



**Rhode Island Individual and Small Group
4-Tier Formulary**

Effective: 12/01/2022

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:** Medications on this tier have the lowest cost sharing amount
- **Tier 2:** Medications on this tier have a higher cost sharing amount
- **Tier 3:** Medications on this tier have a higher cost sharing amount
- **Tier 4:** Medications on this tier have the highest cost sharing 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

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

CM	Cancer Mandate	MM	Mandatory Mail	NC	Non Covered Drugs
NTM	New-to-Market	PA	Prior Authorization	QL	Quantity Limitation Program
SI	Specialty Infusion	SP	Designated Specialty Pharmacy	STPA	Step Therapy Prior Authorization
WH	Women's Health	ACA	Preventive Service		

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.

CM	Cancer Mandate	MM	Mandatory Mail	NC	Non Covered Drugs
NTM	New-to-Market	PA	Prior Authorization	QL	Quantity Limitation Program
SI	Specialty Infusion	SP	Designated Specialty Pharmacy	STPA	Step Therapy Prior Authorization
WH	Women's Health	ACA	Preventive Service		

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.

CM	Cancer Mandate	MM	Mandatory Mail	NC	Non Covered Drugs
NTM	New-to-Market	PA	Prior Authorization	QL	Quantity Limitation Program
SI	Specialty Infusion	SP	Designated Specialty Pharmacy	STPA	Step Therapy Prior Authorization
WH	Women's Health	ACA	Preventive Service		

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 \$0 for up to a 30 day supply 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

CM	Cancer Mandate	MM	Mandatory Mail	NC	Non Covered Drugs
NTM	New-to-Market	PA	Prior Authorization	QL	Quantity Limitation Program
SI	Specialty Infusion	SP	Designated Specialty Pharmacy	STPA	Step Therapy Prior Authorization
WH	Women's Health	ACA	Preventive Service		

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: OCRCordinator@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>.

CM	Cancer Mandate	MM	Mandatory Mail	NC	Non Covered Drugs
NTM	New-to-Market	PA	Prior Authorization	QL	Quantity Limitation Program
SI	Specialty Infusion	SP	Designated Specialty Pharmacy	STPA	Step Therapy Prior Authorization
WH	Women's Health	ACA	Preventive Service		

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

للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك Arabic.

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) ប៊ែនសរីបែរ គេបងយកតាតគិតចម្លោះ តាមអ៊ីនខ្លួន
សូមទូរសព្ទការណ៍នៃលេខលម្អានេះដើម្បីបណ្តុះមានឯកសារបសម្រាយ។

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

Laotian ດ້ວຍເຫັນບັນດາລະບົບພາກສາເປັນ ແພນະວັດທີ່ທີ່ມີຢູ່ໃນລັດ ອີ່ຈະ ດ້ວຍເຫັນບັນດາລະບົບພາກສາເປັນ ດ້ວຍເຫັນບັນດາລະບົບພາກສາເປັນ ດ້ວຍເຫັນບັນດາລະບົບພາກສາເປັນ

ດປະຈຳຕົວ ວຂອງທ່ານ ດ້ວຍເຫັນບັນດາລະບົບພາກສາເປັນ.

Navajo Doo báah ilíní da Diné k’ehjí álnéehgo, hodiilnih béishee bee haní’é bee néé ho’dílzingo nantinigíí bikáá’.

Persian. برای ترجمه رایگان فارسی به شماره تلفن مندرج در کارت شناسائی تان زنگ بزنید

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.

CM	Cancer Mandate	MM	Mandatory Mail	NC	Non Covered Drugs
NTM	New-to-Market	PA	Prior Authorization	QL	Quantity Limitation Program
SI	Specialty Infusion	SP	Designated Specialty Pharmacy	STPA	Step Therapy Prior Authorization
WH	Women's Health	ACA	Preventive Service		

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	3
ALLERGENIC EXTRACTS/BIOLOGICALS MISC	5
ALTERNATIVE MEDICINES	6
AMEBICIDES	6
AMINOGLYCOSIDES	6
ANALGESICS - ANTI-INFLAMMATORY	6
ANALGESICS - NONNARCOTIC	9
ANALGESICS - OPIOID	9
ANDROGENS-ANABOLIC	12
ANORECTAL AND RELATED PRODUCTS	13
ANTHELMINTICS	13
ANTIANGINAL AGENTS	13
ANTIANXIETY AGENTS	13
ANTIARRHYTHMICS	14
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	14
ANTICOAGULANTS	17
ANTICONVULSANTS	18
ANTIDEPRESSANTS	21
ANTIDIABETICS	23
ANTIDIARRHEAL/PROBIOTIC AGENTS	26
ANTIDOTES AND SPECIFIC ANTAGONISTS	26
ANTIEMETICS	27
ANTIFUNGALS	27
ANTIHISTAMINES	28
ANTIHYPERLIPIDEMICS	28
ANTIHYPERTENSIVES	29
ANTI-INFECTIVE AGENTS - MISC.	31
ANTIMALARIALS	32
ANTIMYASTHENIC/CHOLINERGIC AGENTS	32
ANTIMYCOBACTERIAL AGENTS	32
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	33
ANTIPARKINSON AND RELATED THERAPY AGENTS	38
ANTIPSYCHOTICS/ANTIMANIC AGENTS	39
ANTIVIRALS	41
BETA BLOCKERS	44
CALCIUM CHANNEL BLOCKERS	45
CARDIOTONICS	46
CARDIOVASCULAR AGENTS - MISC.	46
CEPHALOSPORINS	47
CONTRACEPTIVES	48
CORTICOSTEROIDS	50
COUGH/COLD/ALLERGY	51
DERMATOLOGICALS	51
DIAGNOSTIC PRODUCTS	59
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	59
DIGESTIVE AIDS	59
DIURETICS	60
ENDOCRINE AND METABOLIC AGENTS - MISC.	60
ESTROGENS	64
FLUOROQUINOLONES	65

GASTROINTESTINAL AGENTS - MISC.	65
GENITOURINARY AGENTS - MISCELLANEOUS	66
GOUT AGENTS	67
HEMATOLOGICAL AGENTS - MISC.	67
HEMATOPOIETIC AGENTS	70
HEMOSTATICS	73
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	73
LAXATIVES	74
MACROLIDES	74
MEDICAL DEVICES AND SUPPLIES	75
MIGRAINE PRODUCTS	76
MINERALS & ELECTROLYTES	77
MISCELLANEOUS THERAPEUTIC CLASSES	78
MOUTH/THROAT/DENTAL AGENTS	79
MULTIVITAMINS	79
MUSCULOSKELETAL THERAPY AGENTS	80
NASAL AGENTS - SYSTEMIC AND TOPICAL	80
NEUROMUSCULAR AGENTS	80
NUTRIENTS	81
OPHTHALMIC AGENTS	81
OTIC AGENTS	85
OXYTOCICS	85
PASSIVE IMMUNIZING AND TREATMENT AGENTS	85
PENICILLINS	86
PHARMACEUTICAL ADJUVANTS	87
PROGESTINS	87
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	87
RESPIRATORY AGENTS - MISC.	91
SULFONAMIDES	91
TETRACYCLINES	91
THYROID AGENTS	92
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	92
URINARY ANTISPASMODICS	94
VAGINAL AND RELATED PRODUCTS	95
VASOPRESSORS	95
VITAMINS	96

CURRENT AS OF 12/1/2022

Drug	Status	Notes
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)
amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (60 capsules per 30 days)
amphetamine-dextroamphetamine oral tablet	Tier-1	PA; ¥ (PA applies to members 25 and older)
armodafinil oral tablet	Tier-3	PA; 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)
benzphetamine hcl oral tablet	Tier-2	
clonidine hcl er oral tablet extended release 12 hour	Tier-2	
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-3	PA
dexamphetamine hcl er oral capsule extended release 24 hour	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)
dexamphetamine hcl oral tablet	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)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)
dextroamphetamine sulfate oral solution	Tier-2	PA; ¥ (PA applies to members 25 and older)
dextroamphetamine sulfate oral tablet	Tier-1	PA; ¥ (PA applies to members 25 and older)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
diethylpropion hcl er oral tablet extended release 24 hour	Tier-2	
diethylpropion hcl oral tablet	Tier-2	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older); QL (240 ML per 30 days)
guanfacine hcl er oral tablet extended release 24 hour	Tier-1	
IMCIVREE SUBCUTANEOUS SOLUTION	Tier-4	PA
methamphetamine hcl oral tablet	Tier-3	PA; ¥ (PA applies to members 25 and older); QL (150 tablets per 30 days)
methylphenidate hcl er (cd) oral capsule extended release	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (60 capsules per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (60 tablets per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 72 mg	Tier-3	PA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days)
methylphenidate hcl er oral tablet extended release	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	Tier-2	PA; ¥ (PA applies to members 25 and older); QL (60 tablets per 30 days)
methylphenidate hcl oral solution	Tier-2	PA; ¥ (PA applies to members 25 and older)
methylphenidate hcl oral tablet	Tier-1	PA; ¥ (PA applies to members 25 and older)
methylphenidate hcl oral tablet chewable	Tier-1	PA; ¥ (PA applies to members 25 and older)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
methylphenidate transdermal patch	Tier-2	PA; STPA; ¥ (PA applies to members 25 and older)
modafinil oral tablet	Tier-2	PA; QL (90 tablets per 90 days)
phendimetrazine tartrate er oral capsule extended release 24 hour	Tier-3	
phendimetrazine tartrate oral tablet	Tier-1	
phentermine hcl oral capsule	Tier-1	
phentermine hcl oral tablet	Tier-1	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	Tier-3	PA; QL (30 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	Tier-3	PA; QL (60 EA per 30 days)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	PA
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	PA
SUNOSI ORAL TABLET	Tier-3	PA; QL (30 tablets per 30 days)
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)
WAKIX ORAL TABLET	Tier-3	PA; QL (60 tablets per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA
XENICAL ORAL CAPSULE	Tier-3	PA
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA
PALFORZIA (12 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (120 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (160 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (20 MG DAILY DOSE) ORAL	Tier-3	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
PALFORZIA (200 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (240 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (3 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	Tier-3	PA
PALFORZIA (300 MG TITRATION) ORAL PACKET	Tier-3	PA
PALFORZIA (40 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (6 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (80 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA INITIAL ESCALATION ORAL	Tier-3	PA
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA
ALTERNATIVE MEDICINES		
coenzyme q10 oral tablet 100 mg, 200 mg, 50 mg	Tier-3	PA
AMEBICIDES		
SOLOSEC ORAL PACKET	Tier-3	
AMINOGLYCOSIDES		
ARIKAYCE INHALATION SUSPENSION	Tier-4	
neomycin sulfate oral tablet	Tier-1	
paromomycin sulfate oral capsule	Tier-2	
TOBI PODHALER INHALATION CAPSULE	Tier-4	
tobramycin inhalation nebulization solution	Tier-4	
ANALGESICS - ANTI-INFLAMMATORY		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-Injector	Tier-4	PA; QL (4 syringes per 28 days)
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)
celecoxib oral capsule	Tier-2	
diclofenac potassium oral tablet 50 mg	Tier-1	
diclofenac sodium er oral tablet extended release 24 hour	Tier-1	
diclofenac sodium oral tablet delayed release	Tier-1	
diclofenac-misoprostol oral tablet delayed release	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-4	PA; QL (4 Syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier-4	PA; QL (8 syringes 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)
etodolac er oral tablet extended release 24 hour	Tier-2	
etodolac oral capsule	Tier-1	
etodolac oral tablet	Tier-1	
fenoprofen calcium oral tablet	Tier-3	
flurbiprofen oral tablet	Tier-1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier-4	PA; ¥ (1 FILL PER LIFE OF PLAN); QL (1 fill per 1 Lifetime)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	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); QL (1 fill per 1 Lifetime)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier-4	PA; ¥ (1 FILL PER LIFE OF PLAN); QL (1 fill per 1 Lifetime)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier-4	PA; QL (1 fill per 1 Lifetime)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier-4	PA; QL (2 Syringes per 28 days)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier-1	^ (LCG)
ibuprofen-famotidine oral tablet	Tier-2	PA; QL (90 EA per 30 days)
INDOCIN ORAL SUSPENSION	Tier-3	
INDOCIN RECTAL SUPPOSITORY	Tier-3	
indomethacin er oral capsule extended release	Tier-2	
indomethacin oral capsule 25 mg, 50 mg	Tier-1	
ketoprofen er oral capsule extended release 24 hour	Tier-3	
ketorolac tromethamine oral tablet	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
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)
leflunomide oral tablet	Tier-2	
meclofenamate sodium oral capsule	Tier-3	
mefenamic acid oral capsule	Tier-3	
meloxicam oral tablet	Tier-1	^ (LCG)
nabumetone oral tablet	Tier-1	
naproxen oral suspension	Tier-3	
naproxen oral tablet	Tier-1	^ (LCG)
naproxen sodium oral tablet 275 mg, 550 mg	Tier-2	
naproxen-esomeprazole mg oral tablet delayed release	Tier-3	PA
naproxen-esomeprazole oral tablet delayed release	Tier-3	PA
OLUMIANT ORAL TABLET	Tier-4	PA; QL (1 EA per 1 day)
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 125 MG/ML	Tier-4	PA; QL (4 Syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	Tier-4	PA; QL (4 ML per 28 days)
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); QL (1 fill per 1 Lifetime)
oxaprozin oral tablet	Tier-3	
piroxicam oral capsule	Tier-1	
RASUVO SUBCUTANEOUS SOLUTION AUTO-Injector 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	Tier-3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Tier-4	PA; QL (30 Tablets per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	Tier-4	PA; SP; QL (30 tablets per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	Tier-4	PA; QL (30 EA per 30 days)
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)
sulindac oral tablet	Tier-1	
XELJANZ ORAL TABLET 10 MG	Tier-4	PA; QL (60 Tablets per 30 days)
XELJANZ ORAL TABLET 5 MG	Tier-4	PA; QL (60 TABLETS per 30 Days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	Tier-4	PA; QL (30 Tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	Tier-4	PA; QL (30 EA per 30 days)
ANALGESICS - NONNARCOTIC		
BUPAP ORAL TABLET 50-300 MG	Tier-3	
butalbital-acetaminophen oral tablet 50-325 mg	Tier-1	
butalbital-apap-caffeine oral capsule 50-325-40 mg	Tier-3	
butalbital-apap-caffeine oral tablet 50-325-40 mg	Tier-3	
butalbital-asa-caffeine oral capsule	Tier-1	
diflunisal oral tablet	Tier-1	
ESGIC ORAL CAPSULE	Tier-3	
ANALGESICS - OPIOID		
acetaminophen-codeine #2 oral tablet	Tier-1	QL (12 Tablets per 1 day)
acetaminophen-codeine #3 oral tablet	Tier-1	QL (12 Tablets per 1 day)
acetaminophen-codeine #4 oral tablet	Tier-1	QL (6 Tablets per 1 day)
acetaminophen-codeine oral solution	Tier-1	QL (150 ML per 1 day)
apap-caff-dihydrocodeine oral capsule	Tier-2	QL (10 Capsules per 1 day)
BELBUCA BUCCAL FILM	Tier-3	PA; QL (60 Films per 30 days)
buprenorphine hcl sublingual tablet sublingual 2 mg	Tier-1	QL (90 EA per 30 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	Tier-1	QL (120 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	Tier-1	
buprenorphine transdermal patch weekly	Tier-2	PA; QL (4 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Tier-2	QL (360 Capsules per 30 days)
butalbital-asa-caff-codeine oral capsule	Tier-1	
butorphanol tartrate nasal solution	Tier-1	
codeine sulfate oral tablet 15 mg	Tier-1	QL (24 tablets per 1 day)
codeine sulfate oral tablet 30 mg	Tier-1	QL (12 tablets per 1 day)
codeine sulfate oral tablet 60 mg	Tier-1	QL (6 tablets per 1 day)
fentanyl citrate buccal lozenge on a handle	Tier-1	QL (120 UNITS per 30 Days)
fentanyl citrate buccal tablet	Tier-2	QL (120 buccal tablets per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier-1	PA; QL (10 PATCHES per 30 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	Tier-2	PA; QL (10 patches per 30 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant 100 mg, 120 mg	Tier-3	PA; QL (2 tablets per 1 day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier-3	QL (2 tablets per 1 day)
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	Tier-1	QL (90 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg	Tier-1	QL (6 Tablets per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	Tier-1	QL (8 Tablets per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier-1	QL (5 Tablets per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg	Tier-2	
hydromorphone hcl er oral tablet extended release 24 hour 32 mg	Tier-2	PA
hydromorphone hcl oral liquid	Tier-1	QL (20 ML per 1 day)
hydromorphone hcl oral tablet 2 mg	Tier-1	QL (10 tablets per 1 day)
hydromorphone hcl oral tablet 4 mg	Tier-1	QL (5 tablets per 1 day)
hydromorphone hcl oral tablet 8 mg	Tier-1	QL (2 tablets per 1 day)
hydromorphone hcl rectal suppository	Tier-1	QL (4 EA per 1 day)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
levorphanol tartrate oral tablet 2 mg	Tier-3	PA; QL (4 tablets per 1 day)
levorphanol tartrate oral tablet 3 mg	Tier-3	PA; QL (2 tablets per 1 day)
meperidine hcl oral solution	Tier-1	QL (90 ML per 1 day)
meperidine hcl oral tablet 50 mg	Tier-1	QL (18 tablets per 1 day)
methadone hcl injection solution	Tier-1	PA; QL (2 ML per 1 day)
METHADONE HCL INTENSOL ORAL CONCENTRATE	Tier-1	PA; QL (2 ML per 1 day)
methadone hcl oral solution 10 mg/5ml	Tier-1	PA; QL (10 ML per 1 day)
methadone hcl oral solution 5 mg/5ml	Tier-1	PA; QL (20 ML per 1 day)
methadone hcl oral tablet 10 mg	Tier-1	PA; QL (2 tablets per 1 day)
methadone hcl oral tablet 5 mg	Tier-1	PA; QL (4 tablets per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML	Tier-1	PA; QL (2 ML per 1 day)
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	Tier-1	QL (4.5 ML per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour	Tier-1	PA; QL (1 capsule per 1 day)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg	Tier-1	PA; QL (60 EA per 30 days)
morphine sulfate er oral capsule extended release 24 hour 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Tier-1	PA; QL (60 CAPSULES per 30 days)
morphine sulfate er oral tablet extended release	Tier-1	PA; QL (90 TABLETS per 30 days)
morphine sulfate oral solution 10 mg/5ml	Tier-1	QL (45 ML per 1 day)
morphine sulfate oral solution 20 mg/5ml	Tier-1	QL (22.5 ML per 1 day)
morphine sulfate oral tablet 15 mg	Tier-1	QL (6 tablets per 1 day)
morphine sulfate oral tablet 30 mg	Tier-1	QL (3 tablets per 1 day)
morphine sulfate rectal suppository 10 mg, 5 mg	Tier-1	QL (6 suppositories per 1 day)
morphine sulfate rectal suppository 20 mg	Tier-1	QL (4 suppositories per 1 day)
morphine sulfate rectal suppository 30 mg	Tier-2	QL (3 suppositories per 1 day)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	Tier-2	PA; QL (2 tablets per 1 day)
oxycodone hcl oral capsule	Tier-1	QL (12 capsules per 1 day)
oxycodone hcl oral concentrate 100 mg/5ml	Tier-1	QL (3 ML per 1 day)
oxycodone hcl oral solution	Tier-1	QL (60 ML per 1 day)
oxycodone hcl oral tablet 10 mg	Tier-1	QL (6 tablets per 1 day)
oxycodone hcl oral tablet 15 mg	Tier-1	QL (4 tablets per 1 day)
oxycodone hcl oral tablet 20 mg	Tier-1	QL (3 tablets per 1 day)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
oxycodone hcl oral tablet 30 mg	Tier-1	QL (2 tablets per 1 day)
oxycodone hcl oral tablet 5 mg	Tier-1	QL (12 tablets per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	Tier-1	QL (6 Tablets per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	Tier-1	QL (12 Tablets per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	Tier-1	QL (8 Tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	Tier-2	PA; QL (2 tablets per 1 day)
oxymorphone hcl er oral tablet extended release 12 hour	Tier-2	PA; QL (2 tablets per 1 day)
oxymorphone hcl oral tablet 10 mg	Tier-1	QL (3 tablets per 1 day)
oxymorphone hcl oral tablet 5 mg	Tier-1	QL (6 tablets per 1 day)
pentazocine-naloxone hcl oral tablet	Tier-1	QL (4 tablets per 1 day)
PROLATE ORAL SOLUTION	Tier-3	QL (30 ML per 1 day)
SUBSYS SUBLINGUAL LIQUID	Tier-3	QL (30 Bottles per 30 Days)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier-1	QL (1 tablet per 1 day)
tramadol hcl er oral tablet extended release 24 hour	Tier-1	PA; QL (1 tablet per 1 day)
tramadol hcl oral tablet 100 mg	Tier-1	QL (4 tablets per 1 day)
tramadol hcl oral tablet 50 mg	Tier-1	QL (8 tablets per 1 day)
tramadol-acetaminophen oral tablet	Tier-1	QL (8 Tablets per 1 day)
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
ANDROGENS-ANABOLIC		
danazol oral capsule	Tier-1	
JATENZO ORAL CAPSULE 158 MG, 237 MG	Tier-3	PA; QL (2 capsules per 1 day)
JATENZO ORAL CAPSULE 198 MG	Tier-3	PA; QL (4 capsules per 1 day)
methitest oral tablet	Tier-3	
oxandrolone oral tablet	Tier-2	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Tier-1	
testosterone enanthate intramuscular solution	Tier-1	
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%)	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	Tier-3	
testosterone transdermal solution	Tier-2	
TLANDO ORAL CAPSULE	Tier-3	PA; QL (4 EA per 1 day)
ANORECTAL AND RELATED PRODUCTS		
hydrocortisone rectal enema	Tier-1	
RECTIV RECTAL OINTMENT	Tier-3	QL (1 TUBE per 30 Days)
UCERIS RECTAL FOAM	Tier-2	
ANTHELMINTICS		
albendazole oral tablet	Tier-3	
benznidazole oral tablet	Tier-2	
EMVERM ORAL TABLET CHEWABLE	Tier-3	
ivermectin oral tablet	Tier-1	QL (20 EA per 90 days)
praziquantel oral tablet	Tier-2	
ANTIANGINAL AGENTS		
ISORDIL TITRADOSE ORAL TABLET 40 MG	Tier-3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	Tier-1	
isosorbide mononitrate er oral tablet extended release 24 hour	Tier-1	
isosorbide mononitrate oral tablet	Tier-1	
NITRO-BID TRANSDERMAL OINTMENT	Tier-3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier-3	
nitroglycerin sublingual tablet sublingual	Tier-1	
nitroglycerin transdermal patch 24 hour	Tier-1	
nitroglycerin translingual solution	Tier-1	
ranolazine er oral tablet extended release 12 hour	Tier-2	
ANTIANXIETY AGENTS		
alprazolam oral tablet	Tier-1	^ (LCG)
alprazolam oral tablet dispersible	Tier-1	
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg	Tier-1	
chlordiazepoxide hcl oral capsule	Tier-1	^ (LCG)
clorazepate dipotassium oral tablet	Tier-2	
diazepam oral tablet	Tier-1	^ (LCG)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
hydroxyzine hcl oral syrup	Tier-1	
hydroxyzine hcl oral tablet	Tier-1	
hydroxyzine pamoate oral capsule	Tier-1	
LORAZEPAM INTENSOL ORAL CONCENTRATE	Tier-1	
lorazepam oral concentrate 2 mg/ml	Tier-1	
lorazepam oral tablet	Tier-1	^ (LCG)
meprobamate oral tablet	Tier-1	
oxazepam oral capsule	Tier-1	
ANTIARRHYTHMICS		
amiodarone hcl oral tablet 200 mg, 400 mg	Tier-1	
disopyramide phosphate oral capsule	Tier-1	
dofetilide oral capsule	Tier-2	
flecainide acetate oral tablet	Tier-1	
mexiletine hcl oral capsule	Tier-1	
MULTAQ ORAL TABLET	Tier-3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
PACERONE ORAL TABLET 100 MG		
PACERONE ORAL TABLET 200 MG, 400 MG	Tier-1	
propafenone hcl er oral capsule extended release 12 hour	Tier-2	
propafenone hcl oral tablet	Tier-1	
quinidine gluconate er oral tablet extended release	Tier-2	
quinidine sulfate oral tablet	Tier-1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ADVAIR HFA INHALATION AEROSOL	Tier-2	QL (6 UNITS per 90 Days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Tier-1	¥ (Generic for Proair HFA and Ventolin HFA. Generic Proventil HFA is Non-covered.); QL (6 inhalers per 90 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	Tier-1	QL (360 vials per 90 Days)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	Tier-1	QL (360 vials per 90 days)
albuterol sulfate oral syrup	Tier-1	^ (LCG)
albuterol sulfate oral tablet	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	Tier-3	PA; QL (6 UNITS per 90 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	Tier-3	PA; QL (3 UNITS per 90 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (1 INHALER per 30 days)
arformoterol tartrate inhalation nebulization solution	Tier-2	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (3 Inhalers per 90 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	PA; QL (6 UNITS per 90 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	PA; QL (6 UNITS per 90 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	PA; QL (6 UNITS per 90 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	PA; QL (6 UNITS per 90 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	Tier-3	PA
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT	Tier-3	PA; QL (6 twisthalers per 90 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier-2	QL (6 EA per 90 Days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (3 Inhalers per 90 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	Tier-1	QL (180 VIALS per 90 Days)
budesonide inhalation suspension 1 mg/2ml	Tier-1	QL (180 VIALS per 90 days)
CINQAIR INTRAVENOUS SOLUTION	Medical Benefit	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier-2	QL (6 EA per 90 Days)
cromolyn sodium inhalation nebulization solution	Tier-3	QL (360 Vials per 90 days)
DALIRESP ORAL TABLET	Tier-2	
ELIXOPHYLLIN ORAL ELIXIR	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-4	PA; QL (1 pen per 56 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (6 UNITS per 90 Days)
FLOVENT HFA INHALATION AEROSOL	Tier-2	QL (6 UNITS per 90 Days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Tier-1	QL (3 Diskus per 90 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	Tier-1	QL (3 inhalers per 90 days)
ipratropium bromide inhalation solution	Tier-1	QL (360 vials per 90 Days)
ipratropium-albuterol inhalation solution	Tier-1	QL (360 vials per 90 Days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	Tier-1	
levalbuterol tartrate inhalation aerosol	Tier-1	QL (6 inhalers per 90 days)
montelukast sodium oral tablet	Tier-1	^ (LCG)
montelukast sodium oral tablet chewable	Tier-1	^ (LCG)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-4	PA; QL (3 auto-injectors per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (3 syringes per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
PERFOROMIST INHALATION NEBULIZATION SOLUTION	Tier-2	QL (180 VIALS per 90 Days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (6 UNITS per 90 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	Tier-3	PA; QL (6 EA per 90 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (3 UNITS per 90 days)
SPIRIVA HANDIHALER INHALATION CAPSULE	Tier-2	QL (3 UNITS per 90 Days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier-2	QL (3 UNITS per 90 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier-2	QL (6 Inhalers per 90 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	Tier-2	QL (3 UNITS per 90 days)
SYMBICORT INHALATION AEROSOL	Tier-2	QL (6 UNITS per 90 days)
terbutaline sulfate oral tablet	Tier-1	
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	Tier-1	
theophylline er oral tablet extended release 24 hour	Tier-1	
theophylline oral elixir	Tier-1	
theophylline oral solution	Tier-1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 100-62.5-25 MCG/INH	Tier-2	QL (3 inhalers per 90 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT, 200-62.5-25 MCG/INH	Tier-2	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier-1	QL (3 Diskus per 90 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (8 syringes per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
zaflirlukast oral tablet	Tier-1	
zileuton er oral tablet extended release 12 hour	Tier-2	
ZYFLO ORAL TABLET	Tier-3	
ANTICOAGULANTS		
ELIQUIS ORAL TABLET	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
enoxaparin sodium injection solution	Tier-1	
enoxaparin sodium injection solution prefilled syringe	Tier-1	
fondaparinux sodium subcutaneous solution	Tier-2	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	Tier-3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml	Tier-1	
JANTOVEN ORAL TABLET	Tier-1	
warfarin sodium oral tablet	Tier-1	
XARELTO ORAL SUSPENSION RECONSTITUTED	Tier-2	
XARELTO ORAL TABLET	Tier-2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier-2	¥ (1 FILL PER LIFE OF PLAN)

ANTICONVULSANTS

APTIOM ORAL TABLET	Tier-2	
BRIVIACT ORAL SOLUTION	Tier-3	
BRIVIACT ORAL TABLET	Tier-3	
carbamazepine er oral capsule extended release 12 hour	Tier-1	
carbamazepine er oral tablet extended release 12 hour	Tier-1	
carbamazepine oral suspension	Tier-1	
carbamazepine oral tablet	Tier-1	
carbamazepine oral tablet chewable	Tier-1	
CELONTIN ORAL CAPSULE	Tier-3	
clobazam oral suspension	Tier-2	
clobazam oral tablet	Tier-2	
clonazepam oral tablet	Tier-1	^ (LCG)
clonazepam oral tablet dispersible	Tier-1	
DIACOMIT ORAL CAPSULE	Tier-4	PA
DIACOMIT ORAL PACKET	Tier-4	PA
DIASTAT ACUDIAL RECTAL GEL	Tier-3	QL (1 kit per 1 fill)
DIASTAT PEDIATRIC RECTAL GEL	Tier-3	QL (1 kit per 1 fill)
diazepam rectal gel	Tier-2	QL (1 kit per 1 fill)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
DILANTIN ORAL CAPSULE 30 MG	Tier-3	
divalproex sodium er oral tablet extended release 24 hour	Tier-1	
divalproex sodium oral capsule delayed release sprinkle	Tier-2	
divalproex sodium oral tablet delayed release	Tier-1	
EPIDIOLEX ORAL SOLUTION	Tier-4	PA
EPITOL ORAL TABLET	Tier-1	
ethosuximide oral capsule	Tier-1	
ethosuximide oral solution	Tier-1	
felbamate oral suspension	Tier-1	
felbamate oral tablet	Tier-1	
FINTEPLA ORAL SOLUTION	Tier-3	PA
FYCOMPA ORAL SUSPENSION	Tier-2	
FYCOMPA ORAL TABLET	Tier-2	
gabapentin oral capsule	Tier-1	
gabapentin oral solution 250 mg/5ml	Tier-1	
gabapentin oral tablet 600 mg, 800 mg	Tier-1	
lacosamide oral solution	Tier-2	
lacosamide oral tablet	Tier-2	
lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Tier-2	QL (90 EA per 90 days)
lamotrigine er oral tablet extended release 24 hour 200 mg	Tier-2	QL (270 EA per 90 days)
lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg	Tier-2	QL (180 EA per 90 days)
lamotrigine oral tablet	Tier-1	^ (LCG)
lamotrigine oral tablet chewable	Tier-1	
lamotrigine oral tablet dispersible	Tier-2	
lamotrigine starter kit-blue oral kit	Tier-2	
lamotrigine starter kit-green oral kit	Tier-2	
lamotrigine starter kit-orange oral kit	Tier-2	
levetiracetam er oral tablet extended release 24 hour	Tier-1	
levetiracetam oral solution	Tier-1	
levetiracetam oral tablet	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
NAYZILAM NASAL SOLUTION	Tier-3	PA; ¥ (PA applies to members 11 and younger); QL (1 box per 1 Fill)
oxcarbazepine oral suspension	Tier-1	
oxcarbazepine oral tablet	Tier-1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
phenytoin oral suspension 125 mg/5ml	Tier-1	
phenytoin oral tablet chewable	Tier-1	
phenytoin sodium extended oral capsule	Tier-1	
pregabalin oral capsule	Tier-1	STPA
pregabalin oral solution	Tier-1	STPA
primidone oral tablet	Tier-1	
rufinamide oral suspension	Tier-2	
rufinamide oral tablet	Tier-2	
SYMPAZAN ORAL FILM	Tier-3	PA
tiagabine hcl oral tablet 12 mg, 16 mg	Tier-2	
tiagabine hcl oral tablet 2 mg, 4 mg	Tier-1	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 200 mg, 25 mg, 50 mg	Tier-2	
topiramate oral capsule sprinkle	Tier-1	
topiramate oral tablet	Tier-1	^ (LCG)
valproic acid oral capsule	Tier-1	
VALTOCO 10 MG DOSE NASAL LIQUID	Tier-3	PA; QL (2 blister packs per 1 fill)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	Tier-3	PA; QL (2 blister packs per 1 fill)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	Tier-3	PA; QL (2 blister packs per 1 fill)
VALTOCO 5 MG DOSE NASAL LIQUID	Tier-3	PA; QL (2 blister packs per 1 fill)
vigabatrin oral packet	Tier-2	
vigabatrin oral tablet	Tier-4	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier-2	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-2	
XCOPRI ORAL TABLET	Tier-2	
XCOPRI ORAL TABLET THERAPY PACK	Tier-2	
zonisamide oral capsule	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
ZTALMY ORAL SUSPENSION	Tier-3	PA
ANTIDEPRESSANTS		
amitriptyline hcl oral tablet	Tier-1	PA; ¥ (PA applies to members 12 and younger)
amoxapine oral tablet	Tier-1	PA; ¥ (PA applies to members 12 and younger)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	PA; STPA; ¥ (PA applies to members 12 and younger)
bupropion hcl er (sr) oral tablet extended release 12 hour	Tier-1	PA; ¥ (PA applies to members 12 and younger)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Tier-1	PA; ¥ (PA applies to members 12 and younger)
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	Tier-2	PA; ¥ (PA applies to members 12 and younger)
bupropion hcl oral tablet	Tier-1	PA; ¥ (PA applies to members 12 and younger)
citalopram hydrobromide oral solution	Tier-1	
citalopram hydrobromide oral tablet	Tier-1	^ (LCG)
clomipramine hcl oral capsule	Tier-2	
desipramine hcl oral tablet	Tier-2	PA; ¥ (PA applies to members 12 and younger)
desvenlafaxine er oral tablet extended release 24 hour 100 mg	Tier-3	PA; STPA; ¥ (PA applies to members 12 and younger); Only generic products are covered.
desvenlafaxine succinate er oral tablet extended release 24 hour	Tier-2	PA; STPA; ¥ (PA applies to members 12 and younger); Only generic products are covered.
doxepin hcl oral capsule	Tier-1	PA; ¥ (PA applies to members 12 and younger)
doxepin hcl oral concentrate	Tier-1	PA; ¥ (PA applies to members 12 and younger)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Tier-3	STPA; QL (60 capsules per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Tier-3	STPA; QL (90 capsules per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	Tier-1	QL (60 EA per 30 Days)
duloxetine hcl oral capsule delayed release particles 30 mg	Tier-1	QL (90 EA per 30 Days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier-3	PA; STPA; ¥ (PA applies to members 12 and younger)
escitalopram oxalate oral solution	Tier-1	
escitalopram oxalate oral tablet	Tier-1	^ (LCG)
fluoxetine hcl oral capsule	Tier-1	^ (LCG)
fluoxetine hcl oral solution	Tier-1	^ (LCG)
fluoxetine hcl oral tablet	Tier-2	PA
fluvoxamine maleate oral tablet	Tier-1	
imipramine hcl oral tablet	Tier-1	
imipramine pamoate oral capsule	Tier-2	
MARPLAN ORAL TABLET	Tier-3	PA; ¥ (PA applies to members 12 and younger)
mirtazapine oral tablet	Tier-1	PA; ¥ (PA applies to members 12 and younger)
mirtazapine oral tablet dispersible	Tier-1	PA; ¥ (PA applies to members 12 and younger)
nefazodone hcl oral tablet	Tier-2	PA; ¥ (PA applies to members 12 and younger)
nortriptyline hcl oral capsule	Tier-1	PA; ¥ (PA applies to members 12 and younger)
nortriptyline hcl oral solution	Tier-1	PA; ¥ (PA applies to members 12 and younger)
paroxetine hcl er oral tablet extended release 24 hour	Tier-2	PA; ¥ (PA applies to members 12 and younger)
paroxetine hcl oral tablet	Tier-1	PA; ¥ (PA applies to members 12 and younger); ^ (LCG)
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG	Tier-3	PA; STPA; ¥ (PA applies to members 12 and younger)
phenelzine sulfate oral tablet	Tier-1	PA; ¥ (PA applies to members 12 and younger)
protriptyline hcl oral tablet	Tier-1	PA; ¥ (PA applies to members 12 and younger)
sertraline hcl oral concentrate	Tier-1	
sertraline hcl oral tablet	Tier-1	^ (LCG)
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	Medical Benefit	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	Medical Benefit	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
tranylcypromine sulfate oral tablet	Tier-2	PA; ¥ (PA applies to members 12 and younger)
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	Tier-1	PA; ¥ (PA applies to members 12 and younger); ^ (LCG)
trazodone hcl oral tablet 300 mg	Tier-1	PA; ¥ (PA applies to members 12 and younger)
trimipramine maleate oral capsule	Tier-3	PA; ¥ (PA applies to members 12 and younger)
TRINTELLIX ORAL TABLET	Tier-3	PA; STPA; ¥ (PA applies to members 12 and younger)
venlafaxine hcl er oral capsule extended release 24 hour	Tier-1	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	Tier-3	
venlafaxine hcl oral tablet	Tier-1	
vilazodone hcl oral tablet	Tier-2	PA; STPA; ¥ (PA applies to members 12 and younger); Step Therapy Prior Authorization required for members 13 years of age and older.
ZULRESSO INTRAVENOUS SOLUTION	Medical Benefit	PA
ANTIDIABETICS		
acarbose oral tablet	Tier-1	
alogliptin benzoate oral tablet	Tier-1	
alogliptin-metformin hcl oral tablet	Tier-1	
alogliptin-pioglitazone oral tablet	Tier-1	
BAQSIMI ONE PACK NASAL POWDER	Tier-2	QL (2 devices per 1 fill)
BAQSIMI TWO PACK NASAL POWDER	Tier-2	QL (2 devices per 1 fill)
CYCLOSET ORAL TABLET	Tier-2	
diazoxide oral suspension	Tier-2	
FARXIGA ORAL TABLET	Tier-2	
glimepiride oral tablet	Tier-1	^ (LCG)
glipizide er oral tablet extended release 24 hour	Tier-1	
glipizide oral tablet	Tier-1	^ (LCG)
glipizide xl oral tablet extended release 24 hour	Tier-1	
glipizide-metformin hcl oral tablet	Tier-1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Tier-2	
glucagon emergency injection kit	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
glucagon emergency injection solution reconstituted	Tier-2	
glyburide micronized oral tablet	Tier-1	^ (LCG)
glyburide oral tablet	Tier-1	^ (LCG)
glyburide-metformin oral tablet	Tier-1	
GLYXAMBI ORAL TABLET	Tier-2	
HUMALOG INJECTION SOLUTION	Tier-2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier-2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-2	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Tier-2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-2	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier-2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-2	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier-2	
HUMULIN N SUBCUTANEOUS SUSPENSION	Tier-2	
HUMULIN R INJECTION SOLUTION	Tier-2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Tier-2	
JANUMET ORAL TABLET	Tier-2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
JANUVIA ORAL TABLET	Tier-2	
JARDIANCE ORAL TABLET	Tier-2	
KORLYM ORAL TABLET	Tier-4	PA; QL (120 TABLETS per 30 Days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
LANTUS SUBCUTANEOUS SOLUTION	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	PA
LEVEMIR SUBCUTANEOUS SOLUTION	Tier-3	PA
metformin hcl er (mod) oral tablet extended release 24 hour	Tier-3	PA
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	Tier-3	PA
metformin hcl er oral tablet extended release 24 hour	Tier-1	
metformin hcl oral solution	Tier-2	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Tier-1	^ (LCG)
miglitol oral tablet	Tier-2	
nateglinide oral tablet	Tier-1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier-2	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
pioglitazone hcl oral tablet	Tier-1	^ (LCG)
pioglitazone hcl-glimepiride oral tablet	Tier-1	
pioglitazone hcl-metformin hcl oral tablet	Tier-1	
repaglinide oral tablet	Tier-1	
RYBELSUS ORAL TABLET	Tier-2	QL (30 tablets per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	PA
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
SYNJARDY ORAL TABLET	Tier-2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
TRESIBA SUBCUTANEOUS SOLUTION	Tier-2	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	Tier-2	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	PA
ANTIDIARRHEAL/PROBIOTIC AGENTS		
diphenoxylate-atropine oral liquid	Tier-1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier-1	
loperamide hcl oral capsule	Tier-1	
MOTOFEN ORAL TABLET	Tier-3	
MYTESI ORAL TABLET DELAYED RELEASE	Tier-2	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
CHEMET ORAL CAPSULE	Tier-3	
deferasirox granules oral packet	Tier-2	
deferasirox oral packet	Tier-2	
deferasirox oral tablet	Tier-4	
deferasirox oral tablet soluble	Tier-4	
deferiprone oral tablet	Tier-2	QL (30 EA per 30 days)
FERRIPROX ORAL SOLUTION	Tier-2	QL (150 ML per 30 days)
JADENU SPRINKLE ORAL PACKET 360 MG, 90 MG	Tier-4	
naloxone hcl injection solution 0.4 mg/ml	No Copayment	
naloxone hcl injection solution cartridge	No Copayment	
naloxone hcl nasal liquid	No Copayment	QL (2 boxes or kits per 30 days)
naltrexone hcl oral tablet	Tier-1	
NARCAN NASAL LIQUID	No Copayment	¥ (Max of 4 units per 30 days); QL (2 EA per 1 Fill)
VISTOGARD ORAL PACKET	Tier-2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Medical Benefit	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
ANTIEMETICS		
AKYNZEO ORAL CAPSULE	Tier-3	¥ (1 capsule per fill); QL (3 EA per 28 days)
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg	Tier-2	QL (1 EA per 7 days)
aprepitant oral capsule 80 mg	Tier-2	QL (2 EA per 7 days)
doxylamine-pyridoxine oral tablet delayed release	Tier-3	PA
dronabinol oral capsule	Tier-2	
EMEND ORAL SUSPENSION RECONSTITUTED	Tier-3	QL (3 Units per 7 days)
granisetron hcl oral tablet	Tier-2	QL (6 TABLETS per 7 days)
meclizine hcl oral tablet 12.5 mg, 25 mg	Tier-1	
ondansetron hcl oral solution	Tier-1	QL (90 ML per 7 Days)
ondansetron hcl oral tablet 24 mg	Tier-1	QL (1 TABLET per 7 Days)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier-1	QL (9 TABLETS per 7 Days)
ondansetron oral tablet dispersible	Tier-1	QL (9 EA per 7 Days)
SANCUSO TRANSDERMAL PATCH	Tier-4	QL (1 PATCH per 7 days)
scopolamine transdermal patch 72 hour	Tier-2	
trimethobenzamide hcl oral capsule	Tier-1	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	Tier-3	¥ (2 capsules/fill, and 6 capsules per 30 days); QL (6 capsules per 30 days)
ANTIFUNGALS		
CRESEMBA ORAL CAPSULE	Tier-3	PA
fluconazole oral suspension reconstituted	Tier-1	
fluconazole oral tablet	Tier-1	
flucytosine oral capsule	Tier-1	
griseofulvin microsize oral suspension	Tier-2	
griseofulvin microsize oral tablet	Tier-2	
griseofulvin ultramicrosize oral tablet	Tier-2	
itraconazole oral capsule	Tier-2	PA
itraconazole oral solution	Tier-2	
ketoconazole oral tablet	Tier-1	
NOXAFIL ORAL PACKET	Tier-3	PA
NOXAFIL ORAL SUSPENSION	Tier-3	PA
nystatin oral tablet	Tier-1	
posaconazole oral tablet delayed release	Tier-3	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
terbinafine hcl oral tablet	Tier-1	¥ (90 DAYS PER YEAR)
voriconazole oral suspension reconstituted	Tier-1	
voriconazole oral tablet	Tier-2	
ANTIHISTAMINES		
clemastine fumarate oral tablet	Tier-1	
cyproheptadine hcl oral syrup	Tier-1	
cyproheptadine hcl oral tablet	Tier-1	
desloratadine oral tablet	Tier-1	
diphenhydramine hcl injection solution	Tier-1	
diphenhydramine hcl oral capsule	Tier-1	
levocetirizine dihydrochloride oral tablet	Tier-1	
promethazine hcl oral solution	Tier-1	^ (LCG)
promethazine hcl oral syrup	Tier-1	^ (LCG)
promethazine hcl oral tablet	Tier-1	^ (LCG)
promethazine hcl rectal suppository 12.5 mg, 25 mg	Tier-2	
PROMETHEGAN RECTAL SUPPOSITORY		
ANTIHYPERLIPIDEMICS		
atorvastatin calcium oral tablet 10 mg, 20 mg	Tier-1	^ (ACA); QL (90 EA per 90 days)
atorvastatin calcium oral tablet 40 mg, 80 mg	Tier-1	^ (ACA)
colesevelam hcl oral packet	Tier-3	
colesevelam hcl oral tablet	Tier-3	
colestipol hcl oral packet	Tier-1	
colestipol hcl oral tablet	Tier-1	
EVKEEZA INTRAVENOUS SOLUTION	Medical Benefit	PA
ezetimibe oral tablet	Tier-1	
ezetimibe-simvastatin oral tablet	Tier-2	
fenofibrate micronized oral capsule 130 mg	Tier-2	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	Tier-1	
fenofibrate oral capsule 150 mg, 50 mg	Tier-2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Tier-1	
fenofibric acid oral capsule delayed release	Tier-1	
fenofibric acid oral tablet 105 mg	Tier-1	
fluvastatin sodium er oral tablet extended release 24 hour	Tier-2	^ (ACA); QL (90 EA per 90 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
fluvastatin sodium oral capsule	Tier-1	^ (ACA); QL (90 EA per 90 days)
gemfibrozil oral tablet	Tier-1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier-4	PA; QL (30 Capsules per 30 days)
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
lovastatin oral tablet	Tier-1	^ (ACA); QL (90 EA per 90 days)
niacin er (antihyperlipidemic) oral tablet extended release	Tier-2	
NIACOR ORAL TABLET	Tier-1	
omega-3-acid ethyl esters oral capsule	Tier-2	
pravastatin sodium oral tablet	Tier-1	^ (ACA); QL (90 EA per 90 days)
PREVALITE ORAL POWDER	Tier-1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-2	PA; # (Preferred product); QL (1 System per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; # (Preferred product); QL (2 Syringes per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; # (Preferred product); QL (2 Autoinjectors per 28 days)
rosuvastatin calcium oral tablet 10 mg, 5 mg	Tier-2	^ (ACA); QL (90 EA per 90 days)
rosuvastatin calcium oral tablet 20 mg, 40 mg	Tier-2	^ (ACA)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier-1	^ (ACA); QL (90 EA per 90 days)
simvastatin oral tablet 80 mg	Tier-1	^ (ACA)
VASCEPA ORAL CAPSULE	Tier-2	PA
ANTIHYPERTENSIVES		
aliskiren fumarate oral tablet	Tier-2	
amlodipine besy-benazepril hcl oral capsule	Tier-1	
amlodipine besylate-valsartan oral tablet	Tier-1	
amlodipine-olmesartan oral tablet	Tier-2	
atenolol-chlorthalidone oral tablet	Tier-1	
benazepril hcl oral tablet	Tier-1	^ (LCG)
benazepril-hydrochlorothiazide oral tablet	Tier-1	
bisoprolol-hydrochlorothiazide oral tablet	Tier-1	^ (LCG)
candesartan cilexetil oral tablet	Tier-2	
candesartan cilexetil-hctz oral tablet	Tier-2	
captopril oral tablet	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
clonidine hcl oral tablet	Tier-1	^ (LCG)
doxazosin mesylate oral tablet	Tier-1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 50-12.5 MG	Tier-3	
enalapril maleate oral tablet	Tier-1	
enalapril-hydrochlorothiazide oral tablet	Tier-1	
eplerenone oral tablet	Tier-2	
fosinopril sodium oral tablet	Tier-1	
fosinopril sodium-hctz oral tablet	Tier-1	
guanfacine hcl oral tablet	Tier-1	^ (LCG)
hydralazine hcl oral tablet	Tier-1	
irbesartan oral tablet	Tier-1	
irbesartan-hydrochlorothiazide oral tablet	Tier-1	
lisinopril oral tablet	Tier-1	
lisinopril-hydrochlorothiazide oral tablet	Tier-1	
losartan potassium oral tablet	Tier-1	^ (LCG)
losartan potassium-hctz oral tablet	Tier-1	^ (LCG)
methyldopa oral tablet	Tier-1	
metoprolol-hydrochlorothiazide oral tablet	Tier-1	
metyrosine oral capsule	Tier-2	
minoxidil oral tablet	Tier-1	
moexipril hcl oral tablet	Tier-1	
olmesartan medoxomil oral tablet	Tier-2	
olmesartan medoxomil-hctz oral tablet	Tier-2	
olmesartan-amlodipine-hctz oral tablet	Tier-2	
perindopril erbumine oral tablet	Tier-1	
phenoxybenzamine hcl oral capsule	Tier-1	
prazosin hcl oral capsule	Tier-1	
quinapril hcl oral tablet	Tier-1	^ (LCG)
quinapril-hydrochlorothiazide oral tablet	Tier-1	
ramipril oral capsule	Tier-1	^ (LCG)
telmisartan oral tablet	Tier-1	
telmisartan-amlodipine oral tablet	Tier-2	
telmisartan-hctz oral tablet	Tier-2	
terazosin hcl oral capsule	Tier-1	
trandolapril oral tablet	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
trandolapril-verapamil hcl er oral tablet extended release	Tier-1	
valsartan oral tablet	Tier-1	
valsartan-hydrochlorothiazide oral tablet	Tier-1	
VECAMYL ORAL TABLET	Tier-3	
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO ORAL TABLET DELAYED RELEASE	Tier-3	QL (12 tablets per 1 Fill)
ALINIA ORAL SUSPENSION RECONSTITUTED	Tier-3	
atovaquone oral suspension	Tier-2	
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier-4	
clindamycin hcl oral capsule	Tier-1	
clindamycin palmitate hcl oral solution reconstituted	Tier-1	
dapsone oral tablet	Tier-1	
FIRVANQ ORAL SOLUTION RECONSTITUTED	Tier-3	QL (2 ML per 10 days)
fosfomycin tromethamine oral packet	Tier-2	
IMPAVIDO ORAL CAPSULE	Tier-2	
LAMPIT ORAL TABLET	Tier-3	
linezolid oral suspension reconstituted	Tier-3	
linezolid oral tablet	Tier-2	
MACRODANTIN ORAL CAPSULE 25 MG	Tier-3	
methenamine hippurate oral tablet	Tier-1	
metronidazole oral capsule	Tier-3	
metronidazole oral tablet	Tier-1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	Tier-3	
nitazoxanide oral tablet	Tier-2	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier-1	
nitrofurantoin monohyd macro oral capsule	Tier-1	
nitrofurantoin oral suspension	Tier-3	
SIVEXTRO ORAL TABLET	Tier-3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
sulfamethoxazole-trimethoprim oral tablet	Tier-1	^ (LCG)
tinidazole oral tablet	Tier-1	
trimethoprim oral tablet	Tier-1	
URIBEL ORAL CAPSULE	Tier-1	
vancomycin hcl oral capsule	Tier-2	
XENLETA INTRAVENOUS SOLUTION	Medical Benefit	
XENLETA ORAL TABLET	Tier-3	
XIFAXAN ORAL TABLET 200 MG	Tier-2	PA; QL (9 TABLETS per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier-2	PA; QL (60 TABLETS per 30 days)
ANTIMALARIALS		
atovaquone-proguanil hcl oral tablet	Tier-2	
chloroquine phosphate oral tablet	Tier-1	¥ (Coverage is limited to 28 tablets when used for treatment of COVID infection)
COARTEM ORAL TABLET	Tier-2	QL (24 tablets per 90 Days)
hydroxychloroquine sulfate oral tablet 200 mg	Tier-1	¥ (Coverage is limited to 28 tablets when used for treatment of COVID infection)
KRINTAFEL ORAL TABLET	Tier-1	
mefloquine hcl oral tablet	Tier-1	
primaquine phosphate oral tablet 26.3 (15 base) mg	Tier-2	
quinine sulfate oral capsule	Tier-2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE ORAL TABLET	Tier-4	PA
pyridostigmine bromide er oral tablet extended release	Tier-2	
pyridostigmine bromide oral tablet	Tier-1	
ANTIMYCOBACTERIAL AGENTS		
cycloserine oral capsule	Tier-1	
ethambutol hcl oral tablet	Tier-1	
isoniazid oral syrup	Tier-1	
isoniazid oral tablet 100 mg	Tier-1	
isoniazid oral tablet 300 mg	Tier-1	^ (LCG)
PASER ORAL PACKET	Tier-3	
pretomanid oral tablet	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
PRIFTIN ORAL TABLET	Tier-2	
pyrazinamide oral tablet	Tier-1	
rifabutin oral capsule	Tier-2	
rifampin oral capsule	Tier-1	
SIRTURO ORAL TABLET	Tier-2	PA
TRECATOR ORAL TABLET	Tier-3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
abiraterone acetate oral tablet	Tier-4	PA; ^ (CM)
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	Medical Benefit	PA
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier-4	PA
ALECensa ORAL CAPSULE	Tier-4	PA; ^ (CM)
ALUNBRIG ORAL TABLET	Tier-4	PA; ^ (CM)
ALUNBRIG ORAL TABLET THERAPY PACK	Tier-4	PA; ^ (CM)
ALYMSYS INTRAVENOUS SOLUTION	Medical Benefit	PA
anastrozole oral tablet	Tier-1	^ (CM); May be covered at no copayment for members 35 and older
AYVAKIT ORAL TABLET	Tier-4	PA; ^ (CM)
BALVERSA ORAL TABLET	Tier-4	PA; ^ (CM)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; ^ (CM)
bexarotene oral capsule	Tier-4	^ (CM)
bicalutamide oral tablet	Tier-1	^ (CM)
BOSULIF ORAL TABLET	Tier-4	PA; ^ (CM)
BRAFTOVI ORAL CAPSULE 75 MG	Tier-4	PA; ^ (CM)
BRUKINSA ORAL CAPSULE	Tier-4	PA; ^ (CM)
CABOMETYX ORAL TABLET	Tier-4	PA; ^ (CM)
CALQUENCE ORAL CAPSULE	Tier-4	PA; ^ (CM)
CALQUENCE ORAL TABLET	Tier-4	PA; ^ (CM)
capecitabine oral tablet	Tier-1	^ (CM)
CAPRELSA ORAL TABLET	Tier-4	PA; ^ (CM)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier-4	PA; ^ (CM)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier-4	PA; ^ (CM)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier-4	PA; ^ (CM)
COPIKTRA ORAL CAPSULE	Tier-4	PA; ^ (CM)
COSELA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
COTELLIC ORAL TABLET	Tier-4	PA; ^ (CM)
cyclophosphamide oral capsule	Tier-2	^ (CM)
DAURISMO ORAL TABLET	Tier-4	PA; ^ (CM)
EMCYT ORAL CAPSULE	Tier-4	^ (CM)
ERIVEDGE ORAL CAPSULE	Tier-4	PA; ^ (CM)
erlotinib hcl oral tablet	Tier-4	^ (CM)
etoposide oral capsule	Tier-4	^ (CM)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier-4	PA; ^ (CM)
everolimus oral tablet soluble	Tier-4	PA; ^ (CM)
exemestane oral tablet	Tier-1	^ (CM)
EXKIVITY ORAL CAPSULE	Tier-4	PA; ^ (CM)
flutamide oral capsule	Tier-1	^ (CM)
FOTIVDA ORAL CAPSULE	Tier-4	PA; ^ (CM)
GAVRETO ORAL CAPSULE	Tier-4	PA; ^ (CM)
GILOTRIF ORAL TABLET	Tier-4	PA; ^ (CM)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier-3	^ (CM)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	Medical Benefit	PA
HYCAMTIN ORAL CAPSULE	Tier-4	PA; ^ (CM)
hydroxyurea oral capsule	Tier-1	^ (CM)
IBRANCE ORAL CAPSULE	Tier-4	PA; ^ (CM)
IBRANCE ORAL TABLET	Tier-4	PA; ^ (CM)
ICLUSIG ORAL TABLET	Tier-4	PA; ^ (CM)
IDHIFA ORAL TABLET	Tier-4	PA; ^ (CM)
imatinib mesylate oral tablet	Tier-4	^ (CM)
IMBRUVICA ORAL CAPSULE	Tier-4	PA; ^ (CM)
IMBRUVICA ORAL SUSPENSION	Tier-4	PA; ^ (CM)
IMBRUVICA ORAL TABLET	Tier-4	PA; ^ (CM)
INLYTA ORAL TABLET	Tier-4	PA; ^ (CM)
INQOVI ORAL TABLET	Tier-4	PA; ^ (CM)
INREBIC ORAL CAPSULE	Tier-4	PA; ^ (CM)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier-4	
IRESSA ORAL TABLET	Tier-2	PA; ^ (CM)
JAKAFI ORAL TABLET	Tier-4	PA; ^ (CM)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier-4	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier-4	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier-4	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier-4	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier-4	PA
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	Tier-4	PA
KOSELUGO ORAL CAPSULE	Tier-4	PA; ^ (CM)
lapatinib ditosylate oral tablet	Tier-4	PA; ^ (CM)
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 (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-4	PA; ^ (CM)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-4	PA; ^ (CM)
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)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-4	PA; ^ (CM)
letrozole oral tablet	Tier-1	^ (CM)
leucovorin calcium oral tablet	Tier-1	^ (CM)
LEUKERAN ORAL TABLET	Tier-4	^ (CM)
leuprolide acetate injection kit	Tier-1	# (Lupron Depot and Lupron Depot-Ped are covered under the medical benefit)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
LONSURF ORAL TABLET	Tier-4	PA; ^ (CM)
LORBRENA ORAL TABLET	Tier-4	PA; ^ (CM)
LUMAKRAS ORAL TABLET	Tier-4	PA; ^ (CM)
LYNPARZA ORAL TABLET	Tier-4	PA; ^ (CM)
LYSODREN ORAL TABLET	Tier-4	^ (CM)
MATULANE ORAL CAPSULE	Tier-4	^ (CM)
megestrol acetate oral suspension 40 mg/ml	Tier-1	
megestrol acetate oral tablet	Tier-1	^ (CM)
MEKINIST ORAL TABLET	Tier-4	PA; ^ (CM)
MEKTOVI ORAL TABLET	Tier-4	PA; ^ (CM)
melphalan oral tablet	Tier-2	^ (CM)
mercaptopurine oral tablet	Tier-1	
MESNEX ORAL TABLET	Tier-4	^ (CM)
methotrexate oral tablet	Tier-1	
MYLERAN ORAL TABLET	Tier-4	^ (CM)
NERLYNX ORAL TABLET	Tier-4	PA; ^ (CM)
nilutamide oral tablet	Tier-4	^ (CM)
NINLARO ORAL CAPSULE	Tier-4	PA; ^ (CM)
ODOMZO ORAL CAPSULE	Tier-4	PA; ^ (CM)
OPDUALAG INTRAVENOUS SOLUTION	Medical Benefit	PA
ORGOVYX ORAL TABLET	Tier-4	PA
PEMAZYRE ORAL TABLET	Tier-4	PA; ^ (CM)
PHESGO SUBCUTANEOUS SOLUTION	Medical Benefit	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-4	PA; ^ (CM)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-4	PA; ^ (CM)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-4	PA; ^ (CM)
POMALYST ORAL CAPSULE	Tier-4	PA; ^ (CM)
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
PURIXAN ORAL SUSPENSION	Tier-3	
QINLOCK ORAL TABLET	Tier-4	PA; ^ (CM)
RETEVMO ORAL CAPSULE	Tier-4	PA; ^ (CM)
RIABNI INTRAVENOUS SOLUTION	Medical Benefit	PA
RITUXAN INTRAVENOUS SOLUTION	Medical Benefit	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
ROZLYTREK ORAL CAPSULE	Tier-4	PA; ^ (CM)
RUBRACA ORAL TABLET	Tier-4	PA; ^ (CM)
RUXIENCE INTRAVENOUS SOLUTION	Medical Benefit	PA
RYDAPT ORAL CAPSULE	Tier-4	PA; ^ (CM)
SCEMBLIX ORAL TABLET	Tier-4	PA; ^ (CM)
SOLTAMOX ORAL SOLUTION	Tier-2	^ (CM)
sorafenib tosylate oral tablet	Tier-4	PA; ^ (CM)
SPRYCEL ORAL TABLET	Tier-4	PA; ^ (CM)
STIVARGA ORAL TABLET	Tier-4	PA; ^ (CM)
TABLOID ORAL TABLET	Tier-2	^ (CM)
TABRECTA ORAL TABLET	Tier-4	PA; ^ (CM)
TAFINLAR ORAL CAPSULE	Tier-4	PA; ^ (CM)
TAGRISSO ORAL TABLET	Tier-4	PA; ^ (CM)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier-4	PA; ^ (CM)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	Tier-4	PA; SP; ^ (CM)
tamoxifen citrate oral tablet	Tier-1	^ (CM)
TASIGNA ORAL CAPSULE	Tier-4	PA; ^ (CM)
TAZVERIK ORAL TABLET	Tier-4	PA; ^ (CM)
temozolomide oral capsule	Tier-2	^ (CM)
TEPMETKO ORAL TABLET	Tier-4	PA; ^ (CM)
TIBSOVO ORAL TABLET	Tier-4	PA; ^ (CM)
toremifene citrate oral tablet	Tier-2	^ (CM)
tretinoin oral capsule	Tier-4	^ (CM)
TREXALL ORAL TABLET	Tier-2	
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-4	PA; ^ (CM)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-4	PA; ^ (CM)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-4	PA; ^ (CM)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-4	PA; ^ (CM)
TRUXIMA INTRAVENOUS SOLUTION	Medical Benefit	PA
TUKYSA ORAL TABLET	Tier-4	PA; ^ (CM)
TURALIO ORAL CAPSULE	Tier-4	PA; ^ (CM)
VENCLEXTA ORAL TABLET	Tier-4	PA; ^ (CM)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier-4	PA; ^ (CM)
VERZENIO ORAL TABLET	Tier-4	PA; ^ (CM)
VITRAKVI ORAL CAPSULE	Tier-4	PA; ^ (CM)
VITRAKVI ORAL SOLUTION	Tier-4	PA; ^ (CM)
VIZIMPRO ORAL TABLET	Tier-4	PA; ^ (CM)
VONJO ORAL CAPSULE	Tier-4	PA; ^ (CM)
VOTRIENT ORAL TABLET	Tier-4	PA; ^ (CM)
WELIREG ORAL TABLET	Tier-4	PA; ^ (CM)
XALKORI ORAL CAPSULE	Tier-4	PA; ^ (CM)
XATMEP ORAL SOLUTION	Tier-3	PA; ^ (CM)
XOSPATA ORAL TABLET	Tier-4	PA; ^ (CM)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier-4	PA; ^ (CM)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier-4	PA; ^ (CM)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier-4	PA; ^ (CM)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Tier-4	PA; ^ (CM)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier-4	PA; ^ (CM)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier-4	PA; ^ (CM)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier-4	PA; ^ (CM)
XTANDI ORAL CAPSULE	Tier-4	PA; ^ (CM)
XTANDI ORAL TABLET	Tier-4	PA; ^ (CM)
ZEJULA ORAL CAPSULE	Tier-4	PA; ^ (CM)
ZELBORA ORAL TABLET	Tier-4	PA; ^ (CM)
ZOLINZA ORAL CAPSULE	Tier-4	PA; ^ (CM)
ZYDELIG ORAL TABLET	Tier-4	PA; ^ (CM)
ZYKADIA ORAL TABLET	Tier-4	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
amantadine hcl oral capsule	Tier-1	
amantadine hcl oral tablet	Tier-1	
apomorphine hcl subcutaneous solution cartridge	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
benztropine mesylate oral tablet 0.5 mg, 1 mg	Tier-1	^ (LCG)
benztropine mesylate oral tablet 2 mg	Tier-1	
bromocriptine mesylate oral capsule	Tier-2	
bromocriptine mesylate oral tablet	Tier-2	
carbidopa oral tablet	Tier-2	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Tier-1	
carbidopa-levodopa oral tablet	Tier-1	
carbidopa-levodopa oral tablet dispersible	Tier-1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Tier-2	
DUOPA ENTERAL SUSPENSION	Tier-2	
entacapone oral tablet	Tier-1	
INBRIJA INHALATION CAPSULE	Tier-3	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR	Tier-3	
NOURIANZ ORAL TABLET	Tier-3	PA; QL (30 tablets per 30 days)
ONGENTYS ORAL CAPSULE	Tier-3	PA; QL (30 EA per 30 days)
pramipexole dihydrochloride er oral tablet extended release 24 hour	Tier-2	
pramipexole dihydrochloride oral tablet	Tier-1	
rasagiline mesylate oral tablet	Tier-2	
ropinirole hcl er oral tablet extended release 24 hour	Tier-1	
ropinirole hcl oral tablet	Tier-1	
selegiline hcl oral capsule	Tier-1	
selegiline hcl oral tablet	Tier-1	
tolcapone oral tablet	Tier-1	
trihexyphenidyl hcl oral tablet	Tier-1	
XADAGO ORAL TABLET	Tier-3	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET	Tier-3	PA; QL (30 tablets per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	Tier-3	PA; QL (30 tablets per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
ABILIFY MYCITE STARTER KIT ORAL TABLET	Tier-3	PA; QL (30 tablets per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	Tier-3	PA; QL (30 tablets per 30 days)
aripiprazole oral solution	Tier-2	STPA
aripiprazole oral tablet	Tier-1	STPA
aripiprazole oral tablet dispersible	Tier-2	STPA
CAPLYTA ORAL CAPSULE 42 MG	Tier-3	STPA
chlorpromazine hcl oral tablet	Tier-2	
clozapine oral tablet	Tier-1	
clozapine oral tablet dispersible	Tier-1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
fluphenazine hcl oral concentrate	Tier-1	
fluphenazine hcl oral elixir	Tier-1	
fluphenazine hcl oral tablet	Tier-2	
haloperidol lactate oral concentrate	Tier-1	
haloperidol oral tablet	Tier-1	
LATUDA ORAL TABLET	Tier-2	STPA
lithium carbonate er oral tablet extended release	Tier-1	
lithium carbonate oral capsule	Tier-1	^ (LCG)
lithium carbonate oral tablet	Tier-1	
loxapine succinate oral capsule	Tier-1	
NUPLAZID ORAL CAPSULE	Tier-4	PA; QL (30 capsules per 30 days)
NUPLAZID ORAL TABLET 10 MG	Tier-4	PA; QL (60 tablets per 30 days)
olanzapine oral tablet	Tier-1	
olanzapine oral tablet dispersible	Tier-1	STPA
paliperidone er oral tablet extended release 24 hour	Tier-2	STPA
perphenazine oral tablet	Tier-1	
prochlorperazine maleate oral tablet	Tier-1	^ (LCG)
prochlorperazine rectal suppository	Tier-1	
quetiapine fumarate er oral tablet extended release 24 hour	Tier-2	STPA
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier-1	
REXULTI ORAL TABLET	Tier-3	STPA; QL (1 tablet per 1 day)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
risperidone oral solution	Tier-1	
risperidone oral tablet	Tier-1	
risperidone oral tablet dispersible	Tier-1	
SECUADO TRANSDERMAL PATCH 24 HOUR	Tier-3	STPA
thioridazine hcl oral tablet	Tier-1	
thiothixene oral capsule	Tier-1	
trifluoperazine hcl oral tablet	Tier-1	
VERSACLOZ ORAL SUSPENSION	Tier-3	
VRAYLAR ORAL CAPSULE	Tier-3	STPA
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier-3	STPA
ziprasidone hcl oral capsule	Tier-1	
ANTIVIRALS		
abacavir sulfate oral solution	Tier-2	
abacavir sulfate oral tablet	Tier-1	
abacavir sulfate-lamivudine oral tablet	Tier-2	
acyclovir oral capsule	Tier-1	^ (LCG)
acyclovir oral suspension	Tier-2	
acyclovir oral tablet	Tier-1	^ (LCG)
adefovir dipivoxil oral tablet	Tier-1	
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	Medical Benefit	PA
APTIVUS ORAL CAPSULE	Tier-2	
atazanavir sulfate oral capsule	Tier-2	
BARACLUDE ORAL SOLUTION	Tier-2	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier-2	
CIMDUO ORAL TABLET	Tier-2	
COMPLERA ORAL TABLET	Tier-2	
DELSTRIGO ORAL TABLET	Tier-2	
DESCOVY ORAL TABLET 200-25 MG	Tier-2	PA; ^ (ACA)
DOVATO ORAL TABLET	Tier-2	
EDURANT ORAL TABLET	Tier-2	
efavirenz oral capsule	Tier-2	
efavirenz oral tablet	Tier-2	
efavirenz-emtricitab-tenofo df oral tablet	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
efavirenz-emtricitab-tenofovir oral tablet	Tier-2	
efavirenz-lamivudine-tenofovir oral tablet	Tier-2	
emtricitabine oral capsule	Tier-2	
emtricitabine-tenofovir df oral tablet	Tier-2	^ (ACA)
EMTRIVA ORAL SOLUTION	Tier-2	
entecavir oral tablet	Tier-2	
EPCLUSA ORAL PACKET 150-37.5 MG	Tier-4	PA
EPCLUSA ORAL PACKET 200-50 MG	Tier-4	PA; QL (28 EA per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	Tier-4	PA; QL (30 EA per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	Tier-4	PA; ¥ (Generic formulations are non-covered)
EPIVIR HBV ORAL SOLUTION	Tier-2	
EVOTAZ ORAL TABLET	Tier-2	
famciclovir oral tablet	Tier-1	
fosamprenavir calcium oral tablet	Tier-2	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-4	
GENVOYA ORAL TABLET	Tier-2	
HARVONI ORAL PACKET	Tier-4	PA; ¥ (Generic formulations are non-covered)
HARVONI ORAL TABLET	Tier-4	PA; ¥ (Generic formulations are non-covered)
ISENTRESS HD ORAL TABLET	Tier-2	
ISENTRESS ORAL PACKET	Tier-2	
ISENTRESS ORAL TABLET	Tier-2	
ISENTRESS ORAL TABLET CHEWABLE	Tier-2	
JULUCA ORAL TABLET	Tier-2	
lamivudine oral solution	Tier-1	
lamivudine oral tablet	Tier-1	
lamivudine-zidovudine oral tablet	Tier-1	
LEXIVA ORAL SUSPENSION	Tier-2	
LIVTENCITY ORAL TABLET	Tier-3	PA; QL (4 EA per 1 day)
lopinavir-ritonavir oral solution	Tier-2	
lopinavir-ritonavir oral tablet	Tier-2	
maraviroc oral tablet	Tier-2	
MAVYRET ORAL PACKET	Tier-4	PA
nevirapine er oral tablet extended release 24 hour	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
nevirapine oral suspension	Tier-1	
nevirapine oral tablet	Tier-1	
NORVIR ORAL PACKET	Tier-2	
NORVIR ORAL SOLUTION	Tier-2	
ODEFSEY ORAL TABLET	Tier-2	
oseltamivir phosphate oral capsule	Tier-2	¥ (2 fills per 365 days); QL (10 EA per 1 Fill)
oseltamivir phosphate oral suspension reconstituted	Tier-2	¥ (2 fills per 365 days); QL (180 ML per 1 Fill)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier-4	
PIFELTRO ORAL TABLET	Tier-2	
PREVYMIS INTRAVENOUS SOLUTION	Medical Benefit	PA
PREVYMIS ORAL TABLET	Tier-4	PA
PREZCOBIX ORAL TABLET	Tier-2	
PREZISTA ORAL SUSPENSION	Tier-2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Tier-2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (20 UNITS per 365 Days)
REYATAZ ORAL PACKET	Tier-2	
ribavirin oral capsule	Tier-1	
ribavirin oral tablet 200 mg	Tier-1	
rimantadine hcl oral tablet	Tier-1	
ritonavir oral tablet	Tier-2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-2	
SELZENTRY ORAL SOLUTION	Tier-2	
stavudine oral capsule	Tier-1	
STRIBILD ORAL TABLET	Tier-2	
SYMTUZA ORAL TABLET	Tier-2	
tenofovir disoproxil fumarate oral tablet	Tier-2	
TIVICAY ORAL TABLET	Tier-2	
TIVICAY PD ORAL TABLET SOLUBLE	Tier-2	
TRIUMEQ ORAL TABLET	Tier-2	
TRIUMEQ PD ORAL TABLET SOLUBLE	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
TYBOST ORAL TABLET	Tier-2	
valacyclovir hcl oral tablet	Tier-1	
VALCYTE ORAL TABLET	Tier-2	
valganciclovir hcl oral solution reconstituted	Tier-2	
valganciclovir hcl oral tablet	Tier-2	
VEMLIDY ORAL TABLET	Tier-2	
VIRACEPT ORAL TABLET	Tier-2	
VIREAD ORAL POWDER	Tier-2	
VOSEVI ORAL TABLET	Tier-4	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG	Tier-3	¥ (2 fills per 365 days); QL (2 tablets Max Qty Per Fill Retail)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier-3	¥ (2 fills per 365 days); QL (2 tablets Max Qty Per Fill Retail)
zidovudine oral capsule	Tier-1	
zidovudine oral syrup	Tier-1	
zidovudine oral tablet	Tier-1	
BETA BLOCKERS		
acebutolol hcl oral capsule	Tier-1	
atenolol oral tablet	Tier-1	^ (LCG)
betaxolol hcl oral tablet	Tier-1	
bisoprolol fumarate oral tablet	Tier-1	
carvedilol oral tablet	Tier-1	^ (LCG)
carvedilol phosphate er oral capsule extended release 24 hour	Tier-2	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	
labetalol hcl oral tablet	Tier-1	
metoprolol succinate er oral tablet extended release 24 hour	Tier-1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Tier-1	^ (LCG)
metoprolol tartrate oral tablet 37.5 mg, 75 mg	Tier-3	
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier-2	
nebivolol hcl oral tablet	Tier-2	
pindolol oral tablet	Tier-1	
propranolol hcl er oral capsule extended release 24 hour	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
propranolol hcl oral solution	Tier-1	
propranolol hcl oral tablet	Tier-1	^ (LCG)
sotalol hcl oral tablet	Tier-1	
SOTYLIZE ORAL SOLUTION	Tier-3	
timolol maleate oral tablet	Tier-1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate oral tablet	Tier-1	^ (LCG)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-1	
diltiazem hcl er beads oral capsule extended release 24 hour	Tier-1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	Tier-1	
diltiazem hcl er coated beads oral tablet extended release 24 hour	Tier-1	
diltiazem hcl er oral capsule extended release 12 hour	Tier-1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg	Tier-1	
diltiazem hcl oral tablet	Tier-1	
dilt-xr oral capsule extended release 24 hour	Tier-1	
felodipine er oral tablet extended release 24 hour	Tier-1	
isradipine oral capsule	Tier-1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-1	
nicardipine hcl oral capsule	Tier-1	
nifedipine er oral tablet extended release 24 hour	Tier-1	
nifedipine er osmotic release oral tablet extended release 24 hour	Tier-1	
nifedipine oral capsule	Tier-1	
nimodipine oral capsule	Tier-2	
nisoldipine er oral tablet extended release 24 hour	Tier-1	
NYMALIZE ORAL SOLUTION 6 MG/ML	Tier-3	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-1	
verapamil hcl er oral capsule extended release 24 hour	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	Tier-1	
verapamil hcl oral tablet	Tier-1	
CARDIOTONICS		
digoxin oral solution	Tier-1	
digoxin oral tablet 125 mcg, 250 mcg	Tier-1	
LANOXIN ORAL TABLET 62.5 MCG	Tier-3	
CARDIOVASCULAR AGENTS - MISC.		
ADEMPAS ORAL TABLET	Tier-4	PA
ambrisentan oral tablet	Tier-4	PA
amlodipine-atorvastatin oral tablet	Tier-2	
bosentan oral tablet	Tier-4	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG	Tier-3	
CORLANOR ORAL TABLET	Tier-2	
EDEX INTRACAVERNOSAL KIT	Tier-3	
ENTRESTO ORAL TABLET	Tier-2	
epoprostenol sodium intravenous solution reconstituted	Medical Benefit	PA; SI
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
isosorb dinitrate-hydralazine oral tablet	Tier-2	
MUSE URETHRAL PELLET 1000 MCG, 250 MCG, 500 MCG	Tier-3	
OPSUMIT ORAL TABLET	Tier-4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE	Tier-4	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	Medical Benefit	PA; SI
sildenafil citrate oral suspension reconstituted	Tier-1	PA
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	Tier-2	QL (4 EA per 30 days)
sildenafil citrate oral tablet 20 mg	Tier-1	PA
tadalafil (pah) oral tablet	Tier-2	PA
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg	Tier-2	QL (4 Tablets per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
tadalafil oral tablet 5 mg	Tier-2	PA; ¥ (PA only applies for diagnosis of Symptomatic Benign Prostatic Hyperplasia (BPH).); QL (30 Tablets per 30 days)
TRACLEER ORAL TABLET SOLUBLE	Tier-4	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER	Tier-4	PA
TYVASO DPI TITRATION KIT INHALATION POWDER	Tier-4	PA
TYVASO INHALATION SOLUTION	Medical Benefit	PA; SI
TYVASO REFILL INHALATION SOLUTION	Medical Benefit	PA; SI
TYVASO STARTER INHALATION SOLUTION	Medical Benefit	PA; SI
UPTRAVI ORAL TABLET	Tier-3	PA
UPTRAVI ORAL TABLET THERAPY PACK	Tier-3	PA
vardenafil hcl oral tablet	Tier-2	QL (4 tablets per 30 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
VENTAVIS INHALATION SOLUTION	Medical Benefit	PA; SI
VERQUVO ORAL TABLET	Tier-2	
VYNDAMAX ORAL CAPSULE	Tier-4	PA; QL (30 capsules per 30 days)
VYNDAQEL ORAL CAPSULE	Tier-4	PA; QL (120 capsules per 30 days)
CEPHALOSPORINS		
cefaclor er oral tablet extended release 12 hour	Tier-2	
cefaclor oral capsule	Tier-1	
cefaclor oral suspension reconstituted	Tier-1	
cefadroxil oral capsule	Tier-1	^ (LCG)
cefadroxil oral suspension reconstituted	Tier-1	
cefadroxil oral tablet	Tier-1	
cefdinir oral capsule	Tier-1	
cefdinir oral suspension reconstituted	Tier-1	
cefixime oral capsule	Tier-2	
cefixime oral suspension reconstituted	Tier-2	
cefpodoxime proxetil oral suspension reconstituted	Tier-2	
cefpodoxime proxetil oral tablet	Tier-2	
cefprozil oral suspension reconstituted	Tier-1	
cefprozil oral tablet	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
cefuroxime axetil oral tablet	Tier-1	
cephalexin oral capsule 250 mg, 500 mg	Tier-1	^ (LCG)
cephalexin oral capsule 750 mg	Tier-1	
cephalexin oral suspension reconstituted	Tier-1	
cephalexin oral tablet	Tier-2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	Tier-3	
SUPRAX ORAL TABLET CHEWABLE	Tier-3	
CONTRACEPTIVES		
AMETHIA ORAL TABLET	Tier-1	^ (WH)
AMETHYST ORAL TABLET	Tier-1	^ (WH)
ANNOVERA VAGINAL RING	Tier-3	^ (WH); QL (1 Ring per 1 Year)
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	^ (WH)
BALZIVA ORAL TABLET	Tier-1	^ (WH)
BEYAZ ORAL TABLET	Tier-3	PA; ^ (WH)
CAMILA ORAL TABLET	Tier-1	^ (WH)
CAMRESE LO ORAL TABLET	Tier-1	^ (WH)
CAMRESE ORAL TABLET	Tier-1	^ (WH)
CRYSELLE-28 ORAL TABLET	Tier-1	^ (WH)
drospirene-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	Tier-1	^ (WH)
drospirenone-ethinyl estradiol oral tablet	Tier-1	^ (WH)
ELLA ORAL TABLET	Tier-3	^ (WH)
ELURYNG VAGINAL RING	Tier-1	
ENPRESSE-28 ORAL TABLET	Tier-1	^ (WH)
ERRIN ORAL TABLET	Tier-1	^ (WH)
ethynodiol diac-eth estradiol oral tablet	Tier-1	^ (WH)
etonogestrel-ethinyl estradiol vaginal ring	Tier-1	
FAYOSIM ORAL TABLET	Tier-1	^ (WH)
GENERESS FE ORAL TABLET CHEWABLE	Tier-3	PA; ^ (WH)
JOLESSA ORAL TABLET	Tier-1	^ (WH)
JUNEL 1.5/30 ORAL TABLET	Tier-1	^ (WH)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
JUNEL 1/20 ORAL TABLET	Tier-1	^ (WH)
JUNEL FE 1.5/30 ORAL TABLET	Tier-1	^ (WH)
JUNEL FE 1/20 ORAL TABLET	Tier-1	^ (WH)
KARIVA ORAL TABLET	Tier-1	^ (WH)
KELNOR 1/35 ORAL TABLET	Tier-1	^ (WH)
KELNOR 1/50 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-2	^ (WH)
LOESTRIN 1.5/30 (21) ORAL TABLET	Tier-1	^ (WH)
LOESTRIN 1/20 (21) ORAL TABLET	Tier-1	^ (WH)
LOESTRIN FE 1.5/30 ORAL TABLET	Tier-1	^ (WH)
LOESTRIN FE 1/20 ORAL TABLET	Tier-1	^ (WH)
LOSEASONIQUE ORAL TABLET	Tier-3	PA; ^ (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)
MINASTRIN 24 FE ORAL TABLET CHEWABLE	Tier-3	PA; ^ (WH)
MIRCETTE ORAL TABLET	Tier-3	PA; ^ (WH)
NATAZIA ORAL TABLET	Tier-2	^ (WH)
NECON 0.5/35 (28) ORAL TABLET	Tier-3	^ (WH)
NECON 1/35 (28) ORAL TABLET	Tier-1	^ (WH)
NEXTSTELLIS ORAL TABLET	Tier-3	^ (ACA)
NORA-BE ORAL TABLET	Tier-1	^ (WH)
norethin ace-eth estrad-fe oral capsule	Tier-1	^ (WH)
norethin ace-eth estrad-fe oral tablet chewable	Tier-1	^ (WH)
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	Tier-1	^ (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)
NUVARING VAGINAL RING	Tier-3	PA; ^ (WH)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
OCELLA ORAL TABLET	Tier-1	^ (WH)
ORSYTHIA ORAL TABLET	Tier-1	^ (WH)
ORTHO TRI-CYCLEN LO ORAL TABLET	Tier-3	PA; ^ (WH)
PLAN B ONE-STEP ORAL TABLET	Tier-3	^ (WH)
PORTIA-28 ORAL TABLET	Tier-1	^ (WH)
QUARTETTE ORAL TABLET	Tier-3	PA; ^ (WH)
RECLIPSEN ORAL TABLET	Tier-1	^ (WH)
SAFYRAL ORAL TABLET	Tier-3	PA; ^ (WH)
SEASONIQUE ORAL TABLET	Tier-3	PA; ^ (WH)
SLYND ORAL TABLET	Tier-3	^ (WH)
SPRINTEC 28 ORAL TABLET	Tier-1	^ (WH)
TAYTULLA ORAL CAPSULE	Tier-3	PA; ^ (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)
TRI-SPRINTEC ORAL TABLET	Tier-1	^ (WH)
TRIVORA (28) ORAL TABLET	Tier-1	^ (WH)
TWIRLA TRANSDERMAL PATCH WEEKLY	Tier-3	^ (WH)
VELIVET ORAL TABLET	Tier-1	^ (WH)
WYMZYA FE ORAL TABLET CHEWABLE	Tier-1	^ (WH)
XULANE TRANSDERMAL PATCH WEEKLY	Tier-1	^ (WH)
YASMIN 28 ORAL TABLET	Tier-3	PA; ^ (WH)
YAZ ORAL TABLET	Tier-3	PA; ^ (WH)

CORTICOSTEROIDS

budesonide er oral tablet extended release 24 hour	Tier-2	
dexamethasone oral elixir	Tier-1	
dexamethasone oral tablet	Tier-1	
dexamethasone oral tablet therapy pack	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)
fludrocortisone acetate oral tablet	Tier-1	
hydrocortisone oral tablet	Tier-1	
MEDROL ORAL TABLET 2 MG	Tier-3	
methylprednisolone oral tablet	Tier-1	
MILLIPRED ORAL TABLET	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
prednisolone oral solution	Tier-1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml	Tier-1	
prednisolone sodium phosphate oral tablet dispersible	Tier-2	
PREDNISONE INTENSOL ORAL CONCENTRATE	Tier-3	
prednisone oral solution	Tier-1	
prednisone oral tablet	Tier-1	^ (LCG)
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21)	Tier-1	
COUGH/COLD/ALLERGY		
acetylcysteine inhalation solution	Tier-1	
benzonatate oral capsule 100 mg	Tier-1	^ (LCG)
benzonatate oral capsule 150 mg, 200 mg	Tier-1	
coditussin ac oral liquid	Tier-1	QL (60 ML per 1 day)
coditussin dac oral liquid	Tier-1	QL (40 ML per 1 day)
guaiatussin ac oral syrup	Tier-1	
guaifenesin ac oral syrup	Tier-1	
guaifenesin-codeine oral solution	Tier-1	
hydrocod polst-cpm polst er oral suspension extended release	Tier-1	QL (10 ML per 1 day)
hydrocodone bit-homatrop mbr oral solution	Tier-1	
hydrocodone bit-homatrop mbr oral tablet	Tier-1	
hydromet oral solution	Tier-1	QL (30 ML per 1 day)
MAR-COF CG EXPECTORANT ORAL LIQUID	Tier-1	QL (45 ML per 1 day)
promethazine vc/codeine oral syrup	Tier-1	QL (30 ML per 1 day)
promethazine-codeine oral solution	Tier-1	QL (30 ML per 1 day)
promethazine-dm oral syrup	Tier-1	^ (LCG)
SSKI ORAL SOLUTION	Tier-3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	Tier-3	QL (20 ML per 1 day)
DERMATOLOGICALS		
acitretin oral capsule	Tier-1	
acyclovir external cream	Tier-2	
acyclovir external ointment	Tier-2	QL (1 TUBE per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
adapalene external cream	Tier-3	PA
adapalene external gel	Tier-3	PA
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Tier-2	
ala-cort external cream 1 %	Tier-1	^ (LCG)
alclometasone dipropionate external cream	Tier-1	
alclometasone dipropionate external ointment	Tier-1	
ALTABAX EXTERNAL OINTMENT	Tier-3	
ALTRENO EXTERNAL LOTION	Tier-3	PA; ¥ (PA applies to members 26 and older)
amcinonide external cream	Tier-2	PA
amcinonide external lotion	Tier-2	PA
amcinonide external ointment	Tier-2	PA
ammonium lactate external cream	Tier-1	
ammonium lactate external lotion	Tier-1	
APEXICON E EXTERNAL CREAM	Tier-3	
AVITA EXTERNAL CREAM	Tier-2	PA
AVITA EXTERNAL GEL	Tier-1	PA
azelaic acid external gel	Tier-2	
bacitracin external ointment	Tier-1	
bacitracin zinc external ointment	Tier-1	
bacitracin-polymyxin b external ointment	Tier-1	
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM	Tier-1	
BENZEPRO EXTERNAL FOAM 5.3 %	Tier-3	
BENZEPRO FOAMING CLOTHS EXTERNAL	Tier-3	
benzoyl peroxide-erythromycin external gel	Tier-2	
betamethasone dipropionate aug external cream	Tier-1	
betamethasone dipropionate aug external gel	Tier-1	
betamethasone dipropionate aug external lotion	Tier-1	
betamethasone dipropionate aug external ointment	Tier-1	
betamethasone dipropionate external cream	Tier-1	
betamethasone dipropionate external lotion	Tier-1	
betamethasone dipropionate external ointment	Tier-2	PA
betamethasone valerate external cream	Tier-1	
betamethasone valerate external foam	Tier-2	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
betamethasone valerate external lotion	Tier-1	
betamethasone valerate external ointment	Tier-1	
bexarotene external gel	Tier-4	
BIONECT EXTERNAL CREAM	Tier-3	
BIONECT EXTERNAL GEL	Tier-3	
bp wash external liquid 2.5 %	Tier-3	
calcipotriene external cream	Tier-2	
calcipotriene external ointment	Tier-1	
calcipotriene external solution	Tier-1	
calcipotriene-betameth diprop external ointment	Tier-2	
CALCITRENE EXTERNAL OINTMENT	Tier-3	
calcitriol external ointment	Tier-2	
CAPEX EXTERNAL SHAMPOO	Tier-3	PA
ciclopirox external gel	Tier-1	
ciclopirox external shampoo	Tier-2	
ciclopirox external solution	Tier-1	QL (1 BOTTLE per 30 Days)
ciclopirox olamine external cream	Tier-1	
ciclopirox olamine external suspension	Tier-1	
CLARAVIS ORAL CAPSULE	Tier-3	
CLINDACIN-P EXTERNAL SWAB	Tier-3	
clindamycin phos-benzoyl perox external gel 1.2-5 %	Tier-1	
clindamycin phos-benzoyl perox external gel 1-5 %	Tier-3	
clindamycin phosphate external foam	Tier-3	
clindamycin phosphate external gel	Tier-2	
clindamycin phosphate external lotion	Tier-2	
clindamycin phosphate external solution	Tier-1	
clobetasol propionate e external cream	Tier-2	PA
clobetasol propionate emulsion external foam	Tier-2	PA
clobetasol propionate external cream	Tier-2	PA
clobetasol propionate external foam	Tier-2	PA
clobetasol propionate external gel	Tier-2	PA
clobetasol propionate external liquid	Tier-2	PA
clobetasol propionate external lotion	Tier-2	PA
clobetasol propionate external ointment	Tier-2	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
clobetasol propionate external shampoo	Tier-2	PA
clobetasol propionate external solution	Tier-2	PA
clocortolone pivalate external cream	Tier-2	PA
clotrimazole-betamethasone external cream	Tier-1	
clotrimazole-betamethasone external lotion	Tier-2	
CORDRAN EXTERNAL TAPE	Tier-3	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (2 Syringes per 28 days)
COSENTYX SENSOREADY (300 MG) 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 150 MG/ML	Tier-4	PA; QL (1 Syringe per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Tier-4	PA; QL (1 syringe per 28 days)
CROTAN EXTERNAL LOTION	Tier-2	
dapsone external gel 5 %	Tier-2	
dapsone external gel 7.5 %	Tier-3	
DENAVIR EXTERNAL CREAM	Tier-3	PA
desonide external cream	Tier-2	PA
desonide external gel	Tier-2	
desonide external lotion	Tier-2	PA
desonide external ointment	Tier-2	
desoximetasone external cream	Tier-2	PA
desoximetasone external gel	Tier-2	PA
desoximetasone external ointment	Tier-2	PA
diclofenac sodium external gel 3 %	Tier-3	¥ (Max 90 days per year); QL (200 GM per 30 days)
DIFFERIN GEL 0.1 % EXTERNAL (OTC)	Tier-1	PA; # (OTC)
diflorasone diacetate external cream	Tier-2	PA
diflorasone diacetate external ointment	Tier-2	PA
doxepin hcl external cream	Tier-2	
DRYSOL EXTERNAL SOLUTION	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	Tier-4	PA; QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier-4	PA; QL (2 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Tier-4	PA; QL (4 ML per 28 days)
econazole nitrate external cream	Tier-1	
ELETONE EXTERNAL CREAM	Tier-3	
ERTACZO EXTERNAL CREAM	Tier-3	
ery external pad	Tier-1	
erythromycin external gel	Tier-2	
erythromycin external solution	Tier-1	
EUCRISA EXTERNAL OINTMENT	Tier-3	PA
EXELDERM EXTERNAL CREAM	Tier-3	
EXELDERM EXTERNAL SOLUTION	Tier-3	
FABIOR EXTERNAL FOAM	Tier-3	PA
FINACEA EXTERNAL FOAM	Tier-2	
fluocinolone acetonide body external oil	Tier-2	PA
fluocinolone acetonide external cream	Tier-1	
fluocinolone acetonide external ointment	Tier-1	
fluocinolone acetonide external solution	Tier-2	PA
fluocinolone acetonide scalp external oil	Tier-2	PA
fluocinonide external cream 0.05 %	Tier-1	QL (60 GM per 30 days)
fluocinonide external cream 0.1 %	Tier-2	PA; QL (240 GM per 30 days)
fluocinonide external gel	Tier-2	PA; QL (60 GM per 30 days)
fluocinonide external ointment	Tier-2	PA; QL (60 GM per 30 days)
fluocinonide external solution	Tier-2	PA; QL (60 ML per 30 days)
fluorouracil external cream 0.5 %	Tier-3	
fluorouracil external cream 5 %	Tier-1	
fluorouracil external solution	Tier-1	
flurandrenolide external cream	Tier-2	PA
flurandrenolide external lotion	Tier-2	PA
flurandrenolide external ointment	Tier-2	PA
fluticasone propionate external cream	Tier-1	
fluticasone propionate external lotion	Tier-2	PA
fluticasone propionate external ointment	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
gentamicin sulfate external cream	Tier-1	
gentamicin sulfate external ointment	Tier-1	
halcinonide external cream	Tier-2	PA
halobetasol propionate external cream	Tier-2	
halobetasol propionate external foam	Tier-2	PA
halobetasol propionate external ointment	Tier-2	PA
HALOG EXTERNAL OINTMENT	Tier-3	PA
hydrocortisone butyr lipo base external cream	Tier-2	PA
hydrocortisone butyrate external cream	Tier-2	PA
hydrocortisone butyrate external lotion	Tier-2	PA
hydrocortisone butyrate external ointment	Tier-1	PA
hydrocortisone butyrate external solution	Tier-2	PA
hydrocortisone external cream 2.5 %	Tier-1	^ (LCG)
hydrocortisone external lotion 2.5 %	Tier-1	
hydrocortisone external ointment 1 %, 2.5 %	Tier-1	^ (LCG)
hydrocortisone valerate external cream	Tier-2	PA
hydrocortisone valerate external ointment	Tier-2	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
imiquimod external cream 3.75 %	Tier-2	
imiquimod external cream 5 %	Tier-1	
imiquimod pump external cream	Tier-2	
ivermectin external lotion	Tier-1	
KERALYT EXTERNAL GEL 3 %	Tier-3	
ketoconazole external cream	Tier-1	
ketoconazole external foam	Tier-3	
ketoconazole external shampoo 2 %	Tier-1	
lidocaine external ointment 5 %	Tier-2	QL (50 GM per 30 days)
lidocaine external patch 5 %	Tier-3	PA; QL (30 PATCHES per 30 days)
lidocaine pain relief external patch	Tier-2	# (All lidocaine 4% OTC patches are covered); QL (30 patches per 30 days)
lidocaine-prilocaine external cream	Tier-1	
lidocaine-prilocaine external kit	Tier-1	
lidocaine-tetracaine external cream 7-7 %	Tier-3	QL (1 tube per 1 Fill)
lindane external shampoo	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
luliconazole external cream	Tier-2	
mafénide acetate external packet	Tier-2	
malathion external lotion	Tier-2	
MENTAX EXTERNAL CREAM	Tier-3	
methoxsalen rapid oral capsule	Tier-1	
metronidazole external cream	Tier-1	
metronidazole external gel 0.75 %	Tier-1	
metronidazole external gel 1 %	Tier-2	
metronidazole external lotion	Tier-2	
mometasone furoate external cream	Tier-1	
mometasone furoate external ointment	Tier-1	
mometasone furoate external solution	Tier-1	¥ (*This product is a lotion); ^ (LCG)
mupirocin calcium external cream	Tier-2	
mupirocin external ointment	Tier-1	
naftifine hcl external cream	Tier-2	
NAFTIN EXTERNAL GEL 2 %	Tier-3	
NATROBA EXTERNAL SUSPENSION	Tier-3	
NUCORT EXTERNAL LOTION	Tier-3	
nystatin external cream	Tier-1	
nystatin external ointment	Tier-1	
nystatin external powder	Tier-1	
nystatin-triamcinolone external cream	Tier-1	
nystatin-triamcinolone external ointment	Tier-1	
NYSTOP EXTERNAL POWDER	Tier-1	
oxiconazole nitrate external cream	Tier-2	
OXISTAT EXTERNAL LOTION	Tier-2	
PANDEL EXTERNAL CREAM	Tier-3	PA
PANRETIN EXTERNAL GEL	Tier-3	
permethrin external cream	Tier-1	
pimecrolimus external cream	Tier-2	STPA
podofilox external solution	Tier-1	
prednicarbate external ointment	Tier-1	
QBREXZA EXTERNAL PAD	Tier-3	PA; QL (30 pads per 30 days)
REGRANEX EXTERNAL GEL	Tier-2	
ROSADAN EXTERNAL CREAM	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
ROSADAN EXTERNAL GEL	Tier-1	
salicylic acid external foam	Tier-3	
SANTYL EXTERNAL OINTMENT	Tier-3	
SCENESSE SUBCUTANEOUS IMPLANT	Medical Benefit	PA
selenium sulfide external lotion	Tier-1	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (2 Syringes per 28 days)
silver sulfadiazine external cream	Tier-1	
SILVRSTAT WOUND DRESSING EXTERNAL GEL	Tier-3	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-4	PA; QL (2 syringes per 84 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-Injector	Tier-4	PA; QL (2 syringes per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (2 syringes per 84 days)
SOOLANTRA EXTERNAL CREAM	Tier-3	
spinosad external suspension	Tier-2	QL (1 Bottle per 1 Fill)
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM	Tier-1	
SSD EXTERNAL CREAM	Tier-1	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier-4	PA; QL (1 injection per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier-4	PA; QL (1 Syringe per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier-4	PA; ¥ (1 injection every 54 days for Crohn's Disease); QL (1 Syringe per 84 days)
SULFAMYLYON EXTERNAL CREAM	Tier-3	
tacrolimus external ointment	Tier-2	STPA
TALTZ SUBCUTANEOUS SOLUTION AUTO-Injector	Tier-4	PA; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)
tazarotene external cream	Tier-2	PA; ¥ (PA applies to members 26 and older)
TAZORAC EXTERNAL CREAM 0.05 %	Tier-2	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
TAZORAC EXTERNAL GEL	Tier-2	PA
TEXACORT EXTERNAL SOLUTION	Tier-3	PA
THERMAZENE EXTERNAL CREAM	Tier-1	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-4	PA; QL (1 Pen per 54 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (1 Syringes per 54 days)
tretinoin external cream	Tier-2	PA
tretinoin external gel 0.01 %, 0.025 %	Tier-1	PA
tretinoin external gel 0.05 %	Tier-3	PA
tretinoin microsphere external gel	Tier-3	PA
tretinoin microsphere pump external gel	Tier-3	PA
triamcinolone acetonide external aerosol solution	Tier-2	PA
triamcinolone acetonide external cream 0.025 %, 0.5 %	Tier-1	
triamcinolone acetonide external lotion	Tier-1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	Tier-1	
urea external cream 39 %, 40 %, 45 %	Tier-2	
VALCHLOR EXTERNAL GEL	Tier-4	PA
VTAMA EXTERNAL CREAM	Tier-3	PA
WINLEVI EXTERNAL CREAM	Tier-3	PA
XEPI EXTERNAL CREAM	Tier-3	
DIAGNOSTIC PRODUCTS		
ONETOUCH ULTRA IN VITRO STRIP	Tier-2	
ONETOUCH VERIO IN VITRO STRIP	Tier-2	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
l-methylfolate oral tablet	Tier-3	
DIGESTIVE AIDS		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
SUCRAID ORAL SOLUTION	Tier-3	
VIOKACE ORAL TABLET	Tier-3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Tier-2	
DIURETICS		
acetazolamide er oral capsule extended release 12 hour	Tier-1	
acetazolamide oral tablet	Tier-1	
amiloride hcl oral tablet	Tier-1	
amiloride-hydrochlorothiazide oral tablet	Tier-1	
bumetanide oral tablet	Tier-1	
chlorthalidone oral tablet 25 mg, 50 mg	Tier-1	
DIURIL ORAL SUSPENSION	Tier-3	
ethacrynic acid oral tablet	Tier-3	
furosemide oral solution 10 mg/ml	Tier-1	
furosemide oral solution 8 mg/ml	Tier-3	
furosemide oral tablet	Tier-1	^ (LCG)
hydrochlorothiazide oral capsule	Tier-1	^ (LCG)
hydrochlorothiazide oral tablet	Tier-1	^ (LCG)
indapamide oral tablet	Tier-1	^ (LCG)
KEVEYIS ORAL TABLET	Tier-3	PA
methazolamide oral tablet	Tier-2	
metolazone oral tablet	Tier-1	
spironolactone oral tablet	Tier-1	^ (LCG)
spironolactone-hctz oral tablet	Tier-1	
torsemide oral tablet	Tier-1	
triamterene oral capsule	Tier-2	
triamterene-hctz oral capsule 37.5-25 mg	Tier-1	^ (LCG)
triamterene-hctz oral tablet	Tier-1	^ (LCG)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ACTHAR INJECTION GEL	Tier-4	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
ALDURAZYME INTRAVENOUS SOLUTION	Medical Benefit	SI
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	Tier-1	^ (LCG)
BUPHENYL ORAL TABLET	Tier-3	
cabergoline oral tablet	Tier-1	
calcitonin (salmon) nasal solution	Tier-1	
calcitriol oral capsule	Tier-1	
calcitriol oral solution	Tier-1	
carglumic acid oral tablet soluble	Tier-2	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Tier-4	PA
chorionic gonadotropin intramuscular solution reconstituted	Coinurance	
cinacalcet hcl oral tablet	Tier-2	
clomiphene citrate oral tablet	Tier-1	
CORTROPHIN INJECTION GEL	Tier-4	PA
CRYSVITA SUBCUTANEOUS SOLUTION	Medical Benefit	PA
CYSTADANE ORAL POWDER	Tier-3	
desmopressin ace spray refrig nasal solution	Tier-1	
desmopressin acetate oral tablet	Tier-1	
doxercalciferol oral capsule	Tier-2	
ELAPRASE INTRAVENOUS SOLUTION	Medical Benefit	SI
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
FOLLISTIM AQ SUBCUTANEOUS SOLUTION	Coinurance	PA
GALAFOLD ORAL CAPSULE	Tier-4	PA
ganirelix acetate subcutaneous solution prefilled syringe	Tier-3	PA
GONAL-F INJECTION SOLUTION RECONSTITUTED	Coinurance	PA
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED	Coinurance	PA
ibandronate sodium oral tablet	Tier-1	
INCRELEX SUBCUTANEOUS SOLUTION	Tier-4	PA
ISTURISA ORAL TABLET	Tier-3	PA
JYNARQUE ORAL TABLET	Tier-4	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
JYNARQUE ORAL TABLET THERAPY PACK	Tier-4	
KANUMA INTRAVENOUS SOLUTION	Medical Benefit	PA; SI
KERENDIA ORAL TABLET	Tier-2	PA; QL (30 EA per 30 days)
levocarnitine oral solution	Tier-1	
levocarnitine oral tablet	Tier-1	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	SI
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED	Coinurance	PA
MIACALCIN INJECTION SOLUTION	Tier-2	
mifepristone oral tablet	Tier-2	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; QL (30 Injections per 30 days)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	Tier-4	PA
NAGLAZYME INTRAVENOUS SOLUTION	Medical Benefit	SI
NATPARA SUBCUTANEOUS CARTRIDGE	Tier-4	QL (2 Cartridges per 28 days)
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	SI
nitisinone oral capsule	Tier-4	
NITYR ORAL TABLET	Tier-4	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-4	PA; ¥ (Coverage applies to all Norditropin products including Norditropin Flexpro and Norditropin Nordiflex.)
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	Coinurance	PA
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier-2	¥ (Covered under the Prescription Drug Benefit when self-administered); ^ (CM)
ORFADIN ORAL CAPSULE 20 MG	Tier-4	
ORFADIN ORAL SUSPENSION	Tier-4	
ORILISSA ORAL TABLET 150 MG	Tier-3	PA; QL (30 tablets per 30 days)
ORILISSA ORAL TABLET 200 MG	Tier-3	PA; QL (60 tablets per 30 days)
OSPHENA ORAL TABLET	Tier-3	
OVIDREL SUBCUTANEOUS INJECTABLE	Coinurance	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	Tier-4	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier-4	PA; QL (1 syringe per 1 day)
paricalcitol oral capsule	Tier-1	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	Coinurance	PA
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
raloxifene hcl oral tablet	Tier-1	^ (ACA)
RAVICTI ORAL LIQUID	Tier-4	PA
RECORLEV ORAL TABLET	Tier-4	PA; QL (8 EA per 1 day)
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	Tier-2	
risedronate sodium oral tablet delayed release	Tier-2	
sapropterin dihydrochloride oral packet	Tier-4	PA
sapropterin dihydrochloride oral tablet	Tier-4	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Tier-4	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)
sodium phenylbutyrate oral tablet	Tier-2	
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-4	PA
STIMATE NASAL SOLUTION	Tier-3	
STRENSIQ SUBCUTANEOUS SOLUTION	Tier-2	PA; QL (24 Vials per 28 days)
SYNAREL NASAL SOLUTION	Tier-3	PA
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
teriparatide (recombinant) subcutaneous solution pen-injector	Tier-4	PA
tolvaptan oral tablet 30 mg	Tier-2	QL (14 EA per 7 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-4	PA
VIMIZIM INTRAVENOUS SOLUTION	Medical Benefit	PA; SI

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-4	PA
XGEVA SUBCUTANEOUS SOLUTION	Medical Benefit	PA
XURIDEN ORAL PACKET	Tier-2	QL (120 Packets per 30 days)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-4	PA
ESTROGENS		
ALORA TRANSDERMAL PATCH TWICE WEEKLY	Tier-3	
ANGELIQ ORAL TABLET	Tier-3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	Tier-2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Tier-2	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	Tier-3	
DIVIGEL TRANSDERMAL GEL	Tier-3	
DUAVEE ORAL TABLET	Tier-2	
ELESTRIN TRANSDERMAL GEL	Tier-3	
estradiol oral tablet	Tier-1	^ (LCG)
estradiol transdermal patch twice weekly	Tier-2	
estradiol transdermal patch weekly	Tier-1	
estradiol-norethindrone acet oral tablet	Tier-1	
ESTROGEL TRANSDERMAL GEL	Tier-3	
EVAMIST TRANSDERMAL SOLUTION	Tier-3	
JINTELI ORAL TABLET	Tier-1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier-3	
MIMVEY ORAL TABLET	Tier-1	
MYFEMBREE ORAL TABLET	Tier-3	PA; QL (30 EA per 30 days)
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	Tier-1	
ORIAHNN ORAL CAPSULE THERAPY PACK	Tier-3	PA; QL (4 blister packs per 28 days)
PREFEST ORAL TABLET	Tier-2	
PREMARIN ORAL TABLET	Tier-3	
PREMPHASE ORAL TABLET	Tier-3	
PREMPRO ORAL TABLET	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
FLUOROQUINOLONES		
BAXDELA ORAL TABLET	Tier-3	
ciprofloxacin hcl oral tablet 100 mg	Tier-1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier-1	^ (LCG)
levofloxacin oral solution	Tier-1	
levofloxacin oral tablet	Tier-1	^ (LCG)
moxifloxacin hcl oral tablet	Tier-2	
ofloxacin oral tablet 300 mg, 400 mg	Tier-1	
GASTROINTESTINAL AGENTS - MISC.		
alosetron hcl oral tablet	Tier-2	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
balsalazide disodium oral capsule	Tier-1	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	Tier-4	PA
BYLVAY ORAL CAPSULE	Tier-4	PA
calcium acetate (phos binder) oral capsule	Tier-1	
calcium acetate (phos binder) oral tablet	Tier-1	
CHOLBAM ORAL CAPSULE	Tier-2	
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-4	PA; QL (2 Injections per 28 Days)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-4	PA; QL (1 fill per 1 lifetime)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier-4	PA; QL (2 Injections per 28 days)
cromolyn sodium oral concentrate	Tier-2	
DIPENTUM ORAL CAPSULE	Tier-2	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
enulose oral solution	Tier-1	
GATTEX SUBCUTANEOUS KIT	Tier-4	
generlac oral solution	Tier-1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
infliximab intravenous solution reconstituted	Medical Benefit	PA
lanthanum carbonate oral tablet chewable	Tier-3	
LINZESS ORAL CAPSULE	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
LIVMARLI ORAL SOLUTION	Tier-4	PA
lubiprostone oral capsule	Tier-2	
mesalamine er oral capsule extended release	Tier-2	
mesalamine er oral capsule extended release 24 hour	Tier-2	
mesalamine oral capsule delayed release	Tier-2	
mesalamine oral tablet delayed release	Tier-2	
mesalamine rectal suppository	Tier-2	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	Tier-1	
metoclopramide hcl oral tablet	Tier-1	^ (LCG)
metoclopramide hcl oral tablet dispersible 10 mg	Tier-3	QL (120 EA per 30 days)
metoclopramide hcl oral tablet dispersible 5 mg	Tier-1	QL (120 EA per 30 days)
MOVANTIK ORAL TABLET	Tier-2	
OCALIVA ORAL TABLET	Tier-4	PA; QL (30 Tablets per 30 days)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
sevelamer carbonate oral packet 0.8 gm	Tier-2	
sevelamer carbonate oral tablet	Tier-2	
SFROWASA RECTAL ENEMA	Tier-2	
SKYRIZI INTRAVENOUS SOLUTION	Medical Benefit	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-4	PA; QL (1 injection per 56 days)
STELARA INTRAVENOUS SOLUTION	Medical Benefit	PA
sulfasalazine oral tablet	Tier-1	
sulfasalazine oral tablet delayed release	Tier-1	
ursodiol oral capsule 300 mg	Tier-2	
ursodiol oral tablet	Tier-1	
VELPHORO ORAL TABLET CHEWABLE	Tier-3	PA
VIBERZI ORAL TABLET	Tier-2	PA
XERMELO ORAL TABLET	Tier-4	
GENITOURINARY AGENTS - MISCELLANEOUS		
alfuzosin hcl er oral tablet extended release 24 hour	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
CYSTAGON ORAL CAPSULE	Tier-3	
dutasteride oral capsule	Tier-1	
dutasteride-tamsulosin hcl oral capsule	Tier-1	
ELMIRON ORAL CAPSULE	Tier-3	
finasteride oral tablet 5 mg	Tier-1	
OXLUMO SUBCUTANEOUS SOLUTION	Medical Benefit	PA
potassium citrate er oral tablet extended release	Tier-2	
silodosin oral capsule	Tier-2	
sodium chloride irrigation solution 0.9 %	Tier-1	
tamsulosin hcl oral capsule	Tier-1	^ (LCG)
THIOLA EC ORAL TABLET DELAYED RELEASE	Tier-3	
GOUT AGENTS		
allopurinol oral tablet 100 mg, 300 mg	Tier-1	^ (LCG)
colchicine oral capsule	Tier-2	
colchicine oral tablet	Tier-2	
colchicine-probenecid oral tablet	Tier-1	
febuxostat oral tablet	Tier-2	STPA
KRYSTEXXA INTRAVENOUS SOLUTION	Medical Benefit	PA
probenecid oral tablet	Tier-1	
HEMATOLOGICAL AGENTS - MISC.		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
adynovate intravenous solution reconstituted	Medical Benefit	PA; SI
AFSTYLA INTRAVENOUS KIT	Medical Benefit	PA; SI
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	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
anagrelide hcl oral capsule	Tier-1	
aspirin-dipyridamole er oral capsule extended release 12 hour	Tier-2	
BENEFIX INTRAVENOUS KIT	Medical Benefit	PA; SI
BERINERT INTRAVENOUS KIT	Medical Benefit	SI

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
BRILINTA ORAL TABLET	Tier-3	
CABLIVI INJECTION KIT	Tier-4	
cilostazol oral tablet	Tier-1	^ (LCG)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
clopidogrel bisulfate oral tablet 300 mg	Tier-1	
clopidogrel bisulfate oral tablet 75 mg	Tier-1	^ (LCG)
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
CORIFACT INTRAVENOUS KIT	Medical Benefit	PA; SI
dipyridamole oral tablet	Tier-1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	Medical Benefit	PA; SI
EMPAVELI SUBCUTANEOUS SOLUTION	Medical Benefit	PA
ENJAYMO INTRAVENOUS SOLUTION	Medical Benefit	PA
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
GIVLAARI SUBCUTANEOUS SOLUTION	Medical Benefit	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	Tier-4	PA; QL (40 Vials per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	Tier-4	PA; QL (27 vials per 30 days)
HEMLIBRA SUBCUTANEOUS SOLUTION	Tier-4	PA
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
icatibant acetate subcutaneous solution	Tier-4	PA; QL (6 ML per 30 Fills)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Medical Benefit	PA; SI
JIVI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Medical Benefit	PA; SI
KOGENATE FS INTRAVENOUS KIT	Medical Benefit	PA; SI
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Medical Benefit	PA; SI
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Medical Benefit	PA; SI
obizur intravenous solution reconstituted	Medical Benefit	PA; SI
ORLADEYO ORAL CAPSULE	Tier-4	PA; QL (1 capsules per 1 day)
pentoxifylline er oral tablet extended release	Tier-1	
prasugrel hcl oral tablet	Tier-2	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
PYRUKYND ORAL TABLET	Tier-4	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	Tier-4	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
rixubis intravenous solution reconstituted	Medical Benefit	PA; SI
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	SI
SAJAZIR SUBCUTANEOUS SOLUTION	Tier-4	PA; QL (6 mL per 1 fill)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
TAKHZYRO SUBCUTANEOUS SOLUTION	Tier-4	PA; QL (4 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (2 injection per 28 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
TAVALISSE ORAL TABLET	Tier-3	QL (60 tablets per 30 days)
TAVNEOS ORAL CAPSULE	Tier-4	PA
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	Medical Benefit	PA
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
ZONTIVITY ORAL TABLET	Tier-3	
HEMATOPOIETIC AGENTS		
ADAKVEO INTRAVENOUS SOLUTION	Medical Benefit	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier-2	¥ (Covered under the Prescription Drug Benefit when self-administered); QL (4 ML per 30 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	Tier-2	¥ (Covered under the Prescription Drug Benefit when self-administered); QL (4 ML per 30 days)
CERDELGA ORAL CAPSULE	Tier-4	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Medical Benefit	PA; SI
cyanocobalamin injection solution 1000 mcg/ml	Tier-1	^ (LCG)
cyanocobalamin injection solution 2000 mcg/ml	Tier-1	
DOPTELET ORAL TABLET 20 MG	Tier-4	PA
DROXIA ORAL CAPSULE	Tier-2	^ (CM)
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
ENDARI ORAL PACKET	Tier-4	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier-2	¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 vials per 14 Days)
FERRALET 90 ORAL TABLET	Tier-3	
folic acid oral tablet 1 mg	Tier-1	^ (ACA)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
FUSION PLUS ORAL CAPSULE	Tier-3	
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (0.6 ML per 14 days)
GRANIX SUBCUTANEOUS SOLUTION	Tier-4	PA; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 vials per 14 days)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; ¥ (Covered under the Prescription Drug Benefit when self-administered); 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 RECONSTITUTED	Tier-4	¥ (Covered under the Prescription Drug Benefit when self-administered); QL (6 vials per 14 days)
miglustat oral capsule	Tier-3	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	Tier-2	QL (2 Syringes per 28 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML	Tier-2	QL (2 ML per 28 days)
MULPLETA ORAL TABLET	Tier-4	PA
NASCOBAL NASAL SOLUTION	Tier-2	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (1 Syringe per 14 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier-4	PA; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 VIALS per 14 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	Tier-4	PA; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 Syringes per 14 days)
NIVESTYM INJECTION SOLUTION	Tier-4	PA; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 syringes per 14 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	Tier-4	PA; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 syringes per 14 days)
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (1 syringe per 14 days)
OXBRYTA ORAL TABLET	Tier-4	PA
OXBRYTA ORAL TABLET SOLUBLE	Tier-4	PA; QL (3 unit per 1 day)
PROCIT INJECTION SOLUTION	Tier-2	¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 vials per 14 Days)
PROMACTA ORAL PACKET 12.5 MG	Tier-4	QL (60 packets per 30 days)
PROMACTA ORAL PACKET 25 MG	Tier-4	QL (60 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 75 MG	Tier-4	QL (30 TABLETS per 30 days)
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)
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML	Tier-4	PA; ¥ (Covered under the Prescription Drug Benefit when self-administered.); QL (10 injections per 14 days)
releuko injection solution 480 mcg/1.6ml	Tier-4	PA; ¥ (Covered under the Prescription Drug Benefit when self-administered.); QL (10 injections per 14 days)
releuko subcutaneous solution prefilled syringe	Tier-4	PA; ¥ (Covered under the Prescription Drug Benefit when self-administered.); QL (10 injections per 14 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier-2	¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 vials per 14 days)
SIKLOS ORAL TABLET	Tier-2	PA; ^ (CM)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 mL per 14 days)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier-4	¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 Syringes per 14 days)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (1 syringe per 14 days)
HEMOSTATICS		
aminocaproic acid oral solution	Tier-2	
aminocaproic acid oral tablet	Tier-2	
tranexamic acid oral tablet	Tier-1	QL (30 TABLETS per 28 Days)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BELSOMRA ORAL TABLET	Tier-3	STPA; QL (10 EA per 30 days)
DAYVIGO ORAL TABLET	Tier-3	STPA; QL (10 EA per 30 days)
doxepin hcl oral tablet	Tier-3	STPA
estazolam oral tablet	Tier-1	
eszopiclone oral tablet	Tier-1	QL (10 TABLETS per 30 days)
flurazepam hcl oral capsule	Tier-1	^ (LCG)
HETLIOZ LQ ORAL SUSPENSION	Tier-3	PA; ¥ (48 mL: 3 bottles/30 days; 158 mL: 1 bottle/30 days); QL (158 ML per 30 days)
HETLIOZ ORAL CAPSULE	Tier-4	PA; QL (30 EA per 30 days)
phenobarbital oral elixir	Tier-1	
phenobarbital oral tablet	Tier-1	
ramelteon oral tablet	Tier-2	STPA; QL (10 tablets per 30 days)
temazepam oral capsule	Tier-1	
triazolam oral tablet	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
zaleplon oral capsule	Tier-1	QL (10 CAPSULES per 30 Days)
zolpidem tartrate er oral tablet extended release	Tier-1	STPA; QL (10 TABLETS per 30 Days)
zolpidem tartrate oral tablet	Tier-1	^ (LCG); QL (10 TABLETS per 30 Days)
zolpidem tartrate sublingual tablet sublingual	Tier-2	STPA; QL (10 TABLETS per 30 days)
ZOLPIMIST ORAL SOLUTION	Tier-3	STPA; QL (1 Unit per 30 Days)
LAXATIVES		
CLENPIQ ORAL SOLUTION	Tier-3	^ (ACA)
constulose oral solution	Tier-1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	Tier-1	^ (ACA)
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	Tier-2	^ (ACA)
KRISTALOSE ORAL PACKET	Tier-3	
lactulose oral solution	Tier-1	
OSMOPREP ORAL TABLET	Tier-3	
peg-3350/electrolytes oral solution reconstituted	Tier-1	^ (ACA)
peg-3350/electrolytes/ascorbat oral solution reconstituted	Tier-2	^ (ACA)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	Tier-2	^ (ACA)
PLENUV ORAL SOLUTION RECONSTITUTED	Tier-3	^ (ACA)
SUPREP BOWEL PREP KIT ORAL SOLUTION	Tier-3	^ (ACA)
SUTAB ORAL TABLET	Tier-3	^ (ACA)
MACROLIDES		
azithromycin oral packet	Tier-1	
azithromycin oral suspension reconstituted	Tier-1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier-1	
clarithromycin er oral tablet extended release 24 hour	Tier-1	
clarithromycin oral suspension reconstituted	Tier-2	
clarithromycin oral tablet	Tier-1	
DIFICID ORAL SUSPENSION RECONSTITUTED	Tier-3	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
DIFICID ORAL TABLET	Tier-3	PA
E.E.S. 400 ORAL TABLET	Tier-2	
ERY-TAB ORAL TABLET DELAYED RELEASE	Tier-2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier-2	
erythromycin base oral capsule delayed release particles	Tier-2	
erythromycin base oral tablet	Tier-2	
erythromycin ethylsuccinate oral suspension reconstituted	Tier-2	
erythromycin ethylsuccinate oral tablet	Tier-2	
erythromycin stearate oral tablet 250 mg	Tier-2	
MEDICAL DEVICES AND SUPPLIES		
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	Tier-2	
BD AUTOSHIELD DUO	Tier-2	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 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, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	Tier-2	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier-2	
BD INSULIN SYRINGE U/F	Tier-2	
BD INSULIN SYRINGE U/F 1/2UNIT	Tier-2	
BD INSULIN SYRINGE U-500	Tier-2	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	Tier-2	
BD PEN NEEDLE MICRO U/F	Tier-2	
BD PEN NEEDLE MINI U/F	Tier-2	
BD PEN NEEDLE NANO 2ND GEN	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	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
BD SAFETYGLIDE INSULIN SYRINGE	Tier-2	
BD SAFETY-LOK INSULIN SYRINGE	Tier-2	
BD VEO INSULIN SYR U/F 1/2UNIT	Tier-2	
BD VEO INSULIN SYRINGE U/F	Tier-2	
OMNIPOD 5 G6 INTRO (GEN 5) KIT	Tier-2	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6 POD (GEN 5)	Tier-2	PA; QL (10 pods per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	Tier-2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	Tier-2	¥ (only Omnipod DASH Pods are covered under the pharmacy benefit); QL (10 pods per 30 days)
MIGRAINE PRODUCTS		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; QL (1 injector per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; QL (3 pens per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; QL (3 pens per 90 days)
almotriptan malate oral tablet	Tier-2	QL (6 TABLETS per 30 days)
dihydroergotamine mesylate nasal solution	Tier-3	QL (1 Box per 30 days)
eletriptan hydrobromide oral tablet	Tier-2	QL (6 EA per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; QL (3 syringes per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; ¥ (2 auto-injectors/ syringes (240 mg) as a single loading dose, followed by 120 mg / 30 days.); QL (1 pen per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; ¥ (2 auto-injectors/ syringes (240 mg) as a single loading dose, followed by 120 mg / 30 days.); QL (1 syringe per 30 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier-3	
ergotamine-caffeine oral tablet	Tier-2	
frovatriptan succinate oral tablet	Tier-3	QL (9 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY	Tier-3	
MIGRANAL NASAL SOLUTION	Tier-3	QL (1 Box per 30 Days)
naratriptan hcl oral tablet	Tier-1	QL (9 TABLETS per 30 Days)
NURTEC ORAL TABLET DISPERSIBLE	Tier-2	PA; QL (8 tablets per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
ONZETRA XSAIL NASAL EXHALER POWDER	Tier-3	STPA; ¥ (Max of 1 kit (8 units) per 30 days); QL (16 Units per 30 days)
REYVOW ORAL TABLET 100 MG	Tier-2	PA; QL (8 tablets per 30 days)
REYVOW ORAL TABLET 50 MG	Tier-2	PA; QL (4 tablets per 30 days)
rizatriptan benzoate oral tablet	Tier-1	QL (9 TABLETS per 30 Days)
rizatriptan benzoate oral tablet dispersible	Tier-1	QL (9 TABLETS per 30 Days)
sumatriptan nasal solution 20 mg/act	Tier-2	QL (1 Box per 30 days)
sumatriptan nasal solution 5 mg/act	Tier-2	QL (2 Boxes per 30 days)
sumatriptan succinate oral tablet	Tier-1	QL (9 TABLETS per 30 Days)
sumatriptan succinate refill subcutaneous solution cartridge	Tier-2	QL (6 injections per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Tier-2	QL (6 injections per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	Tier-2	QL (6 injections per 30 days)
sumatriptan-naproxen sodium oral tablet	Tier-3	PA; QL (9 EA per 30 days)
VYEPTI INTRAVENOUS SOLUTION	Medical Benefit	PA
zolmitriptan nasal solution	Tier-2	STPA; QL (6 sprays per 30 days)
zolmitriptan oral tablet 2.5 mg	Tier-2	QL (6 TABLETS per 30 Days)
zolmitriptan oral tablet 5 mg	Tier-2	QL (6 TABLETS per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg	Tier-2	QL (6 TABLETS per 30 Days)
zolmitriptan oral tablet dispersible 5 mg	Tier-2	QL (6 TABLETS per 30 days)
MINERALS & ELECTROLYTES		
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	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
potassium chloride er oral capsule extended release	Tier-1	
potassium chloride er oral tablet extended release 10 meq, 8 meq	Tier-1	
potassium chloride oral packet	Tier-2	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	Tier-2	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Tier-1	^ (ACA)
sodium fluoride oral tablet	Tier-1	^ (ACA)
sodium fluoride oral tablet chewable	Tier-1	^ (ACA)
MISCELLANEOUS THERAPEUTIC CLASSES		
AZASAN ORAL TABLET	Tier-2	
azathioprine oral tablet 50 mg	Tier-1	
azathioprine sodium injection solution reconstituted	Tier-1	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-Injector	Tier-4	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA
cyclosporine modified oral capsule	Tier-1	
cyclosporine modified oral solution	Tier-1	
cyclosporine oral capsule	Tier-1	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	Tier-2	
everolimus oral tablet 1 mg	Tier-4	
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	Tier-4	PA; ^ (CM)
LOKELMA ORAL PACKET	Tier-2	
LUPKYNIS ORAL CAPSULE	Tier-4	PA
mycophenolate mofetil oral capsule	Tier-1	
mycophenolate mofetil oral suspension reconstituted	Tier-2	
mycophenolate mofetil oral tablet	Tier-1	
mycophenolate sodium oral tablet delayed release	Tier-2	
MYFORTIC ORAL TABLET DELAYED RELEASE	Tier-4	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
penicillamine oral capsule	Tier-2	
penicillamine oral tablet	Tier-2	
PROGRAF ORAL PACKET	Tier-3	
RAPAMUNE ORAL TABLET	Tier-4	
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	Tier-4	PA; ^ (CM)
REZUROCK ORAL TABLET	Tier-4	PA
SAPHNELO INTRAVENOUS SOLUTION	Medical Benefit	PA
sirolimus oral solution	Tier-1	
sirolimus oral tablet	Tier-1	
tacrolimus oral capsule	Tier-1	
THALOMID ORAL CAPSULE	Tier-4	PA; ^ (CM)
trientine hcl oral capsule	Tier-2	
UPLIZNA INTRAVENOUS SOLUTION	Medical Benefit	PA
VELTASSA ORAL PACKET	Tier-2	
VIJOICE ORAL TABLET THERAPY PACK	Tier-4	PA; ^ (CM)
VYVGART INTRAVENOUS SOLUTION	Medical Benefit	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED	Medical Benefit	PA
ZOKINVY ORAL CAPSULE	Tier-4	PA
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule	Tier-2	
chlorhexidine gluconate mouth/throat solution	Tier-1	^ (LCG)
clotrimazole mouth/throat troche	Tier-1	
EPISIL MOUTH/THROAT LIQUID	Tier-2	QL (4 Bottles per 30 Days)
lidocaine hcl mouth/throat solution	Tier-1	
NUMOISYN MOUTH/THROAT LIQUID	Tier-3	
nystatin mouth/throat suspension	Tier-1	
ORALONE MOUTH/THROAT PASTE	Tier-1	
PERIOGARD MOUTH/THROAT SOLUTION	Tier-1	^ (LCG)
pilocarpine hcl oral tablet	Tier-1	
triamcinolone acetonide mouth/throat paste	Tier-1	
MULTIVITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE	Tier-3	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	Tier-3	
pnv-dha+docusate oral capsule	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
SELECT-OB+DHA ORAL	Tier-3	
VITAFOL-OB+DHA ORAL	Tier-3	
MUSCULOSKELETAL THERAPY AGENTS		
baclofen oral solution	Tier-2	PA
baclofen oral tablet	Tier-1	
carisoprodol oral tablet	Tier-1	
carisoprodol-aspirin-codeine oral tablet	Tier-1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Tier-1	
chlorzoxazone oral tablet 500 mg	Tier-1	^ (LCG)
cyclobenzaprine hcl oral tablet	Tier-1	
dantrolene sodium oral capsule	Tier-2	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
FLEQSUVE ORAL SUSPENSION	Tier-3	PA
metaxalone oral tablet 800 mg	Tier-2	
methocarbamol oral tablet 500 mg, 750 mg	Tier-1	^ (LCG)
orphenadrine citrate er oral tablet extended release 12 hour	Tier-1	
tizanidine hcl oral capsule	Tier-2	
tizanidine hcl oral tablet	Tier-1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
azelastine hcl nasal solution 0.1 %	Tier-1	QL (3 EA per 90 Days)
azelastine hcl nasal solution 0.15 %	Tier-1	QL (3 EA per 90 days)
azelastine-fluticasone nasal suspension	Tier-3	PA; QL (3 units per 90 days)
budesonide nasal suspension	Tier-2	QL (3 EA per 90 days)
flunisolide nasal solution 25 mcg/act (0.025%)	Tier-1	QL (3 EA per 90 Days)
fluticasone propionate nasal suspension	Tier-1	QL (3 EA per 90 Days)
ipratropium bromide nasal solution	Tier-1	QL (6 EA per 90 Days)
mometasone furoate nasal suspension	Tier-2	QL (6 BOTTLES per 90 days)
olopatadine hcl nasal solution	Tier-2	QL (3 EA per 90 days)
triamcinolone acetonide nasal aerosol	Tier-2	QL (3 EA per 90 days)
NEUROMUSCULAR AGENTS		
amondys 45 intravenous solution	Medical Benefit	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
BOTOX INJECTION SOLUTION RECONSTITUTED	Medical Benefit	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	Medical Benefit	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED	Tier-4	PA; QL (240 ML per 1 fill)
EXONDYS 51 INTRAVENOUS SOLUTION	Medical Benefit	PA
EXSERVAN ORAL FILM	Tier-4	
MYOBLOC INTRAMUSCULAR SOLUTION	Medical Benefit	PA
RADICAVA INTRAVENOUS SOLUTION	Medical Benefit	PA
RADICAVA ORS ORAL SUSPENSION	Tier-4	PA; QL (50 ML per 28 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION	Tier-4	PA; QL (50 ML per 28 days)
riluzole oral tablet	Tier-2	
SPINRAZA INTRATHECAL SOLUTION	Medical Benefit	PA
TIGLUTIK ORAL SUSPENSION	Tier-4	
VYONDYS 53 INTRAVENOUS SOLUTION	Medical Benefit	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	Medical Benefit	PA

NUTRIENTS

DOJOLVI ORAL LIQUID	Tier-4	PA
---------------------	--------	----

OPHTHALMIC AGENTS

ACUVAIL OPHTHALMIC SOLUTION	Tier-2	
ak-poly-bac ophthalmic ointment	Tier-1	
ALOCRIL OPHTHALMIC SOLUTION	Tier-3	
ALOMIDE OPHTHALMIC SOLUTION	Tier-3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier-2	
ALREX OPHTHALMIC SUSPENSION	Tier-2	
apraclonidine hcl ophthalmic solution	Tier-1	
atropine sulfate ophthalmic solution 1 %	Tier-1	
AZASITE OPHTHALMIC SOLUTION	Tier-3	QL (1 Bottle per 7 Days)
azelastine hcl ophthalmic solution	Tier-1	
bacitracin ophthalmic ointment	Tier-1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Tier-1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
bepotastine besilate ophthalmic solution	Tier-2	
BESIVANCE OPHTHALMIC SUSPENSION	Tier-3	
betaxolol hcl ophthalmic solution	Tier-1	
BETIMOL OPHTHALMIC SOLUTION	Tier-2	
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier-3	
bimatoprost ophthalmic solution	Tier-2	STPA
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	Tier-3	
brimonidine tartrate ophthalmic solution 0.15 %	Tier-2	
brimonidine tartrate ophthalmic solution 0.2 %	Tier-1	
brimonidine tartrate-timolol ophthalmic solution	Tier-2	
brinzolamide ophthalmic suspension	Tier-2	
bromfenac sodium (once-daily) ophthalmic solution	Tier-2	
carteolol hcl ophthalmic solution	Tier-1	
CEQUA OPHTHALMIC SOLUTION	Tier-3	PA
CILOXAN OPHTHALMIC OINTMENT	Tier-3	
ciprofloxacin hcl ophthalmic solution	Tier-1	
cromolyn sodium ophthalmic solution	Tier-1	
cyclopentolate hcl ophthalmic solution 0.5 %	Tier-1	
cyclosporine ophthalmic emulsion	Tier-2	PA
CYSTADROPS OPHTHALMIC SOLUTION	Tier-4	
CYSTARAN OPHTHALMIC SOLUTION	Tier-4	
dexamethasone sodium phosphate ophthalmic solution	Tier-1	
diclofenac sodium ophthalmic solution	Tier-1	
difluprednate ophthalmic emulsion	Tier-3	
dorzolamide hcl ophthalmic solution	Tier-1	
dorzolamide hcl-timolol mal ophthalmic solution	Tier-1	
epinastine hcl ophthalmic solution	Tier-1	
erythromycin ophthalmic ointment	Tier-1	
FLAREX OPHTHALMIC SUSPENSION	Tier-3	
fluorometholone ophthalmic suspension	Tier-1	
flurbiprofen sodium ophthalmic solution	Tier-1	
FML FORTE OPHTHALMIC SUSPENSION	Tier-2	
FML OPHTHALMIC OINTMENT	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
FRESHKOTE OPHTHALMIC SOLUTION	Tier-3	
gatifloxacin ophthalmic solution	Tier-2	
GENTAK OPHTHALMIC OINTMENT	Tier-1	
gentamicin sulfate ophthalmic solution	Tier-1	
ILEVRO OPHTHALMIC SUSPENSION	Tier-3	
INVELTYS OPHTHALMIC SUSPENSION	Tier-3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier-3	
ketorolac tromethamine ophthalmic solution	Tier-1	
LACRISERT OPHTHALMIC INSERT	Tier-3	
latanoprost ophthalmic solution	Tier-1	
levobunolol hcl ophthalmic solution 0.5 %	Tier-1	
levofloxacin ophthalmic solution 0.5 %	Tier-1	
LOTEMAX OPHTHALMIC OINTMENT	Tier-3	
loteprednol etabonate ophthalmic gel	Tier-2	
loteprednol etabonate ophthalmic suspension	Tier-2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier-2	STPA
MAXIDEX OPHTHALMIC SUSPENSION	Tier-3	
moxifloxacin hcl (2x day) ophthalmic solution	Tier-2	
moxifloxacin hcl ophthalmic solution	Tier-1	
NATACYN OPHTHALMIC SUSPENSION	Tier-3	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	Tier-1	
neomycin-polymyxin-dexameth ophthalmic ointment	Tier-1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Tier-1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-0.025	Tier-1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	Tier-2	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	Tier-1	
NEO-POLYCIN OPHTHALMIC OINTMENT	Tier-1	
NEVANAC OPHTHALMIC SUSPENSION	Tier-3	
ofloxacin ophthalmic solution	Tier-1	
olopatadine hcl ophthalmic solution	Tier-2	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
OXERVATE OPHTHALMIC SOLUTION	Tier-4	PA
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Tier-1	
POLYCIN OPHTHALMIC OINTMENT	Tier-1	
PRED MILD OPHTHALMIC SUSPENSION	Tier-2	
PRED-G OPHTHALMIC SUSPENSION	Tier-2	
PRED-G S.O.P. OPHTHALMIC OINTMENT	Tier-2	
prednisolone acetate ophthalmic suspension	Tier-1	
prednisolone sodium phosphate ophthalmic solution	Tier-3	
PROLENSA OPHTHALMIC SOLUTION	Tier-3	
proparacaine hcl ophthalmic solution	Tier-1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier-2	PA
RHOPRESSA OPHTHALMIC SOLUTION	Tier-3	STPA
ROCKLATAN OPHTHALMIC SOLUTION	Tier-3	STPA
SIMBRINZA OPHTHALMIC SUSPENSION	Tier-2	
sulfacetamide sodium ophthalmic ointment	Tier-1	
sulfacetamide sodium ophthalmic solution	Tier-1	
sulfacetamide-prednisolone ophthalmic solution	Tier-1	
timolol maleate (once-daily) ophthalmic solution	Tier-2	
timolol maleate ophthalmic gel forming solution	Tier-1	
timolol maleate ophthalmic solution	Tier-1	^ (LCG)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	Tier-3	
TOBRADEX OPHTHALMIC OINTMENT	Tier-3	
tobramycin ophthalmic solution	Tier-1	
tobramycin-dexamethasone ophthalmic suspension	Tier-2	
TOBREX OPHTHALMIC OINTMENT	Tier-3	
travoprost (bak free) ophthalmic solution	Tier-2	STPA
trifluridine ophthalmic solution	Tier-2	
tropicamide ophthalmic solution	Tier-1	
VYZULTA OPHTHALMIC SOLUTION	Tier-2	STPA
XELPROS OPHTHALMIC EMULSION	Tier-3	STPA
XiIDRA OPHTHALMIC SOLUTION	Tier-2	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	Tier-3	STPA
ZIRGAN OPHTHALMIC GEL	Tier-3	
ZYLET OPHTHALMIC SUSPENSION	Tier-3	
OTIC AGENTS		
ACETASOL HC OTIC SOLUTION	Tier-1	
acetic acid otic solution	Tier-1	
antibiotic ear otic solution	Tier-1	
CIPRO HC OTIC SUSPENSION	Tier-3	
ciprofloxacin hcl otic solution	Tier-1	
ciprofloxacin-dexamethasone otic suspension	Tier-2	
CORTISPORIN-TC OTIC SUSPENSION	Tier-3	
fluocinolone acetonide otic oil	Tier-1	
hydrocortisone-acetic acid otic solution	Tier-1	
neomycin-polymyxin-hc otic solution 3.5-10000-1	Tier-1	
neomycin-polymyxin-hc otic suspension	Tier-1	
ofloxacin otic solution	Tier-2	
OXYTOCICS		
methylergonovine maleate oral tablet	Tier-1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
ASCENIV INTRAVENOUS SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
CUTAQUIG SUBCUTANEOUS SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
CUVITRU SUBCUTANEOUS SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
CYTOGAM INTRAVENOUS INJECTABLE	Medical Benefit	PA; SI
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
GAMMAGARD INJECTION SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
GAMUNEX-C INJECTION SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
HYQVIA SUBCUTANEOUS KIT	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
PANZYGA INTRAVENOUS SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
PRIVIGEN INTRAVENOUS SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
SYNAGIS INTRAMUSCULAR SOLUTION	Medical Benefit	PA
XEMBIFY SUBCUTANEOUS SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
PENICILLINS		
amoxicillin oral capsule	Tier-1	^ (LCG)
amoxicillin oral suspension reconstituted 125 mg/5ml	Tier-1	^ (LCG)
amoxicillin oral suspension reconstituted 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Tier-1	
amoxicillin oral tablet	Tier-1	^ (LCG)
amoxicillin oral tablet chewable 125 mg	Tier-1	
amoxicillin oral tablet chewable 250 mg	Tier-1	^ (LCG)
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	Tier-1	
amoxicillin-pot clavulanate oral suspension reconstituted	Tier-1	
amoxicillin-pot clavulanate oral tablet	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
amoxicillin-pot clavulanate oral tablet chewable	Tier-1	
ampicillin oral capsule 500 mg	Tier-1	^ (LCG)
dicloxacillin sodium oral capsule	Tier-1	
penicillin v potassium oral solution reconstituted	Tier-1	^ (LCG)
penicillin v potassium oral tablet	Tier-1	^ (LCG)
PHARMACEUTICAL ADJUVANTS		
benzyl alcohol liquid	Tier-3	
PROGESTINS		
medroxyprogesterone acetate oral tablet	Tier-1	^ (LCG)
megestrol acetate oral suspension 625 mg/5ml	Tier-2	
norethindrone acetate oral tablet	Tier-1	
progesterone oral capsule	Tier-1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
acamprosate calcium oral tablet delayed release	Tier-2	
ADDYI ORAL TABLET	Tier-3	PA
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
AUBAGIO ORAL TABLET	Tier-4	QL (30 tablets per 30 Days)
AUSTEDO ORAL TABLET 12 MG	Tier-4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG, 9 MG	Tier-4	PA; QL (60 EA per 30 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)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	Tier-4	QL (120 capsules per 30 days)
BETASERON SUBCUTANEOUS KIT	Tier-4	QL (15 Vials per 30 Days)
bupropion hcl er (smoking det) oral tablet extended release 12 hour	No Copayment	
chlordiazepoxide-amitriptyline oral tablet	Tier-1	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier-4	QL (30 Syringes per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier-4	QL (12 Syringes per 30 days)
cvs nicotine polacrilex mouth/throat gum	No Copayment	
cvs nicotine polacrilex mouth/throat lozenge	No Copayment	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	No Copayment	
dalfampridine er oral tablet extended release 12 hour	Tier-4	PA; QL (60 Tablets per 30 days)
dimethyl fumarate oral capsule delayed release	Tier-4	QL (60 capsules per 30 days)
dimethyl fumarate starter pack oral	Tier-4	QL (1 fill per 1 lifetime)
disulfiram oral tablet	Tier-1	
donepezil hcl oral tablet	Tier-1	^ (LCG)
donepezil hcl oral tablet dispersible	Tier-1	
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	
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	No Copayment	
eql nicotine polacrilex mouth/throat lozenge	No Copayment	
ergoloid mesylates oral tablet	Tier-1	
fluoxetine hcl (pmdd) oral tablet	Tier-1	
galantamine hydrobromide er oral capsule extended release 24 hour	Tier-1	
galantamine hydrobromide oral solution	Tier-1	
galantamine hydrobromide oral tablet	Tier-1	
GILENYA ORAL CAPSULE 0.5 MG	Tier-4	QL (30 EA per 30 days)
gnp nicotine mini mouth/throat lozenge 2 mg	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)
INGREZZA ORAL CAPSULE	Tier-2	PA; QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	Tier-2	PA; QL (1 fill per 1 lifetime)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-4	QL (0.4 ML per 30 days)
LUCEMYRA ORAL TABLET	Tier-3	QL (132 Tablets per 1 Fill)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
LYBALVI ORAL TABLET	Tier-3	STPA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	Tier-4	PA; QL (10 tablets per 30 days)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	Tier-4	PA; QL (10 tablets per 30 days)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	Tier-4	PA; QL (10 tablets per 30 days)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	Tier-4	PA; QL (10 tablets per 30 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	Tier-4	PA; QL (10 tablets per 30 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	Tier-4	PA; QL (10 tablets per 30 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	Tier-4	PA; QL (10 tablets per 30 days)
MAYZENT ORAL TABLET 0.25 MG	Tier-4	QL (120 Tablets per 30 days)
MAYZENT ORAL TABLET 1 MG	Tier-4	QL (30 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	Tier-4	QL (30 Tablets per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	Tier-4	QL (1 EA Max Qty Per Fill Retail)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	Tier-4	QL (1 fill per 1 lifetime)
memantine hcl er oral capsule extended release 24 hour	Tier-2	
memantine hcl oral solution 2 mg/ml	Tier-2	
memantine hcl oral tablet	Tier-1	
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	
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	
NUEDEXTA ORAL CAPSULE	Tier-2	PA
olanzapine-fluoxetine hcl oral capsule	Tier-1	STPA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
ONPATTRO INTRAVENOUS SOLUTION	Medical Benefit	PA
paroxetine mesylate oral capsule	Tier-2	
perphenazine-amitriptyline oral tablet	Tier-1	PA; ¥ (PA applies to members 12 and younger)
pimozide oral tablet	Tier-1	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier-4	QL (2 syringes per 28 days)
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)
ra mini nicotine mouth/throat lozenge	No Copayment	
ra nicotine mouth/throat gum	No Copayment	
ra nicotine polacrilex mouth/throat lozenge	No Copayment	
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	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 (1 fill per 1 lifetime)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	QL (12 Syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	QL (1 fill per 1 lifetime)
rivastigmine tartrate oral capsule	Tier-1	
rivastigmine transdermal patch 24 hour	Tier-2	
SAVELLA ORAL TABLET	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 4 mg	No Copayment	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
sm nicotine transdermal patch 24 hour	No Copayment	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-4	PA; QL (4 syringes per 30 days)
tetrabenazine oral tablet 12.5 mg	Tier-4	QL (90 EA per 30 days)
tetrabenazine oral tablet 25 mg	Tier-4	QL (120 EA per 30 days)
varenicline tartrate oral	No Copayment	
varenicline tartrate oral tablet	No Copayment	
varenicline tartrate oral tablet therapy pack	No Copayment	
VUMERITY ORAL CAPSULE DELAYED RELEASE	Tier-4	QL (4 EA per 1 day)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; QL (8 pens per 30 days)
XYREM ORAL SOLUTION	Tier-3	PA; QL (18 ML per 1 day)
XYWAV ORAL SOLUTION	Tier-3	PA; QL (18 ML per 1 day)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	Tier-4	PA; QL (1 fill per 1 lifetime)
ZEPOSIA ORAL CAPSULE	Tier-4	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	Tier-4	PA; QL (1 fill per 1 lifetime)

RESPIRATORY AGENTS - MISC.

BRONCHITOL INHALATION CAPSULE	Tier-4	PA; QL (20 capsules per 1 day)
ESBRIET ORAL CAPSULE	Tier-4	QL (270 EA per 30 days)
KALYDECO ORAL PACKET	Tier-4	PA; QL (56 EA per 28 days)
OFEV ORAL CAPSULE	Tier-4	QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	Tier-4	PA; QL (56 Packets per 28 days)
ORKAMBI ORAL PACKET 75-94 MG	Tier-4	PA; QL (56 packets per 28 days)
ORKAMBI ORAL TABLET	Tier-4	PA; QL (112 tablets per 28 days)
pirfenidone oral tablet 267 mg	Tier-4	QL (270 EA per 30 days)
pirfenidone oral tablet 534 mg, 801 mg	Tier-4	QL (90 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK	Tier-4	PA; QL (56 Tablets per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK	Tier-4	PA; QL (84 tablets per 28 days)

SULFONAMIDES

sulfadiazine oral tablet	Tier-3	
TETRACYCLINES		
demecloxycycline hcl oral tablet	Tier-1	
doxycycline hyclate oral capsule	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
doxycycline hyclate oral tablet 100 mg, 20 mg	Tier-1	
doxycycline hyclate oral tablet 150 mg, 75 mg	Tier-2	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg	Tier-3	
doxycycline monohydrate oral capsule	Tier-1	
doxycycline monohydrate oral tablet	Tier-1	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 80 mg, 90 mg	Tier-3	
minocycline hcl oral capsule	Tier-1	
minocycline hcl oral tablet	Tier-2	
NUZYRA ORAL TABLET 150 MG	Tier-3	
tetracycline hcl oral capsule	Tier-3	
VIBRAMYCIN ORAL SYRUP	Tier-3	
THYROID AGENTS		
ARMOUR THYROID ORAL TABLET	Tier-2	
levothyroxine sodium oral capsule	Tier-2	
levothyroxine sodium oral tablet	Tier-1	
LEVOXYL ORAL TABLET	Tier-1	
liothyronine sodium oral tablet	Tier-1	
methimazole oral tablet	Tier-1	^ (LCG)
propylthiouracil oral tablet	Tier-1	
SYNTHROID ORAL TABLET	Tier-3	
THYQUIDITY ORAL SOLUTION	Tier-3	
TIROSINT ORAL CAPSULE	Tier-3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier-3	
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	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLIN ERGICS		
ACIPHEX ORAL TABLET DELAYED RELEASE	Tier-3	PA; QL (90 tablets per 90 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
amoxicill-clarithro-lansopraz oral	Tier-1	
chlordiazepoxide-clidinium oral capsule	Tier-3	
cimetidine hcl oral solution 300 mg/5ml	Tier-2	
cimetidine oral tablet	Tier-2	
cvs omeprazole-sod bicarbonate oral capsule	Tier-2	¥ (All OTC versions of this product are on Tier 2); QL (90 capsules per 90 days)
dexlansoprazole oral capsule delayed release	Tier-2	PA; QL (1 EA per 1 day)
dicyclomine hcl oral capsule	Tier-1	
dicyclomine hcl oral solution	Tier-1	
dicyclomine hcl oral tablet	Tier-1	
ed-spaz oral tablet dispersible	Tier-1	
esomeprazole magnesium oral capsule delayed release 20 mg	Tier-1	¥ (Only OTC esomeprazole products are covered)
esomeprazole magnesium oral packet	Tier-2	PA; ¥ (PA applies to members > 12 years); QL (90 packets per 90 days)
famotidine oral suspension reconstituted	Tier-2	
famotidine oral tablet 20 mg, 40 mg	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)
glycopyrrolate oral tablet 1 mg, 2 mg	Tier-1	
hyoscyamine sulfate er oral tablet extended release 12 hour	Tier-1	
hyoscyamine sulfate oral elixir	Tier-1	
hyoscyamine sulfate oral solution	Tier-1	
hyoscyamine sulfate oral tablet	Tier-1	
hyoscyamine sulfate oral tablet dispersible	Tier-1	
hyoscyamine sulfate sublingual tablet sublingual	Tier-1	
lansoprazole oral capsule delayed release	Tier-2	
lansoprazole oral tablet delayed release dispersible	Tier-3	PA; ¥ (PA applies to members > 12 years); QL (90 EA per 90 days)
methscopolamine bromide oral tablet	Tier-1	
misoprostol oral tablet	Tier-1	
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE	Tier-3	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	Tier-3	
nizatidine oral capsule	Tier-2	
omeprazole oral capsule delayed release	Tier-1	
omeprazole-sodium bicarbonate oral capsule	Tier-3	¥ (Only these two NDCs are covered: 68682-0102-30 or 68682-0104-30); QL (90 capsules per 90 days)
omeprazole-sodium bicarbonate oral packet	Tier-2	PA; ¥ (PA applies to members > 12 years)
pantoprazole sodium oral packet	Tier-2	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days)
pantoprazole sodium oral tablet delayed release	Tier-1	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	Tier-3	PA; QL (90 capsules per 90 days)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	Tier-3	PA; ¥ (PA applies to members > 12 years); QL (90 EA per 90 days)
PRILOSEC ORAL PACKET	Tier-3	PA; ¥ (PA applies to members > 12 years); QL (90 EA per 90 days)
PROTONIX ORAL TABLET DELAYED RELEASE	Tier-3	PA; QL (90 tablets per 90 days)
PYLERA ORAL CAPSULE	Tier-2	
rabeprazole sodium oral tablet delayed release	Tier-2	
sucralfate oral suspension	Tier-3	Age Limit (Max 12 Years)
sucralfate oral tablet	Tier-1	
ZEGERID ORAL CAPSULE	Tier-3	PA; QL (90 capsules per 90 days)
ZEGERID ORAL PACKET	Tier-3	PA; QL (90 packets per 90 days)
URINARY ANTISPASMODICS		
bethanechol chloride oral tablet	Tier-1	
darifenacin hydrobromide er oral tablet extended release 24 hour	Tier-2	
flavoxate hcl oral tablet	Tier-1	
GELNIQUE TRANSDERMAL GEL 10 %	Tier-3	STPA
GEMTESA ORAL TABLET	Tier-3	STPA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Tier-3	STPA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	STPA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
oxybutynin chloride er oral tablet extended release 24 hour	Tier-1	
oxybutynin chloride oral syrup	Tier-1	
oxybutynin chloride oral tablet	Tier-1	
solifenacin succinate oral tablet	Tier-2	
tolterodine tartrate er oral capsule extended release 24 hour	Tier-2	
tolterodine tartrate oral tablet	Tier-1	
trospium chloride er oral capsule extended release 24 hour	Tier-2	
VESICARE LS ORAL SUSPENSION	Tier-3	STPA
VAGINAL AND RELATED PRODUCTS		
CLEOCIN VAGINAL SUPPOSITORY	Tier-3	
clindamycin phosphate vaginal cream	Tier-1	
CLINDESSE VAGINAL CREAM	Tier-3	
CRINONE VAGINAL GEL	Tier-3	
ENDOMETRIN VAGINAL INSERT	Tier-3	
estradiol vaginal cream	Tier-1	
estradiol vaginal tablet	Tier-1	
ESTRING VAGINAL RING	Tier-2	
FEMRING VAGINAL RING	Tier-2	
GYNAZOLE-1 VAGINAL CREAM	Tier-3	
INTRAROSA VAGINAL INSERT	Tier-3	
metronidazole vaginal gel	Tier-2	
NUVESSA VAGINAL GEL	Tier-3	
PHEXXI VAGINAL GEL	Tier-3	^ (WH)
PREMARIN VAGINAL CREAM	Tier-2	
terconazole vaginal cream	Tier-1	
terconazole vaginal suppository	Tier-2	
VANDAZOLE VAGINAL GEL	Tier-1	
VASOPRESSORS		
droxidopa oral capsule	Tier-4	PA
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	Tier-1	¥ (Generic Adrenaclick); QL (2 Injectors per 1 Fill)
epinephrine solution auto-injector 0.15 mg/0.15ml injection	Tier-1	¥ (Generic Adrenaclick); QL (2 INJECTORS per 1 Fill)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Drug	Status	Notes
epinephrine solution auto-injector 0.15 mg/0.3ml injection	Tier-2	¥ (Generic Epipen Jr); QL (2 INJECTORS per 1 Fill)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	Tier-1	¥ (Generic Adrenaclick); QL (2 INJECTORS per 1 Fill)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	Tier-2	¥ (Generic Epipen); QL (2 INJECTORS per 1 Fill)
midodrine hcl oral tablet	Tier-1	
VITAMINS		
ergocalciferol oral capsule	Tier-1	
phytonadione oral tablet	Tier-2	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	Tier-1	
vitamin d3 oral capsule 1.25 mg (50000 ut)	Tier-1	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

Index

abacavir sulfate.....	41	alfuzosin hcl er.....	66	anastrozole.....	33
abacavir sulfate-lamivudine.....	41	ALINIA.....	31	ANGELIQ.....	64
ABILIFY MYCITE MAINTENANCE KIT	39	aliskiren fumarate.....	29	ANNOVERA.....	48
ABILIFY MYCITE STARTER KIT	40	allopurinol.....	67	ANORO ELLIPTA	15
abiraterone acetate.....	33	almotriptan malate.....	76	antibiotic ear.....	85
ABRAXANE.....	33	ALOCRIL.....	81	apap-caff-dihydrocodeine.....	9
acamprosate calcium.....	87	alogliptin benzoate.....	23	APEXICON E.....	52
acarbose.....	23	alogliptin-metformin hcl.....	23	APLENZIN.....	21
acebutolol hcl.....	44	alogliptin-pioglitazone.....	23	apomorphine hcl.....	38
acetaminophen-codeine.....	9	ALOMIDE.....	81	apraclonidine hcl.....	81
acetaminophen-codeine #2.....	9	ALORA.....	64	aprepitant.....	27
acetaminophen-codeine #3.....	9	alosetron hcl.....	65	APRETUDE.....	41
acetaminophen-codeine #4.....	9	ALPHAGAN P	81	APRI.....	48
ACETASOL HC.....	85	ALPHANATE.....	67	APTIOM	18
acetazolamide.....	60	ALPHANINE SD.....	67	APTIVUS	41
acetazolamide er.....	60	alprazolam.....	13	ARANELLE.....	48
acetic acid.....	85	ALPROLIX.....	67	ARANESP (ALBUMIN FREE)	70
acetylcysteine.....	51	ALREX	81	ARCALYST.....	6
ACIPHEX.....	92	ALTABAX.....	52	arformoterol tartrate.....	15
acitretin.....	51	ALTRENO.....	52	ARIKAYCE.....	6
ACTEMRA.....	6	ALUNBRIG.....	33	ariPIPrazole.....	40
ACTEMRA ACTPEN	6	ALVESCO.....	15	armodafinil.....	3
ACTHAR.....	60	ALYMSYS.....	33	ARMOUR THYROID	92
ACTIMMUNE.....	33	amantadine hcl.....	38	ARNUTITY ELLIPTA	15
ACUVAIL.....	81	ambrisentan.....	46	ASCENIV.....	85
acyclovir.....	41, 51	amcinonide.....	52	ASMANEX (120 METERED DOSES).....	15
ADAKVEO.....	70	AMETHIA.....	48	ASMANEX (14 METERED DOSES).....	15
adapalene.....	52	AMETHYST.....	48	ASMANEX (30 METERED DOSES).....	15
adapalene-benzoyl peroxide	52	amiloride hcl.....	60	ASMANEX (60 METERED DOSES).....	15
ADDYI.....	87	amiloride-hydrochlorothiazide....	60	ASMANEX HFA.....	15
adefovir dipivoxil.....	41	aminocaproic acid.....	73	aspirin-dipyridamole er.....	67
ADEMPAS.....	46	amiodarone hcl.....	14	ATABEX EC.....	79
ADVAIR HFA.....	14	amitriptyline hcl.....	21	atazanavir sulfate.....	41
ADVATE.....	67	amlodipine besy-benazepril hcl..	29	atenolol.....	44
adynovate.....	67	amlodipine besylate.....	45	atenolol-chlorthalidone.....	29
AEMCOLO.....	31	amlodipine besylate-valsartan....	29	atomoxetine hcl.....	3
AFSTYLA.....	67	amlodipine-atorvastatin.....	46	atorvastatin calcium.....	28
AIMOVIG.....	76	amlodipine-olmesartan.....	29	atovaquone.....	31
AJOVY.....	76	ammonium lactate.....	52	atovaquone-proguanil hcl.....	32
ak-poly-bac.....	81	amondys 45	80	atropine sulfate.....	81
AKYNZEO.....	27	amoxapine.....	21	ATROVENT HFA	15
ala-cort.....	52	amoxicill-clarithro-lansopraz....	93	AUBAGIO.....	87
albendazole.....	13	amoxicillin.....	86	AUSTEDO.....	87
albuterol sulfate.....	14	amoxicillin-pot clavulanate...86,	87	AVIANE.....	48
albuterol sulfate hfa.....	14	amoxicillin-pot clavulanate er....	86	AVITA	52
alclometasone dipropionate.....	52	amphetamine-dextroamphet er....	3	AVITA.....	52
ALDURAZYME.....	61	amphetamine-			
ALECENSA.....	33	dextroamphetamine.....	3		
alendronate sodium.....	61	ampicillin.....	87		
		AMVUTTRA.....	87		
		anagrelide hcl.....	67		

AVONEX PEN	87	BD PEN NEEDLE SHORT	
AVONEX PREFILLED	87	U/F	75
AVSOLA	65	BD SAFETYGLIDE	
AYVAKIT	33	INSULIN SYRINGE	76
AZASAN	78	BD SAFETY-LOK INSULIN	
AZASITE	81	SYRINGE	76
azathioprine	78	BD VEO INSULIN SYR U/F	
azathioprine sodium	78	1/2UNIT	76
azelaic acid	52	BD VEO INSULIN SYRINGE	
azelastine hcl	80, 81	U/F	76
azelastine-fluticasone	80	BELBUCA	9
azithromycin	74	BELSOMRA	73
AZURETTE	48	benazepril hcl	29
bacitracin	52, 81	benazepril-hydrochlorothiazide	29
bacitracin zinc	52	BENEFIX	67
bacitracin-polymyxin b	52, 81	BENLYSTA	78
bacitra-neomycin-polymyxin-hc	81	BENZEPRO	52
BACITRAYCIN PLUS	52	BENZEPRO FOAMING	
baclofen	80	CLOTHS	52
BAFIERTAM	87	benznidazole	13
BALCOLTRA	48	benzonatate	51
balsalazide disodium	65	benzoyl peroxide-erythromycin	52
BALVERSA	33	benzphetamine hcl	3
BALZIVA	48	benztropine mesylate	39
BAQSIMI ONE PACK	23	benzyl alcohol	87
BAQSIMI TWO PACK	23	bepotastine besilate	82
BARACLUDÉ	41	BERINERT	67
BAXDELA	65	BESIVANCE	82
BD AUTOSHIELD	75	BESREMI	33
BD AUTOSHIELD DUO	75	betamethasone dipropionate	52
BD INSULIN SYR		betamethasone dipropionate aug	52
ULTRAFINE II	75	betamethasone valerate	52, 53
BD INSULIN SYRINGE	75	BETASERON	87
BD INSULIN SYRINGE		betaxolol hcl	44, 82
MICROFINE	75	bethanechol chloride	94
BD INSULIN SYRINGE U/F	75	BETIMOL	82
BD INSULIN SYRINGE U/F		BETOPTIC-S	82
1/2UNIT	75	bexarotene	33, 53
BD INSULIN SYRINGE U-		BEYAZ	48
500	75	bicalutamide	33
BD INSULIN SYRINGE		BIKTARVY	41
ULTRAFINE	75	bimatoprost	82
BD PEN NEEDLE MICRO		BIONECT	53
U/F	75	bisoprolol fumarate	44
BD PEN NEEDLE MINI U/F	75	bisoprolol-hydrochlorothiazide	29
BD PEN NEEDLE NANO		BIVIGAM	85
2ND GEN	75	BLEPHAMIDE S.O.P.	82
BD PEN NEEDLE NANO		bosentan	46
U/F	75	BOSULIF	33
BD PEN NEEDLE		BOTOX	81
ORIGINAL U/F	75	bp wash	53
		BRAFTOVI	33
		BREO ELLIPTA	15
		BRILINTA	68
		brimonidine tartrate	82
		brimonidine tartrate-timolol	82
		brinzolamide	82
		BRIVIACT	18
		bromfenac sodium (once-daily)	82
		bromocriptine mesylate	39
		BRONCHITOL	91
		BRUKINSA	33
		budesonide	15, 80
		budesonide er	50
		bumetanide	60
		BUPAP	9
		BUPHENYL	61
		buprenorphine	10
		buprenorphine hcl	9
		buprenorphine hcl-naloxone hcl	
			9, 10
		bupropion hcl	21
		bupropion hcl er (smoking det)	87
		bupropion hcl er (sr)	21
		bupropion hcl er (xl)	21
		buspirone hcl	13
		butalbital-acetaminophen	9
		butalbital-apap-caff-cod	10
		butalbital-apap-caffeine	9
		butalbital-asa-caff-codeine	10
		butalbital-asa-caffeine	9
		butorphanol tartrate	10
		BYLVAY	65
		BYLVAY (PELLETS)	65
		cabergoline	61
		CABLIVI	68
		CABOMETYX	33
		calcipotriene	53
		calcipotriene-betameth diprop	53
		calcitonin (salmon)	61
		CALCITRENE	53
		calcitriol	53, 61
		calcium acetate (phos binder)	65
		CALQUENCE	33
		CAMILA	48
		CAMRESE	48
		CAMRESE LO	48
		candesartan cilexetil	29
		candesartan cilexetil-hctz	29
		capecitabine	33
		CAPEX	53
		CAPLYTA	40
		CAPRELSA	33
		captopril	29

carbamazepine	18	cinacalcet hcl	61	COMETRIQ (60 MG DAILY DOSE)	34
carbamazepine er	18	CINQAIR	15	COMPLERA	41
carbidopa	39	CINRYZE	68	constulose	74
carbidopa-levodopa	39	CIPRO HC	85	CONTRAVE	3
carbidopa-levodopa er	39	ciprofloxacin hcl	65, 82, 85	COPAXONE	87
carbidopa-levodopa-entacapone	39	ciprofloxacin-dexamethasone	85	COPIKTRA	34
carglumic acid	61	citalopram hydrobromide	21	CORDRAN	54
carisoprodol	80	CLARAVIS	53	CORIFACT	68
carisoprodol-aspirin-codeine	80	clarithromycin	74	CORLANOR	46
carteolol hcl	82	clarithromycin er	74	CORTISPORIN-TC	85
CARTIA XT	45	clemastine fumarate	28	CORTROPHIN	61
carvedilol	44	CLENPIQ	74	COSELA	34
carvedilol phosphate er	44	CLEOCIN	95	COSENTYX	54
CAVERJECT	46	CLIMARA PRO	64	COSENTYX (300 MG DOSE)	54
CAYSTON	31	CLINDACIN-P	53	COSENTYX SENSOREADY (300 MG)	54
cefaclor	47	clindamycin hcl	31	COSENTYX SENSOREADY PEN	54
cefaclor er	47	clindamycin palmitate hcl	31	COTELLIC	34
cefadroxil	47	clindamycin phos-benzoyl peroxy	53	CREON	59
cefdinir	47	clindamycin phosphate	53, 95	CRESEMBA	27
cefixime	47	CLINDESSE	95	CRINONE	95
cefpodoxime proxetil	47	clobazam	18	cromolyn sodium	15, 65, 82
cefprozil	47	clobetasol propionate	53, 54	CROTAN	54
cefuroxime axetil	48	clobetasol propionate e	53	CRYSELLE-28	48
celecoxib	6	clobetasol propionate emulsion ..	53	CRYSVITA	61
CELONTIN	18	clocoartolone pivalate	54	CUTAQUIG	85
cephalexin	48	clomiphene citrate	61	CUVITRU	85
CEQUA	82	clomipramine hcl	21	cvs nicotine	88
CERDELGA	70	clonazepam	18	cvs nicotine polacrilex	87
CEREZYME	70	clonidine hcl	30	cvs omeprazole-sod bicarbonate	93
CETROTIDE	61	clonidine hcl er	3	cyanocobalamin	70
cevimeline hcl	79	clopidogrel bisulfate	68	cyclobenzaprine hcl	80
CHEMET	26	clorazepate dipotassium	13	cyclopentolate hcl	82
chlordiazepoxide hcl	13	clotrimazole	79	cyclophosphamide	34
chlordiazepoxide-amitriptyline	87	clotrimazole-betamethasone	54	cycloserine	32
chlordiazepoxide-clidinium	93	clozapine	40	CYCLOSET	23
chlorhexidine gluconate	79	COAGADEX	68	cyclosporine	78, 82
chloroquine phosphate	32	COARTEM	32	cyclosporine modified	78
chlorpromazine hcl	40	codeine sulfate	10	cyproheptadine hcl	28
chlorthalidone	60	coditussin ac	51	CYSTADANE	61
chlorzoxazone	80	coditussin dac	51	CYSTADROPS	82
CHOLBAM	65	coenzyme q10	6	CYSTAGON	67
chorionic gonadotropin	61	colchicine	67	CYSTARAN	82
ciclopirox	53	colchicine-probenecid	67	CYTOGAM	85
ciclopirox olamine	53	colesevelam hcl	28	dalfampridine er	88
cilostazol	68	colestipol hcl	28	DALIRESP	15
CILOXAN	82	COMBIPATCH	64	danazol	12
CIMDUO	41	COMBIVENT RESPIMAT	15	dantrolene sodium	80
cimetidine	93	COMETRIQ (100 MG DAILY DOSE)	33	dapsone	31, 54
cimetidine hcl	93	COMETRIQ (140 MG DAILY DOSE)	33	darifenacin hydrobromide er	94
CIMZIA	65				
CIMZIA PREFILLED	65				
CIMZIA STARTER KIT	65				

DAURISMO	34	dimethyl fumarate	88	ELELYSO	70
DAYVIGO	73	dimethyl fumarate starter pack	88	ELESTRIN	64
deferasirox	26	DIPENTUM	65	ELETONE	55
deferasirox granules	26	diphenhydramine hcl	28	eletriptan hydrobromide	76
deferiprone	26	diphenoxylate-atropine	26	ELIQUIS	17
DELESTROGEN	64	dipyridamole	68	ELIXOPHYLLIN	15
DELSTRIGO	41	disopyramide phosphate	14	ELLA	48
demeclocycline hcl	91	disulfiram	88	ELMIRON	67
DENAVIR	54	DIURIL	60	ELOCTATE	68
DESCOVY	41	divalproex sodium	19	ELURYNG	48
desipramine hcl	21	divalproex sodium er	19	EMCYT	34
desloratadine	28	DIVIGEL	64	EMEND	27
desmopressin ace spray refrigerated	61	dofetilide	14	EMFLAZA	50
desmopressin acetate	61	DOJOLVI	81	EMGALITY	76
desonide	54	donepezil hcl	88	EMGALITY (300 MG DOSE)	76
desoximetasone	54	DOPTELET	70	EMPAVELI	68
desvenlafaxine er	21	dorzolamide hcl	82	EMSAM	22
desvenlafaxine succinate er	21	dorzolamide hcl-timolol mal	82	emtricitabine	42
dexamethasone	50	DOVATO	41	emtricitabine-tenofovir df	42
dexamethasone sodium phosphate	82	doxazosin mesylate	30	EMTRIVA	42
dexlansoprazole	93	doxepin hcl	21, 54, 73	EMVERM	13
dexmethylphenidate hcl	3	doxercalciferol	61	enalapril maleate	30
dexmethylphenidate hcl er	3	doxycycline hydiate	91, 92	enalapril-hydrochlorothiazide	30
dextroamphetamine sulfate	3	doxycycline monohydrate	92	ENBREL	7
dextroamphetamine sulfate er	3	doxylamine-pyridoxine	27	ENBREL MINI	7
DIACOMIT	18	DRIZALMA SPRINKLE	21	ENBREL SURECLICK	7
DIASTAT ACUDIAL	18	dronabinol	27	ENDARI	70
DIASTAT PEDIATRIC	18	drospirene-eth estrad-levomefol	48	ENDOMETRIN	95
diazepam	13, 18	drospirenone-ethinyl estradiol	48	ENJAYMO	68
diazoxide	23	DROXIA	70	enoxaparin sodium	18
diclofenac potassium	6	droxidopa	95	ENPRESSE-28	48
diclofenac sodium	6, 54, 82	DRYSOL	54	entacapone	39
diclofenac sodium er	6	DUAVEE	64	entecavir	42
diclofenac-misoprostol	6	duloxetine hcl	21	ENTRESTO	46
dicloxacillin sodium	87	DUOPA	39	ENTYVIO	65
dicyclomine hcl	93	DUPIXENT	55	enulose	65
diethylpropion hcl	4	dutasteride	67	EPCLUSIA	42
diethylpropion hcl er	4	dutasteride-tamsulosin hcl	67	EPIDIOLEX	19
DIFFERIN	54	DUTOPROL	30	epinastine hcl	82
DIFICID	74, 75	DYANAVEL XR	4	epinephrine	95, 96
diflorasone diacetate	54	DYSPORT	81	EPISIL	79
diflunisal	9	E.E.S. 400	75	EPITOL	19
difluprednate	82	econazole nitrate	55	EPIVIR HBV	42
digoxin	46	EDEX	46	eplerenone	30
dihydroergotamine mesylate	76	ed-spaz	93	EPOGEN	70
DILANTIN	19	EDURANT	41	epoprostenol sodium	46
diltiazem hcl	45	efavirenz	41	eq nicotine	88
diltiazem hcl er	45	efavirenz-emtricitab-tenofovir df	41	eq nicotine polacrilex	88
diltiazem hcl er beads	45	efavirenz-emtricitab-tenofovir	42	eq nicotine step 3	88
diltiazem hcl er coated beads	45	efavirenz-lamivudine-tenofovir	42	eql nicotine polacrilex	88
dilt-xr	45	EFFER-K	77	EQUETRO	40
		ELAPRASE	61	ergocalciferol	96

ergoloid mesylates.....	88	FARXIGA	23	fluvastatin sodium er.....	28
ERGOMAR	76	FASENRA	16	fluvoxamine maleate.....	22
ergotamine-caffeine.....	76	FASENRA PEN	16	FML	82
ERIVEDGE	34	FAYOSIM	48	FML FORTE	82
erlotinib hcl.....	34	febuxostat.....	67	folic acid.....	70
ERRIN	48	felbamate.....	19	FOLLISTIM AQ	61
ERTACZO	55	felodipine er.....	45	fondaparinux sodium.....	18
ery.....	55	FEMRING	95	fosamprenavir calcium.....	42
ERY-TAB	75	fenofibrate.....	28	fosfomycin tromethamine.....	31
ERYTHROCIN STEARATE ..	75	fenofibrate micronized.....	28	fosinopril sodium.....	30
erythromycin.....	55, 82	fenofibric acid.....	28	fosinopril sodium-hctz.....	30
erythromycin base.....	75	fenoprofen calcium.....	7	FOTIVDA	34
erythromycin ethylsuccinate.....	75	fentanyl.....	10	FRAGMIN	18
erythromycin stearate.....	75	fentanyl citrate.....	10	FRESHKOTE	83
ESBRIET	91	FERRALET 90	70	frovatriptan succinate.....	76
escitalopram oxalate.....	22	FERRIPROX	26	FULPHILA	71
ESGIC	9	FINACEA	55	furosemide.....	60
esomeprazole magnesium.....	93	finasteride.....	67	FUSION PLUS	71
ESPEROCT	68	FINTEPLA	19	FUZEON	42
estazolam.....	73	FIRDAPSE	32	FYCOMPA	19
estradiol.....	64, 95	FIRST-LANSOPRAZOLE	93	FYLNETRA	71
estradiol-norethindrone acet.....	64	FIRST-OMEPRAZOLE	93	gabapentin.....	19
ESTRING	95	FIRVANQ	31	GALAFOLD	61
ESTROGEL	64	FLAREX	82	galantamine hydrobromide.....	88
eszopiclone.....	73	flavoxate hcl.....	94	galantamine hydrobromide er.....	88
ethacrylic acid.....	60	FLEBOGAMMA DIF	85	GALZIN	77
ethambutol hcl.....	32	flecainide acetate.....	14	GAMMAGARD	85
ethosuximide.....	19	FLEQSUVY	80	GAMMAGARD S/D LESS	
ethynodiol diac-eth estradiol.....	48	FLOLAN	46	IGA	85
etodolac.....	7	FLOVENT DISKUS	16	GAMMAKED	86
etodolac er.....	7	FLOVENT HFA	16	GAMMAPLEX	86
etonogestrel-ethinyl estradiol.....	48	fluconazole.....	27	GAMUNEX-C	86
etoposide.....	34	flucytosine.....	27	ganirelix acetate.....	61
EUCRISA	55	fludrocortisone acetate.....	50	gatifloxacin.....	83
EUFLICXXA	80	flunisolide.....	80	GATTEX	65
EVAMIST	64	fluocinolone acetonide.....	55, 85	GAVILYTE-G	74
EVENITY	61	fluocinolone acetonide body.....	55	GAVRETO	34
everolimus.....	34, 78	fluocinolone acetonide scalp.....	55	GELNIQUE	94
EVKEEZA	28	fluocinonide.....	55	gemfibrozil.....	29
EVOTAZ	42	fluorometholone.....	82	GEMTESA	94
EVRYSDI	81	fluorouracil.....	55	GENERESS FE	48
EXELDERM	55	fluoxetine hcl.....	22	generlac.....	65
exemestane.....	34	fluoxetine hcl (pmdd).....	88	GENTAK	83
EXKIVITY	34	fluphenazine hcl.....	40	gentamicin sulfate.....	56, 83
EXONDYS 51	81	flurandrenolide.....	55	GENVOYA	42
EXSERVAN	81	flurazepam hcl.....	73	GILENYA	88
ezetimibe.....	28	flurbiprofen.....	7	GILOTrif	34
ezetimibe-simvastatin.....	28	flurbiprofen sodium.....	82	GIVLAARI	68
FABIOR	55	flutamide.....	34	GLEOSTINE	34
FABRAZYME	61	fluticasone propionate.....	55, 80	glimepiride.....	23
famciclovir.....	42	fluticasone-salmeterol.....	16	glipizide.....	23
famotidine.....	93	fluvastatin sodium.....	29	glipizide er.....	23

glipizide xl	23	HUMIRA PEDIATRIC		imiquimod	56
glipizide-metformin hcl	23	CROHNS START	7	imiquimod pump	56
GLUCAGEN HYPOKIT	23	HUMIRA PEN	7	IMPAVIDO	31
glucagon emergency	23, 24	HUMIRA PEN-CD/UC/HS		INBRIJA	39
glyburide	24	STARTER	7	INCRELEX	61
glyburide micronized	24	HUMIRA PEN-PS/UV/ADOL		indapamide	60
glyburide-metformin	24	HS START	7	INDOCIN	7
glycopyrrolate	93	HUMIRA PEN-PSOR/UVEIT		indomethacin	7
GLYXAMBI	24	STARTER	7	indomethacin er	7
gnp nicotine mini	88	HUMULIN 70/30	24	INFLECTRA	65
gnp nicotine polacrilex	88	HUMULIN N	24	infliximab	65
GOLYTELY	74	HUMULIN R	24	INGREZZA	88
GONAL-F	61	HUMULIN R U-500		INLYTA	34
GONAL-F RFF	61	(CONCENTRATED)	24	INNOPRAN XL	44
granisetron hcl	27	HYCAMTIN	34	INQOVI	34
GRANIX	71	hydralazine hcl	30	INREBIC	34
GRASTEK	5	hydrochlorothiazide	60	INTEGRA F	71
griseofulvin microsize	27	hydrocod polst-cpm polst er	51	INTEGRA PLUS	71
griseofulvin ultramicrosize	27	hydrocodone bitartrate er	10	INTRAROSA	95
guaiatussin ac	51	hydrocodone bit-homatrop mbr.	51	INTRON A	35
guaifenesin ac	51	hydrocodone-acetaminophen	10	INVELTYS	83
guaifenesin-codeine	51	hydrocodone-ibuprofen	10	IOPIDINE	83
guanfacine hcl	30	hydrocortisone	13, 50, 56	ipratropium bromide	16, 80
guanfacine hcl er	4	hydrocortisone butyr lipo base	56	ipratropium-albuterol	16
GYNAZOLE-1	95	hydrocortisone butyrate	56	irbesartan	30
HAEGARDA	68	hydrocortisone valerate	56	irbesartan-hydrochlorothiazide	30
halcinonide	56	hydrocortisone-acetic acid	85	IRESSA	35
halobetasol propionate	56	hydromet	51	IROSPAN 24/6	71
HALOG	56	hydromorphone hcl	10	ISENTRESS	42
haloperidol	40	hydromorphone hcl er	10	ISENTRESS HD	42
haloperidol lactate	40	hydroxychloroquine sulfate	32	isoniazid	32
HARVONI	42	hydroxyurea	34	ISORDIL TITRADOSE	13
HEMLIBRA	68	hydroxyzine hcl	14	isosorb dinitrate-hydralazine	46
HEMOFIL M	68	hydroxyzine pamoate	14	isosorbide dinitrate	13
heparin sodium (porcine)	18	hyoscyamine sulfate	93	isosorbide mononitrate	13
HERCEPTIN HYLECTA	34	hyoscyamine sulfate er	93	isosorbide mononitrate er	13
HETLIOZ	73	HYQVIA	86	isradipine	45
HETLIOZ LQ	73	ibandronate sodium	61	ISTURISA	61
HIZENTRA	86	IBRANCE	34	itraconazole	27
hm nicotine	88	ibuprofen	7	ivermectin	13, 56
hm nicotine polacrilex	88	ibuprofen-famotidine	7	IXINITY	68
HORIZANT	88	icatibant acetate	68	JADENU SPRINKLE	26
HUMALOG	24	ICLUSIG	34	JAKAFI	35
HUMALOG KWIKPEN	24	IDELVION	68	JANTOVEN	18
HUMALOG MIX 50/50	24	IDHIFA	34	JANUMET	24
HUMALOG MIX 50/50		ILEVRO	83	JANUMET XR	24
KWIKPEN	24	ILUMYA	56	JANUVIA	24
HUMALOG MIX 75/25	24	imatinib mesylate	34	JARDIANCE	24
HUMALOG MIX 75/25		IMBRUICA	34	JATENZO	12
KWIKPEN	24	IMCIVREE	4	JINTELI	64
HUMATE-P	68	imipramine hcl	22	JIVI	68
HUMIRA	7	imipramine pamoate	22	JOLESSA	48

JULUCA	42	lamotrigine starter kit-green	19	lidocaine hcl	79
JUNEL 1.5/30	48	lamotrigine starter kit-orange	19	lidocaine pain relief	56
JUNEL 1/20	49	LAMPIT	31	lidocaine-prilocaine	56
JUNEL FE 1.5/30	49	LANOXIN	46	lidocaine-tetracaine	56
JUNEL FE 1/20	49	lansoprazole	93	lindane	56
JUXTAPID	29	lanthanum carbonate	65	linezolid	31
JYNARQUE	61, 62	LANTUS	24	LINZESS	65
KALYDECO	91	LANTUS SOLOSTAR	24	liothyronine sodium	92
KANUMA	62	lapatinib ditosylate	35	lisinopril	30
KARIVA	49	latanoprost	83	lisinopril-hydrochlorothiazide	30
KELNOR 1/35	49	LATUDA	40	lithium carbonate	40
KELNOR 1/50	49	leflunomide	8	lithium carbonate er	40
KERALYT	56	lenalidomide	78	LIVMARLI	66
KERENDIA	62	LENVIMA (10 MG DAILY DOSE)	35	LIVTENCITY	42
KESIMPTA	88	LENVIMA (12 MG DAILY DOSE)	35	l-methylfolate	59
ketoconazole	27, 56	LENVIMA (14 MG DAILY DOSE)	35	LO LOESTRIN FE	49
ketoprofen er	7	LENVIMA (18 MG DAILY DOSE)	35	LOESTRIN 1.5/30 (21)	49
ketorolac tromethamine	7, 83	LENVIMA (20 MG DAILY DOSE)	35	LOESTRIN 1/20 (21)	49
KEVEYIS	60	LENVIMA (24 MG DAILY DOSE)	35	LOESTRIN FE 1.5/30	49
KEVZARA	8	LENVIMA (4 MG DAILY DOSE)	35	LOESTRIN FE 1/20	49
KINERET	8	LENVIMA (8 MG DAILY DOSE)	35	LOKELMA	78
KISQALI (200 MG DOSE)	35	LEQVIO	29	LONSURF	36
KISQALI (400 MG DOSE)	35	LESSINA	49	loperamide hcl	26
KISQALI (600 MG DOSE)	35	letrozole	35	lopinavir-ritonavir	42
KISQALI FEMARA (400 MG DOSE)	35	leucovorin calcium	35	lorazepam	14
KISQALI FEMARA (600 MG DOSE)	35	LEUKERAN	35	LORAZEPAM INTENSOL	14
KISQALI FEMARA(200 MG DOSE)	35	LEUKINE	71	LORBRENA	36
KLOR-CON	77	leuprolide acetate	35	losartan potassium	30
KLOR-CON 10	77	levalbuterol hcl	16	losartan potassium-hctz	30
KLOR-CON M10	77	levalbuterol tartrate	16	LOSEASONIQUE	49
KLOR-CON M15	77	LEVEMIR	25	LOTEMAX	83
KLOR-CON M20	77	LEVEMIR FLEXTOUCH	25	loteprednol etabonate	83
KOATE-DVI	69	levetiracetam	19	lovastatin	29
KOGENATE FS	69	levetiracetam er	19	LOW-OGESTREL	49
KORLYM	24	levobunolol hcl	83	loxapine succinate	40
KOSELUGO	35	levocarnitine	62	lubiprostone	66
KOVALTRY	69	levocetirizine dihydrochloride	28	LUCEMYRA	88
KRINTAFEL	32	levofloxacin	65, 83	luliconazole	57
KRISTALOSE	74	LEVORA 0.15/30 (28)	49	LUMAKRAS	36
KRYSTEXXA	67	levorphanol tartrate	11	LUMIGAN	83
labetalol hcl	44	levthyroxine sodium	92	LUMIZYME	62
lacosamide	19	LEVOXYL	92	LUPKYNIS	78
LACRISERT	83	LEXIVA	42	LUTERA	49
lactulose	74	lidocaine	56	LYBALVI	89
lamivudine	42			LYNPARZA	36
lamivudine-zidovudine	42			LYSODREN	36
lamotrigine	19			MACRODANTIN	31
lamotrigine er	19			mafénide acetate	57
lamotrigine starter kit-blue	19			malathion	57

MARPLAN	22	methoxsalen rapid	57	MULPLETA	71
MATULANE	36	methscopolamine bromide	93	MULTAQ	14
MATZIM LA	45	methyldopa	30	mupirocin	57
MAVENCLAD (10 TABS)	89	methylergonovine maleate	85	mupirocin calcium	57
MAVENCLAD (4 TABS)	89	methylphenidate	5	MUSE	46
MAVENCLAD (5 TABS)	89	methylphenidate hcl	4	MYALEPT	62
MAVENCLAD (6 TABS)	89	methylphenidate hcl er	4	MYCAPSSA	62
MAVENCLAD (7 TABS)	89	methylphenidate hcl er (cd)	4	mycophenolate mofetil	78
MAVENCLAD (8 TABS)	89	methylphenidate hcl er (la)	4	mycophenolate sodium	78
MAVENCLAD (9 TABS)	89	methylphenidate hcl er (osm)	4	MYFEMBREE	64
MAVYRET	42	methylprednisolone	50	MYFORTIC	78
MAXIDEX	83	metoclopramide hcl	66	MYLERAN	36
MAYZENT	89	metolazone	60	MYOBLOC	81
MAYZENT STARTER PACK	89	metoprolol succinate er	44	MYRBETRIQ	94
meclizine hcl	27	metoprolol tartrate	44	MYTESI	26
meclofenamate sodium	8	metoprolol-hydrochlorothiazide	30	nabumetone	8
MEDROL	50	metronidazole	31, 57, 95	nadolol	44
medroxyprogesterone acetate	87	metyrosine	30	naftifine hcl	57
mefenamic acid	8	mexiletine hcl	14	NAFTIN	57
mefloquine hcl	32	MIACALCIN	62	NAGLAZYME	62
megestrol acetate	36, 87	MICROGESTIN 1.5/30	49	naloxone hcl	26
MEKINIST	36	MICROGESTIN 1/20	49	naltrexone hcl	26
MEKTOVI	36	MICROGESTIN FE 1.5/30	49	naproxen	8
meloxicam	8	MICROGESTIN FE 1/20	49	naproxen sodium	8
melphalan	36	midodrine hcl	96	naproxen-esomeprazole	8
memantine hcl	89	mifepristone	62	naproxen-esomeprazole mg	8
memantine hcl er	89	MIGERGOT	76	naratriptan hcl	76
MENEST	64	miglitol	25	NARCAN	26
MENOPUR	62	miglustat	71	NASCOBAL	71
MENTAX	57	MIGRANAL	76	NATACYN	83
meperidine hcl	11	MILLIPRED	50	NATAZIA	49
meprobamate	14	MIMVEY	64	nateglinide	25
mercaptopurine	36	MINASTRIN 24 FE	49	NATPARA	62
mesalamine	66	minocycline hcl	92	NATROBA	57
mesalamine er	66	minocycline hcl er	92	NAYZILAM	20
MESNEX	36	minoxidil	30	nebivolol hcl	44
metaxalone	80	MIRCERA	71	NEBUPENT	31
metformin hcl	25	MIRCETTE	49	NECON 0.5/35 (28)	49
metformin hcl er	25	mirtazapine	22	NECON 1/35 (28)	49
metformin hcl er (mod)	25	misoprostol	93	NEEVO DHA	79
metformin hcl er (osm)	25	modafinil	5	nefazodone hcl	22
methadone hcl	11	moexipril hcl	30	neomycin sulfate	6
METHADONE HCL		mometasone furoate	57, 80	neomycin-bacitracin zn-	
INTENSOL	11	montelukast sodium	16	polymyx	83
METHADOSE	11	morphine sulfate	11	neomycin-polymyxin-dexameth.	83
methamphetamine hcl	4	morphine sulfate (concentrate)	11	neomycin-polymyxin-	
methazolamide	60	morphine sulfate er	11	gramicidin	83
methenamine hippurate	31	morphine sulfate er beads	11	neomycin-polymyxin-hc	83, 85
methimazole	92	MOTOFEN	26	NEO-POLYCIN	83
methitest	12	MOVANTIK	66	NEO-POLYCIN HC	83
methocarbamol	80	moxifloxacin hcl	65, 83	NERLYNX	36
methotrexate	36	moxifloxacin hcl (2x day)	83	NEULASTA	71

NEUPOGEN	71, 72	NOVAREL	62	ONGENTYS	39
NEUPRO	39	NOVOEIGHT	69	ONPATTRO	90
NEVANAC	83	NOVOSEVEN RT	69	ONZETRA XSAIL	77
nevirapine	43	NOXAFIL	27	OPDUALAG	36
nevirapine er	42	NUCALA	16	OPSUMIT	46
NEXIUM 24HR	94	NUCORT	57	ORALAIR	5
NEXIUM 24HR CLEAR MINIS	93	NUEDEXTA	89	ORALONE	79
NEXTSTELLIS	49	NULIBRY	62	ORENCIA	8
NEXVIAZYME	62	NUMOISYN	79	ORENCIA CLICKJECT	8
niacin er (antihyperlipidemic)	29	NUPLAZID	40	ORENITRAM	46
NIACOR	29	NURTEC	76	ORFADIN	62
nicardipine hcl	45	NUVARING	49	ORGOVYX	36
nicotine	89	NUVESSA	95	ORIAHNN	64
nicotine mini	89	NUWIQ	69	ORILISSA	62
nicotine polacrilex	89	NUZYRA	92	ORKAMBI	91
nicotine step 1	89	NYMALIZE	45	ORLADEYO	69
nicotine step 2	89	nystatin	27, 57, 79	orphenadrine citrate er	80
nicotine step 3	89	nystatin-triamcinolone	57	ORSYTHIA	50
NICOTROL	89	NYSTOP	57	ORTHO TRI-CYCLEN LO	50
NICOTROL NS	89	NYVEPRIA	72	oseltamivir phosphate	43
nifedipine	45	obizur	69	OSMOPREP	74
nifedipine er	45	OCALIVA	66	OSPHENA	62
nifedipine er osmotic release	45	OCELLA	50	OTEZLA	8
nilutamide	36	OCTAGAM	86	OVIDREL	62
nimodipine	45	octreotide acetate	62	oxandrolone	12
NINLARO	36	ODACTRA	5	oxaprozin	8
nisoldipine er	45	ODEFSEY	43	oxazepam	14
nitazoxanide	31	ODOMZO	36	OXBRYTA	72
nitisinone	62	OFEV	91	oxcarbazepine	20
NITRO-BID	13	ofloxacin	65, 83, 85	OXERVATE	84
NITRO-DUR	13	olanzapine	40	oxiconazole nitrate	57
nitrofurantoin	31	olanzapine-fluoxetine hcl	89	OXISTAT	57
nitrofurantoin macrocrystal	31	olmesartan medoxomil	30	OXLUMO	67
nitrofurantoin monohyd macro	31	olmesartan medoxomil-hctz	30	OXTELLAR XR	20
nitroglycerin	13	olmesartan-amlodipine-hctz	30	oxybutynin chloride	95
NITYR	62	olopatadine hcl	80, 83	oxybutynin chloride er	95
NIVESTYM	72	OLUMIANT	8	oxycodone hcl	11, 12
nizatidine	94	omega-3-acid ethyl esters	29	oxycodone hcl er	11
NORA-BE	49	omeprazole	94	oxycodone-acetaminophen	12
NORDITROPIN FLEXPRO	62	omeprazole-sodium bicarbonate	94	OXYCONTIN	12
norethin ace-eth estrad-fe	49	OMNIPOD 5 G6 INTRO		oxymorphone hcl	12
norethindrone acetate	87	(GEN 5)	76	oxymorphone hcl er	12
norethindrone-eth estradiol	64	OMNIPOD 5 G6 POD (GEN		OZEMPIC (0.25 OR 0.5	
norethin-eth estradiol-fe	49	5)	76	MG/DOSE)	25
NORPACE CR	14	OMNIPOD DASH INTRO		OZEMPIC (1 MG/DOSE)	25
NORTREL 1/35 (21)	49	(GEN 4)	76	OZEMPIC (2 MG/DOSE)	25
NORTREL 1/35 (28)	49	OMNIPOD DASH PODS		PACERONE	14
NORTREL 7/7/7	49	(GEN 4)	76	PACERONE	14
nortriptyline hcl	22	ondansetron	27	PALFORZIA (12 MG DAILY	
NORVIR	43	ondansetron hcl	27	DOSE)	5
NOURIANZ	39	ONETOUCH ULTRA	59	PALFORZIA (120 MG DAILY	
		ONETOUCH VERIO	59	DOSE)	5

PALFORZIA (160 MG DAILY DOSE).....	5	phendimetrazine tartrate	5	prednisolone acetate	84
PALFORZIA (20 MG DAILY DOSE).....	5	phendimetrazine tartrate er	5	prednisolone sodium phosphate	51, 84
PALFORZIA (200 MG DAILY DOSE).....	6	phenelzine sulfate	22	prednisone	51
PALFORZIA (240 MG DAILY DOSE).....	6	phenobarbital	73	PREDNISONE INTENSOL	51
PALFORZIA (3 MG DAILY DOSE).....	6	phenoxybenzamine hcl	30	PREFEST	64
PALFORZIA (300 MG MAINTENANCE).....	6	phentermine hcl	5	pregabalin	20
PALFORZIA (300 MG TITRATION).....	6	phenytoin	20	PREGNYL	63
PALFORZIA (40 MG DAILY DOSE).....	6	phenytoin sodium extended	20	PREMARIN	64
PALFORZIA (6 MG DAILY DOSE).....	6	PHESGO	36	PREMARIN	95
PALFORZIA (80 MG DAILY DOSE).....	6	PHEXXI	95	PREMPHASE	64
PALFORZIA INITIAL ESCALATION.....	6	phytonadione	96	PREMPRO	64
paliperidone er	40	PIFELTRO	43	pretomanid	32
PALYNZIQ	63	pilocarpine hcl	79, 84	PREVACID	94
PANCREAZE	59	pimecrolimus	57	PREVACID SOLUTAB	94
PANDEL	57	pimozone	90	PREVALITE	29
PANRETIN	57	pindolol	44	PREVYMIS	43
pantoprazole sodium	94	pioglitazone hcl	25	PREZCOBIX	43
PANZYGA	86	pioglitazone hcl-glimepiride	25	PREZISTA	43
paricalcitol	63	pioglitazone hcl-metformin hcl	25	PRIFTIN	33
paromomycin sulfate	6	PIQRAY (200 MG DAILY DOSE)	36	PRILOSEC	94
paroxetine hcl	22	PIQRAY (250 MG DAILY DOSE)	36	primaquine phosphate	32
paroxetine hcl er	22	PIQRAY (300 MG DAILY DOSE)	36	primidone	20
paroxetine mesylate	90	pirfenidone	91	PRIVIGEN	86
PASER	32	piroxicam	8	probenecid	67
peg-3350/electrolytes	74	PLAN B ONE-STEP	50	prochlorperazine	40
peg-3350/electrolytes/ascorbat	74	PLEGRIDY	90	prochlorperazine maleate	40
PEGASYS	43	PLEGRIDY STARTER PACK	90	PROCRT	72
peg-kcl-nacl-nasulf-na asc-c	74	PLENU	74	PROFILNINE	69
PEMAZYRE	36	pnv-dha+docusate	79	progesterone	87
penicillamine	79	podofilox	57	PROGRAF	79
penicillin v potassium	87	POLYCIN	84	PROLATE	12
pentazocine-naloxone hcl	12	POMALYST	36	PROLEUKIN	36
pentoxifylline er	69	PORTIA-28	50	PROLIA	63
PERFOROMIST	16	posaconazole	27	PROMACTA	72
perindopril erbumine	30	potassium chloride	78	promethazine hcl	28
PERIOGARD	79	potassium chloride crys er	77	promethazine vc/codeine	51
permethrin	57	potassium chloride er	78	promethazine-codeine	51
perphenazine	40	potassium citrate er	67	promethazine-dm	51
perphenazine-amitriptyline	90	pramipexole dihydrochloride	39	PROMETHEGAN	28
PERTZYE	60	pramipexole dihydrochloride er	39	propafenone hcl	14
PEXEVA	22	prasugrel hcl	69	propafenone hcl er	14
		pravastatin sodium	29	proparacaine hcl	84
		praziquantel	13	propranolol hcl	45
		prazosin hcl	30	propranolol hcl er	44
		PRED MILD	84	propylthiouracil	92
		PRED-G	84	PROTONIX	94
		PRED-G S.O.P.	84	protriptyline hcl	22
		prednicarbate	57	PULMICORT FLEXHALER	16
		prednisolone	51	PURIXAN	36
				PYLERA	94

pyrazinamide	33	RENFLEXIS	66	SAXENDA	5
pyridostigmine bromide	32	repaglinide	25	SCEMBLIX	37
pyridostigmine bromide er	32	REPATHA	29	SCENESSE	58
PYRUKYND	69	REPATHA PUSHTRONEX		scopolamine	27
PYRUKYND TAPER PACK	69	SYSTEM	29	SEASONIQUE	50
QBREXZA	57	REPATHA SURECLICK	29	SECUADO	41
QELBREE	5	RESTASIS MULTIDOSE	84	SELECT-OB+DHA	80
QINLOCK	36	RETACRIT	73	selegiline hcl	39
QSYMIA	5	RETEVMO	36	selenium sulfide	58
QUARTETTE	50	REVLIMID	79	SELZENTRY	43
quetiapine fumarate	40	REXULTI	40	SEREVENT DISKUS	16
quetiapine fumarate er	40	REYATAZ	43	SEROSTIM	63
quinapril hcl	30	REYVOW	77	sertraline hcl	22
quinapril-hydrochlorothiazide	30	REZUROCK	79	sevelamer carbonate	66
quinidine gluconate er	14	RHOPRESSA	84	SEVENFACT	69
quinidine sulfate	14	RIABNI	36	SFROWASA	66
quinine sulfate	32	RIASTAP	69	SIGNIFOR	63
QVAR REDIHALER	16	ribavirin	43	SIGNIFOR LAR	63
ra mini nicotine	90	rifabutin	33	SIKLOS	73
ra nicotine	90	rifampin	33	sildenafil citrate	46
ra nicotine polacrilex	90	riluzole	81	SILIQ	58
rabeprazole sodium	94	rimantadine hcl	43	silodosin	67
RADICAVA	81	RINVOQ	8, 9	silver sulfadiazine	58
RADICAVA ORS	81	risedronate sodium	63	SILVRSTAT WOUND	
RADICAVA ORS STARTER		risperidone	41	DRESSING	58
KIT	81	ritonavir	43	SIMBRINZA	84
RAGWITEK	6	RITUXAN	36	SIMPONI	9
raloxifene hcl	63	rivastigmine	90	SIMPONI ARIA	9
ramelteon	73	rivastigmine tartrate	90	simvastatin	29
ramipril	30	rixubis	69	sirolimus	79
ranolazine er	13	rizatriptan benzoate	77	SIRTURO	33
RAPAMUNE	79	ROCKLATAN	84	SIVEXTRO	31
rasagiline mesylate	39	ropinirole hcl	39	SKYRIZI	58, 66
RASUVO	8	ropinirole hcl er	39	SKYRIZI (150 MG DOSE)	58
RAVICTI	63	ROSADAN	57, 58	SKYRIZI PEN	58
REBIF	90	rosuvastatin calcium	29	SLYND	50
REBIF REBIDOSE	90	ROZLYTREK	37	sm nicotine	90, 91
REBIF REBIDOSE		RUBRACA	37	sm nicotine polacrilex	90
TITRATION PACK	90	RUCONEST	69	sodium chloride	67
REBIF TITRATION PACK	90	rufinamide	20	sodium fluoride	78
REBINYN	69	RUKOBIA	43	sodium phenylbutyrate	63
REBLOZYL	72	RUXIENCE	37	solifenacin succinate	95
RECLIPSEN	50	RYBELSUS	25	SOLIQUA	25
RECOMBINATE	69	RYDAPT	37	SOLOSEC	6
RECORLEV	63	SAFYRAL	50	SOLTAMOX	37
RECTIV	13	SAJAZIR	69	SOMAVERT	63
REGRANEX	57	salicylic acid	58	SOOLANTRA	58
RELENZA DISKHALER	43	SANCUSO	27	sorafenib tosylate	37
RELEUKO	72	SANTYL	58	sotalol hcl	45
releuko	72	SAPHNELO	79	SOTYLIZE	45
REMICADE	66	sapropterin dihydrochloride	63	spinosad	58
REMODULIN	46	SAVELLA	90	SPINRAZA	81

SPIRIVA HANDIHALER	16	tacrolimus	58, 79	timolol maleate	45, 84
SPIRIVA RESPIMAT	17	tadalafil	46, 47	timolol maleate (once-daily)	84
spironolactone	60	tadalafil (pah)	46	TIMOPTIC OCUDOSE	84
spironolactone-hctz	60	TAFINLAR	37	tinidazole	32
SPRAVATO (56 MG DOSE)	22	TAGRISSO	37	TIROSINT	92
SPRAVATO (84 MG DOSE)	22	TAKHYRO	69	TIROSINT-SOL	92
SPRINTEC 28	50	TALTZ	58	TIVICAY	43
SPRYCEL	37	TALZENNA	37	TIVICAY PD	43
SSD	58	tamoxifen citrate	37	tizanidine hcl	80
SSD (SILVER SULFADIAZINE)	58	tamsulosin hcl	67	TLANDO	13
SSKI	51	TASIGNA	37	TOBI PODHALER	6
stavudine	43	TAVALISSE	70	TOBRADEX	84
STELARA	58, 66	TAVNEOS	70	tobramycin	6, 84
STIMATE	63	TAYTULLA	50	tobramycin-dexamethasone	84
STIOLTO RESPIMAT	17	tazarotene	58	TOBREX	84
STIVARGA	37	TAZORAC	58, 59	tolcapone	39
STRENSIQ	63	TAZTIA XT	45	tolterodine tartrate	95
STRIBILD	43	TAZVERIK	37	tolterodine tartrate er	95
STRIVERDI RESPIMAT	17	TEGSEDI	91	tolvaptan	63
SUBSYS	12	telmisartan	30	topiramate	20
SUCRAID	60	telmisartan-amlodipine	30	topiramate er	20
sucralfate	94	telmisartan-hctz	30	toremifene citrate	37
sulfacetamide sodium	84	temazepam	73	torsemide	60
sulfacetamide-prednisolone	84	temozolomide	37	TOUJEO SOLOSTAR	25
sulfadiazine	91	tenofovir disoproxil fumarate	43	TRACLEER	47
sulfamethoxazole-trimethoprim	31, 32	TEPEZZA	63	tramadol hcl	12
SULFAMYLYON	58	TEPMETKO	37	tramadol hcl er	12
sulfasalazine	66	terazosin hcl	30	tramadol hcl er (biphasic)	12
sulindac	9	terbinafine hcl	28	trandolapril	30
sumatriptan	77	terbutaline sulfate	17	trandolapril-verapamil hcl er	31
sumatriptan succinate	77	terconazole	95	tranexamic acid	73
sumatriptan succinate refill	77	teriparatide (recombinant)	63	tranylcypromine sulfate	23
sumatriptan-naproxen sodium	77	testosterone	12, 13	travoprost (bak free)	84
SUNOSI	5	testosterone cypionate	12	trazodone hcl	23
SUPRAX	48	testosterone enanthate	12	TRECATOR	33
SUPREP BOWEL PREP KIT	74	tetrabenazine	91	TRELEGY ELLIPTA	17
SUTAB	74	tetracycline hcl	92	TREMFYA	59
SYMBICORT	17	TEXACORT	59	TRESIBA	26
SYMDEKO	91	TEZSPIRE	17	TRESIBA FLEXTOUCH	25
SYMLINPEN 120	25	THALOMID	79	tretinoin	37, 59
SYMLINPEN 60	25	THEO-24	17	tretinoin microsphere	59
SYMPAZAN	20	theophylline	17	tretinoin microsphere pump	59
SYMTUZA	43	theophylline er	17	TRETTON	70
SYNAGIS	86	THERMAZENE	59	TREXALL	37
SYNAREL	63	THIOLA EC	67	triamcinolone acetonide	59, 79, 80
SYNJARDY	25	thioridazine hcl	41	triamterene	60
SYNJARDY XR	25	thiothixene	41	triamterene-hctz	60
SYNTHROID	92	THYQUIDITY	92	triazolam	73
TABLOID	37	tiagabine hcl	20	trientine hcl	79
TABRECTA	37	TIBSOVO	37	TRI-ESTARYLLA	50
		TIGLUTIK	81	trifluoperazine hcl	41
		TLIA FE	50		

trifluridine	84	valsartan	31	VOXZOGO	64
trihexyphenidyl hcl	39	valsartan-hydrochlorothiazide	31	VPRIV	73
TRIKAFTA	91	VALTOCO 10 MG DOSE	20	VRAYLAR	41
TRI-LEGEST FE	50	VALTOCO 15 MG DOSE	20	VTAMA	59
trimethobenzamide hcl	27	VALTOCO 20 MG DOSE	20	VUMERITY	91
trimethoprim	32	VALTOCO 5 MG DOSE	20	VYEPTI	77
trimipramine maleate	23	vancomycin hcl	32	VYLEESI	91
TRINESSA (28)	50	VANDAZOLE	95	VYNDAMAX	47
TRINTELLIX	23	vardenafil hcl	47	VYNDAQEL	47
TRI-SPRINTEC	50	varenicline tartrate	91	VYONDYS 53	81
TRIUMEQ	43	VARUBI (180 MG DOSE)	27	VYVANSE	5
TRIUMEQ PD	43	VASCEPA	29	VYVGART	79
TRIVORA (28)	50	VECAMYL	31	VYZULTA	84
tropicamide	84	VELETRI	47	WAKIX	5
trospium chloride er	95	VELIVET	50	warfarin sodium	18
TRULICITY	26	VELPHORO	66	WEGOVY	5
TRUSELTIQ (100MG DAILY DOSE)	37	VELTASSA	79	WELIREG	38
TRUSELTIQ (125MG DAILY DOSE)	37	VENCLEXTA	37	WILATE	70
TRUSELTIQ (50MG DAILY DOSE)	37	VENCLEXTA STARTING PACK	38	WINLEVI	59
TRUSELTIQ (75MG DAILY DOSE)	37	venlafaxine hcl	23	WIXELA INHUB	17
TRUXIMA	37	venlafaxine hcl er	23	WYMZYA FE	50
TUKYSA	37	VENTAVIS	47	XADAGO	39
TURALIO	37	verapamil hcl	46	XALKORI	38
TUZISTRA XR	51	verapamil hcl er	45, 46	XARELTO	18
TWIRLA	50	VERQUVO	47	XARELTO STARTER PACK	18
TYBOST	44	VERSACLOZ	41	XATMEP	38
TYMLOS	63	VERZENIO	38	XCOPRI	20
TYVASO	47	VESICARE LS	95	XCOPRI (250 MG DAILY DOSE)	20
TYVASO DPI MAINTENANCE KIT	47	VIBERZI	66	XCOPRI (350 MG DAILY DOSE)	20
TYVASO DPI TITRATION KIT	47	VIBRAMYCIN	92	XELJANZ	9
TYVASO REFILL	47	VICTOZA	26	XELJANZ XR	9
TYVASO STARTER	47	vigabatrin	20	XELPROS	84
UCERIS	13	VIJOICE	79	XEMBIFY	86
UDENYCA	73	vilazodone hcl	23	XENICAL	5
ULTOMIRIS	70	VIMIZIM	63	XENLETA	32
UNITHROID	92	VIOKACE	60	XEOMIN	81
UPLIZNA	79	VIRACEPT	44	XEPI	59
UPTRAVI	47	VIREAD	44	XERMELO	66
urea	59	VISTOGARD	26	XGEVA	64
URIBEL	32	VITAFOL-OB+DHA	80	XIAFLEX	79
ursodiol	66	vitamin d (ergocalciferol)	96	XIFAXAN	32
valacyclovir hcl	44	vitamin d3	96	XIGDUO XR	26
VALCHLOR	59	VITRAKVI	38	XiIDRA	84
VALCYTE	44	VIVITROL	26	XOFLUZA (40 MG DOSE)	44
valganciclovir hcl	44	VIZIMPRO	38	XOFLUZA (80 MG DOSE)	44
valproic acid	20	VONJO	38	XOLAIR	17
		VONVENDI	70	XOSPATA	38
		voriconazole	28	XPOVIO (100 MG ONCE WEEKLY)	38
		VOSEVI	44		
		VOTRIENT	38		

XPOVIO (40 MG ONCE WEEKLY).....	38	ZYFLO.....	17
XPOVIO (40 MG TWICE WEEKLY).....	38	ZYKADIA.....	38
XPOVIO (60 MG ONCE WEEKLY).....	38	ZYLET.....	85
XPOVIO (60 MG TWICE WEEKLY).....	38		
XPOVIO (80 MG ONCE WEEKLY).....	38		
XPOVIO (80 MG TWICE WEEKLY).....	38		
XTANDI.....	38		
XULANE.....	50		
XULTOPHY.....	26		
XURIDEN	64		
XYNTHA.....	70		
XYNTHA SOLOFUSE.....	70		
XYREM.....	91		
XYWAV.....	91		
YASMIN 28.....	50		
YAZ.....	50		
zafirlukast.....	17		
zaleplon.....	74		
ZARXIO.....	73		
ZEGERID.....	94		
ZEJULA.....	38		
ZELBORAF.....	38		
ZENPEP	60		
ZEPOSIA.....	91		
ZEPOSIA 7-DAY STARTER PACK.....	91		
ZEPOSIA STARTER KIT	91		
zidovudine.....	44		
ZIEXTENZO.....	73		
zileuton er.....	17		
ZIOPTAN.....	85		
ziprasidone hcl.....	41		
ZIRGAN.....	85		
ZOKINVY.....	79		
ZOLINZA.....	38		
zolmitriptan.....	77		
zolpidem tartrate.....	74		
zolpidem tartrate er.....	74		
ZOLPIMIST.....	74		
zonisamide.....	20		
ZONTIVITY.....	70		
ZORBTIVE.....	64		
ZTALMY.....	21		
ZUBSOLV.....	12		
ZULRESSO.....	23		
ZYDELIG.....	38		