mini Mouth/Throat Lozenge 2 MG	No Copayment	
Nicotine Polacrilex Mouth/Throat Gum	No Copayment	
Nicotine Polacrilex Mouth/Throat Lozenge	No Copayment	
Nicotine Step 1 Transdermal Patch 24 Hour	No Copayment	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
Nicotine Step 2 Transdermal Patch 24 Hour	No Copayment	
Nicotine Step 3 Transdermal Patch 24 Hour	No Copayment	
Nicotine Transdermal Kit	No Copayment	
Nicotine Transdermal Patch 24 Hour	No Copayment	
NICOTROL INHALATION INHALER	No Copayment	
NICOTROL NS NASAL SOLUTION	No Copayment	
<b>NUEDEXTA ORAL CAPSULE</b>	Tier-2	PA
OCREVUS INTRAVENOUS SOLUTION	Medical Benefit	PA
<i>olanzapine-fluoxetine hcl oral capsule</i>	Tier-1	STPA
<i>PAROXETINE MESYLATE ORAL CAPSULE</i>	Tier-2	
<i>perphenazine-amitriptyline oral tablet</i>	Tier-1	
<i>pimozide oral tablet</i>	Tier-1	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN- INJECTOR	Tier-4	¥ (1 time fill only); QL (1 Pack per 1 Fill)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	¥ (1 time fill only); QL (1 Pack per 1 Fill)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-4	QL (2 Syringes per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	QL (2 Syringes per 28 days)
QC Nicotine Polacrilex Mouth/Throat Gum	No Copayment	
RA Mini Nicotine Mouth/Throat Lozenge	No Copayment	
RA Nicotine Mouth/Throat Gum	No Copayment	
RA Nicotine Polacrilex Mouth/Throat Gum	No Copayment	
RA Nicotine Polacrilex Mouth/Throat Lozenge	No Copayment	
RA Nicotine Transdermal Patch 24 Hour	No Copayment	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-4	QL (12 Syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Tier-4	QL (12 Syringes per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	QL (12 Syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	QL (12 Syringes per 28 days)
<i>rivastigmine tartrate oral capsule</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>RIVASTIGMINE TRANSDERMAL PATCH 24 HOUR</i>	Tier-2	
<b>SAVELLA ORAL TABLET</b>	Tier-2	STPA; QL (180 TABLETS per 90 Days)
SM Nicotine Mouth/Throat Gum	No Copayment	
SM Nicotine Mouth/Throat Lozenge	No Copayment	
SM Nicotine Polacrilex Mouth/Throat Gum	No Copayment	
SM Nicotine Polacrilex Mouth/Throat Lozenge	No Copayment	
SM Nicotine Transdermal Patch 24 Hour	No Copayment	
SR Nicotine Mouth/Throat Gum	No Copayment	
SW Nicotine Polacrilex Mouth/Throat Gum	No Copayment	
SW Nicotine Polacrilex Mouth/Throat Lozenge	No Copayment	
TECFIDERA ORAL	Tier-4	QL (60 CAPSULES per 30 Days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Tier-4	QL (60 CAPSULES per 30 Days)
<i>TETRABENAZINE ORAL TABLET 12.5 MG</i>	Tier-4	PA; QL (90 EA per 30 days)
<i>TETRABENAZINE ORAL TABLET 25 MG</i>	Tier-4	PA; QL (120 EA per 30 days)
TGT Nicotine Mouth/Throat Gum	No Copayment	
TGT Nicotine Polacrilex Mouth/Throat Gum	No Copayment	
TGT Nicotine Polacrilex Mouth/Throat Lozenge	No Copayment	
TGT Nicotine Step One Transdermal Patch 24 Hour	No Copayment	
TGT Nicotine Step Three Transdermal Patch 24 Hour	No Copayment	
TGT Nicotine Step Two Transdermal Patch 24 Hour	No Copayment	
TYSABRI INTRAVENOUS CONCENTRATE	Medical Benefit	PA
XYREM ORAL SOLUTION	Tier-4	
ZINBRYTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (1 ML per 30 days)
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR	No Copayment	
<b>*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***</b>		
OFEV ORAL CAPSULE	Tier-4	QL (60 EA per 30 days)
<b>*PULMONARY FIBROSIS AGENTS***</b>		
ESBRIET ORAL CAPSULE	Tier-4	QL (270 EA per 30 days)
ESBRIET ORAL TABLET	Tier-4	QL (270 EA per 30 days)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***</b>		
UPTRAVI ORAL TABLET	Tier-4	PA
UPTRAVI ORAL TABLET THERAPY PACK	Tier-4	PA
<b>*RESPIRATORY AGENTS - MISC.*</b>		
KALYDECO ORAL PACKET	Tier-4	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	Tier-4	PA; QL (60 TABLETS per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	No Copayment	
PULMOZYME INHALATION SOLUTION	Tier-4	
<b>*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***</b>		
ADDYI ORAL TABLET	Tier-3	PA
<b>*SEROTONIN MODULATORS***</b>		
<i>nefazodone hcl oral tablet</i>	Tier-1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier-1	^ (LCG)
<i>trazodone hcl oral tablet 300 mg</i>	Tier-1	
TRINTELLIX ORAL TABLET	Tier-3	STPA
VIIBRYD ORAL KIT	Tier-3	STPA
VIIBRYD ORAL TABLET	Tier-3	STPA
VIIBRYD STARTER PACK ORAL KIT	Tier-3	STPA
<b>*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***</b>		
GLYXAMBI ORAL TABLET	Tier-3	
<b>*SINUS NODE INHIBITORS**</b>		
CORLANOR ORAL TABLET	Tier-3	PA
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***</b>		
INVOKAMET ORAL TABLET	Tier-2	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
SYNJARDY ORAL TABLET	Tier-2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>*SPINAL MUSCULAR ATROPHY AGENTS (SMA)***</b>		
SPINRAZA INTRATHECAL SOLUTION	Medical Benefit	PA
<b>*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***</b>		
TAVALISSE ORAL TABLET	Tier-3	QL (60 tablets per 30 days)
<b>*SULFONAMIDES*</b>		
SULFADIAZINE ORAL TABLET	Tier-3	
<b>*TETRACYCLINES*</b>		
<i>demeclocycline hcl oral tablet</i>	Tier-1	
<i>doxycycline hyclate oral capsule</i>	Tier-1	
<i>doxycycline hyclate oral capsule delayed release particles 100 mg</i>	Tier-1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier-1	
DOXYCYCLINE HYCLATE ORAL TABLET 75 MG	Tier-2	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 100 MG, 150 MG, 75 MG	Tier-3	
<i>doxycycline monohydrate oral capsule</i>	Tier-1	
<i>doxycycline monohydrate oral tablet</i>	Tier-1	
MINOCYCLINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 115 MG, 135 MG, 45 MG, 65 MG, 90 MG	Tier-3	
<i>minocycline hcl oral capsule</i>	Tier-1	
MINOCYCLINE HCL ORAL TABLET	Tier-2	
TETRACYCLINE HCL ORAL CAPSULE	Tier-3	
VIBRAMYCIN ORAL SYRUP	Tier-3	
<b>*THYROID AGENTS*</b>		
ARMOUR THYROID ORAL TABLET	Tier-2	
LEVOTHROID ORAL TABLET	Tier-1	
<i>levothyroxine sodium oral tablet</i>	Tier-1	
LEVOXYL ORAL TABLET	Tier-1	
<i>liothyronine sodium oral tablet</i>	Tier-1	
<i>methimazole oral tablet</i>	Tier-1	
NATURE-THROID ORAL TABLET	Tier-2	
<i>propylthiouracil oral tablet</i>	Tier-1	
SYNTHROID ORAL TABLET	Tier-3	

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Drug Name	Tier	Notes
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	Tier-3	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	Tier-3	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	Tier-3	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	Tier-3	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	Tier-3	
TIROSINT ORAL CAPSULE	Tier-3	
UNITHROID DIRECT ORAL TABLET	Tier-1	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG	Tier-1	
<b>*TRIPLEPTIDYL PEPTIDASE 1 DEFICIENCY TREATMENT - AGENTS***</b>		
BRINEURA SOLUTION	Medical Benefit	PA
<b>*TRYPTOPHAN HYDROXYLASE INHIBITORS***</b>		
XERMELO ORAL TABLET	Tier-4	PA
<b>*ULCER DRUGS*</b>		
<i>amoxicill-clarithro-lansopraz oral</i>	Tier-1	
CANTIL ORAL TABLET	Tier-3	
CARAFATE ORAL SUSPENSION	Tier-3	Age Limit (Max 12 Years)
<i>CHLORDIAZEPOXIDE-CLIDINIUM ORAL CAPSULE</i>	Tier-3	
<i>CIMETIDINE HCL ORAL SOLUTION</i>	Tier-2	
<i>CIMETIDINE ORAL TABLET</i>	Tier-2	
DEPRIZINE FUSEPAQ ORAL SUSPENSION RECONSTITUTED	Tier-3	
DEXILANT ORAL CAPSULE DELAYED RELEASE	Tier-3	PA; QL (90 EA per 90 days)
<i>dicyclomine hcl oral capsule</i>	Tier-1	
<i>dicyclomine hcl oral solution</i>	Tier-1	
<i>dicyclomine hcl oral tablet</i>	Tier-1	
DONNATAL EXTENTABS ORAL TABLET EXTENDED RELEASE	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>ed-spaz oral tablet dispersible</i>	Tier-1	
<i>ESOMEPRAZOLE MAGNESIUM ORAL CAPSULE DELAYED RELEASE 20 MG</i>	Tier-2	¥ (Only OTC esomeprazole products are covered)
<i>FAMOTIDINE ORAL SUSPENSION RECONSTITUTED</i>	Tier-3	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier-1	^ (LCG)
FIRST-LANSOPRAZOLE ORAL SUSPENSION	Tier-3	QL (300 ML per 30 days)
FIRST-OMEPRAZOLE ORAL SUSPENSION	Tier-3	QL (300 ML per 30 days)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier-1	
HYOMAX-SL SUBLINGUAL TABLET SUBLINGUAL	Tier-1	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	Tier-1	
<i>hyoscyamine sulfate oral elixir</i>	Tier-1	
<i>hyoscyamine sulfate oral solution</i>	Tier-1	
<i>hyoscyamine sulfate oral tablet</i>	Tier-1	
<i>hyoscyamine sulfate oral tablet dispersible</i>	Tier-1	
<i>hyoscyamine sulfate sublingual tablet sublingual</i>	Tier-1	
<i>LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE</i>	Tier-3	
<i>LANSOPRAZOLE ORAL TABLET DISPERSIBLE</i>	Tier-3	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)
<i>methscopolamine bromide oral tablet</i>	Tier-1	
<i>misoprostol oral tablet</i>	Tier-1	^ (LCG)
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE	Tier-3	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	Tier-3	
NEXIUM ORAL PACKET	Tier-3	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)
<i>NIZATIDINE ORAL CAPSULE</i>	Tier-2	
<i>NIZATIDINE ORAL SOLUTION</i>	Tier-2	
<i>OMEPRAZOLE ORAL CAPSULE DELAYED RELEASE</i>	Tier-2	
<i>OMEPRAZOLE-SODIUM BICARBONATE ORAL CAPSULE</i>	Tier-3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>OMEPRAZOLE-SODIUM BICARBONATE ORAL PACKET</i>	Tier-2	
<i>PANTOPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE</i>	Tier-2	
PRILOSEC ORAL PACKET	Tier-3	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)
PROTONIX ORAL PACKET	Tier-3	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)
<b>PYLERA ORAL CAPSULE</b>	Tier-2	
<i>RABEPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE</i>	Tier-3	
<i>ranitidine hcl oral capsule</i>	Tier-1	^ (LCG)
<i>ranitidine hcl oral syrup</i>	Tier-1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier-1	
<i>SUCRALFATE ORAL SUSPENSION</i>	Tier-3	Age Limit (Max 12 Years)
<i>sucralfate oral tablet</i>	Tier-1	
<b>*URINARY ANTI-INFECTIVES*</b>		
MACRODANTIN ORAL CAPSULE 25 MG	Tier-3	
<i>methenamine hippurate oral tablet</i>	Tier-1	
MONUROL ORAL PACKET	Tier-3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier-1	
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier-1	
<i>nitrofurantoin oral suspension</i>	Tier-1	
URIBEL ORAL CAPSULE	Tier-1	
<b>*URINARY ANTISPASMODICS*</b>		
<i>bethanechol chloride oral tablet</i>	Tier-1	
<i>DARIFENACIN HYDROBROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR</i>	Tier-2	
<i>flavoxate hcl oral tablet</i>	Tier-1	
GELNIQUE TRANSDERMAL GEL	Tier-3	STPA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	STPA
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier-1	
<i>oxybutynin chloride oral syrup</i>	Tier-1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>oxybutynin chloride oral tablet</i>	Tier-1	
<b>TOLTERODINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier-2	
<i>tolterodine tartrate oral tablet</i>	Tier-1	
<b>TROSPIUM CHLORIDE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier-2	
<b>VESICARE ORAL TABLET</b>	Tier-2	
<b>*VAGINAL PRODUCTS*</b>		
<b>CLEOCIN VAGINAL SUPPOSITORY</b>	Tier-3	
<i>clindamycin phosphate vaginal cream</i>	Tier-1	
<b>CLINDESSE VAGINAL CREAM</b>	Tier-3	
<b>CRINONE VAGINAL GEL</b>	Tier-3	
<b>ENDOMETRIN VAGINAL INSERT</b>	Tier-3	
<i>ESTRADIOL VAGINAL CREAM</i>	Tier-2	
<i>ESTRADIOL VAGINAL TABLET</i>	Tier-2	
<b>ESTRING VAGINAL RING</b>	Tier-2	
<b>FEMRING VAGINAL RING</b>	Tier-2	
<b>FIRST-PROGESTERONE VGS 100 VAGINAL SUPPOSITORY</b>	Tier-2	
<b>FIRST-PROGESTERONE VGS 200 VAGINAL SUPPOSITORY</b>	Tier-2	
<b>FIRST-PROGESTERONE VGS 25 VAGINAL SUPPOSITORY</b>	Tier-2	
<b>FIRST-PROGESTERONE VGS 400 VAGINAL SUPPOSITORY</b>	Tier-2	
<b>FIRST-PROGESTERONE VGS 50 VAGINAL SUPPOSITORY</b>	Tier-2	
<b>GYNAZOLE-1 VAGINAL CREAM</b>	Tier-3	
<b>INTRAROSA VAGINAL INSERT</b>	Tier-3	
<i>METRONIDAZOLE VAGINAL GEL</i>	Tier-2	
<b>NUVESSA VAGINAL GEL</b>	Tier-3	
<b>PREMARIN VAGINAL CREAM</b>	Tier-3	
<i>terconazole vaginal cream</i>	Tier-1	
<i>terconazole vaginal suppository</i>	Tier-1	
<b>VANAZOLE VAGINAL GEL</b>	Tier-1	
<b>*VASOPRESSORS*</b>		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	Tier-1	QL (2 Injectors per 1 Fill)

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i>	Tier-1	QL (2 INJECTORS per 1 Fill)
<i>EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION</i>	Tier-2	QL (2 INJECTORS per 1 Fill)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	Tier-1	QL (2 INJECTORS per 1 Fill)
<i>EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION</i>	Tier-2	QL (2 INJECTORS per 1 Fill)
<i>midodrine hcl oral tablet</i>	Tier-1	
<b>*VITAMINS*</b>		
<i>ergocalciferol oral capsule</i>	Tier-1	
<i>PHYTONADIONE ORAL TABLET</i>	Tier-2	
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>	Tier-1	
<i>vitamin d3 oral capsule 50000 unit</i>	Tier-1	
<b>*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS***</b>		
CRYSVITA SUBCUTANEOUS SOLUTION	Medical Benefit	PA

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