



**Massachusetts Individual and Small Group
3-Tier Drug List**

Effective: 12/01/2019

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.

3-Tier Pharmacy Copayment Program (3-Tier Program)

To help maintain affordability in the pharmacy benefit, we encourage the use of cost-effective drugs and preferred brand names through the three-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 three tiers. Your physician may have the option to write you a prescription for a Tier 1, Tier 2, or Tier 3 drug (as defined below); however, there may be instances when only a Tier 3 drug is appropriate, which will require a higher copayment.

- **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 the highest cost sharing amount

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

Copayment

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

Coinsurance

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

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

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

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

Medical Review Process

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

Quantity Limitation (QL) Program

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

New-To-Market Drug Evaluation Process (NTM)

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

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

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

Non-Covered Drugs (NC)

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

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

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

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

Prior Authorization (PA) Program

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

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

| | | | | | |
|------------|--------------------|------------|-------------------------------|-------------|----------------------------------|
| 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 | | |

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Step Therapy Prior Authorization (STPA)

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

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

Designated Specialty Pharmacy Program (SP)

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

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

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

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

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

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

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

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

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

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|------------------------------|---|--|---|
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Over-The-Counter Drugs (OTC)

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

Cancer Mandate (CM)

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

Women’s Health (WH)

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

Affordable Care Act (ACA)

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

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

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

Tufts Health Plan:

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

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

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

Tufts Health Plan, Attention:

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

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>.

tuftshealthplan.com | 800.462.0224

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

Arabic كذب تصاخلا تيويها تقاطب على نودملا مقرلا على لاصتلاا جري، تيبرعلا تغلاب تيئاجملا تمجرتلا تمدخ على لوصحلا

Chinese 若需免費的中文版本，請撥打ID卡上的電話號碼。

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

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

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

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

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

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

Khmer (Cambodian) ស្រមាប់សេវាប្រែកម្របេដយភកភិភៃថ្កជ ភាសាខ្មែរ សូមទូរស័ព្ទកាន់លេខដលមនេគលើប័ណ្ណសមាគមសមាជិករបស់អ្នក។

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

Laotian ອໍສາວໍ ບການແປພາສາຕໍ່ ນພາສາລາວ ອີ່ຫໍ່ໍບໄດ້ ເສຍຄ່ າໃຊ້ ຈໍ າຍ, ໃຫ້ ໂທຫາ ຕີບໍ່ີທຍູ່ ເທີ ງໍ້ ດປະໍຈາດີ ວຂອງທໍ ານ.

Navajo Doo bąąh ilíní da Diné k'ehjí álnéehgo, hodiilnih béésh bee haní'é bee née ho'dílzingo nantinígíí bikáá'.

Persian دینزب گنز نات ی ناسانش تراک رد جردنم نفلت درامش به ی سراف انگیار همجرت ی ارپ

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

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

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

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

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

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

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Tier 1 - Lowest Copayment

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Tier 3 - Highest Copayment

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| *X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS*** | 105 |

CURRENT AS OF 12/1/2019

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

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| Drug | Status | Notes |
|--|---------------|--|
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i> | Tier-2 | PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days) |
| <i>dextroamphetamine sulfate oral solution</i> | Tier-1 | PA; ¥ (PA applies to members 25 and older) |
| <i>dextroamphetamine sulfate oral tablet</i> | Tier-1 | PA; ¥ (PA applies to members 25 and older) |
| <i>diethylpropion hcl oral tablet</i> | Tier-1 | |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE | Tier-3 | PA; STPA; ¥ (PA applies to members 25 and older); QL (240 ML per 30 days) |
| <i>guanfacine hcl er oral tablet extended release 24 hour</i> | Tier-1 | QL (90 EA per 90 days) |
| LOMAIRA ORAL TABLET | Tier-3 | PA |
| METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG | Tier-1 | PA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days) |
| <i>methamphetamine hcl oral tablet</i> | Tier-3 | PA; ¥ (PA applies to members 25 and older); QL (150 tablets per 30 days) |
| <i>methylphenidate hcl er (cd) oral capsule extended release 10 mg</i> | Tier-2 | PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days) |
| <i>methylphenidate hcl er (cd) oral capsule extended release 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | Tier-2 | PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days) |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 60 mg</i> | Tier-2 | PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days) |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</i> | Tier-2 | PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days) |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i> | Tier-2 | PA; ¥ (PA applies to members 25 and older); QL (60 capsules per 30 days) |
| <i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 54 mg</i> | Tier-2 | PA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days) |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i> | Tier-2 | PA; ¥ (PA applies to members 25 and older); QL (60 tablets per 30 days) |

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| Drug | Status | Notes |
|--|-----------------|---|
| <i>methylphenidate hcl er oral tablet extended release 36 mg</i> | Tier-2 | PA; ¥ (PA applies to members 25 and older); QL (60 tablets per 30 days) |
| <i>methylphenidate hcl er oral tablet extended release 72 mg</i> | Tier-3 | PA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days) |
| <i>methylphenidate hcl oral solution</i> | Tier-2 | PA; ¥ (PA applies to members 25 and older) |
| <i>methylphenidate hcl oral tablet</i> | Tier-1 | PA; ¥ (PA applies to members 25 and older) |
| <i>methylphenidate hcl oral tablet chewable</i> | Tier-1 | PA; ¥ (PA applies to members 25 and older) |
| <i>modafinil oral tablet</i> | Tier-2 | PA; QL (180 TABLETS per 90 days) |
| <i>phendimetrazine tartrate oral tablet</i> | Tier-1 | |
| <i>phentermine hcl oral capsule</i> | Tier-1 | |
| <i>phentermine hcl oral tablet</i> | Tier-1 | |
| QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | Tier-3 | PA |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED | Tier-3 | PA; STPA; ¥ (PA applies to members 25 and older); QL (360 ML per 30 days) |
| SUPRENZA ORAL TABLET DISPERSIBLE | Tier-3 | PA |
| VYVANSE ORAL CAPSULE | Tier-3 | PA; STPA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days) |
| VYVANSE ORAL TABLET CHEWABLE | Tier-3 | PA; STPA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days) |
| XENICAL ORAL CAPSULE | Tier-3 | PA |
| *AGENTS FOR NARCOTIC WITHDRAWAL*** | | |
| LUCEMYRA ORAL TABLET | Tier-3 | QL (132 Tablets per 1 Fill) |
| *AGENTS FOR OPIOID WITHDRAWAL*** | | |
| LUCEMYRA ORAL TABLET | Tier-3 | QL (132 Tablets per 1 Fill) |
| *ALS AGENTS - MISCELLANEOUS*** | | |
| RADICAVA INTRAVENOUS SOLUTION | Medical Benefit | PA |
| *ALTERNATIVE MEDICINES* | | |
| <i>coenzyme q10 oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier-3 | PA |

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| Drug | Status | Notes |
|--|-----------------|-------------------------------------|
| *AMEBICIDES* | | |
| SOLOSEC ORAL PACKET | Tier-3 | |
| YODOXIN ORAL TABLET | Tier-3 | |
| *AMINO ACIDS*** | | |
| ENDARI ORAL PACKET | Tier-2 | PA |
| *AMINOGLYCOSIDES* | | |
| ARIKAYCE INHALATION SUSPENSION | Tier-3 | |
| BETHKIS INHALATION NEBULIZATION SOLUTION | Tier-3 | |
| <i>neo-fradin oral solution</i> | Tier-3 | |
| <i>neomycin sulfate oral tablet</i> | Tier-1 | |
| <i>paromomycin sulfate oral capsule</i> | Tier-1 | |
| TOBI PODHALER INHALATION CAPSULE | Tier-3 | |
| <i>tobramycin inhalation nebulization solution</i> | Tier-1 | |
| *AMINOMETHYLCYCLINES*** | | |
| NUZYRA ORAL TABLET 150 MG | Tier-3 | |
| *ANALGESICS - ANTI-INFLAMMATORY* | | |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-2 | PA; SP; QL (4 syringes per 28 days) |
| ACTEMRA INTRAVENOUS SOLUTION | Medical Benefit | PA |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; SP; QL (4 Syringes per 28 days) |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier-2 | PA; SP; QL (4 VIALS per 28 Days) |
| <i>celecoxib oral capsule</i> | Tier-2 | |
| <i>diclofenac potassium oral tablet</i> | Tier-1 | |
| <i>diclofenac sodium er oral tablet extended release 24 hour</i> | Tier-1 | |
| <i>diclofenac sodium oral tablet delayed release</i> | Tier-1 | |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE | Tier-2 | PA; SP; QL (4 Syringes per 28 days) |
| ENBREL SUBCUTANEOUS KIT | Tier-2 | PA; SP; QL (8 Vials per 28 Days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML | Tier-2 | PA; SP; QL (8 Syringes per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML | Tier-2 | PA; SP; QL (4 Syringes per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-2 | PA; SP; QL (4 Syringes per 28 days) |

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| Drug | Status | Notes |
|--|-----------------|---|
| <i>etodolac er oral tablet extended release 24 hour</i> | Tier-1 | |
| <i>etodolac oral capsule</i> | Tier-1 | |
| <i>etodolac oral tablet</i> | Tier-1 | |
| <i>fenoprofen calcium oral tablet</i> | Tier-1 | |
| <i>flurbiprofen oral tablet</i> | Tier-1 | |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | Tier-2 | PA; SP; ¥ (1 FILL PER LIFE OF PLAN) |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT | Tier-2 | PA; SP; QL (2 Syringes per 28 days) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT | Tier-2 | PA; SP; ¥ (1 FILL PER LIFE OF PLAN) |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT | Tier-2 | PA; SP; ¥ (1 FILL PER LIFE OF PLAN) |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT | Tier-2 | PA; SP; QL (2 Syringes per 28 days) |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | Tier-1 | ^ (LCG) |
| ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED | Medical Benefit | PA |
| INDOCIN ORAL SUSPENSION | Tier-3 | |
| INDOCIN RECTAL SUPPOSITORY | Tier-3 | |
| <i>indomethacin er oral capsule extended release</i> | Tier-1 | |
| <i>indomethacin oral capsule</i> | Tier-1 | |
| <i>ketoprofen er oral capsule extended release 24 hour</i> | Tier-1 | |
| <i>ketoprofen oral capsule 25 mg</i> | Tier-1 | |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i> | Tier-1 | ^ (LCG) |
| <i>ketorolac tromethamine oral tablet</i> | Tier-1 | |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-2 | PA; SP; QL (2 auto-injectors per 28 days) |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; SP; QL (2 syringes per 28 days) |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; QL (28 Syringes per 28 days) |
| <i>leflunomide oral tablet</i> | Tier-1 | |
| <i>meclofenamate sodium oral capsule</i> | Tier-1 | |
| <i>mefenamic acid oral capsule</i> | Tier-1 | |

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| Drug | Status | Notes |
|---|-----------------|-------------------------------------|
| <i>meloxicam oral suspension</i> | Tier-1 | |
| <i>meloxicam oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>nabumetone oral tablet</i> | Tier-1 | |
| NALFON ORAL CAPSULE 200 MG | Tier-3 | |
| <i>naproxen dr oral tablet delayed release</i> | Tier-1 | |
| <i>naproxen oral suspension</i> | Tier-1 | |
| <i>naproxen oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i> | Tier-2 | |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | Tier-1 | ^ (LCG) |
| OLUMIANT ORAL TABLET | Tier-2 | PA; SP |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-3 | PA; SP; QL (4 Syringes per 28 days) |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-3 | PA; SP; QL (4 Syringes per 28 days) |
| <i>oxaprozin oral tablet</i> | Tier-1 | |
| <i>piroxicam oral capsule</i> | Tier-1 | |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-3 | |
| RHEUMATREX ORAL TABLET 2.5 MG | Tier-2 | |
| RIDAURA ORAL CAPSULE | Tier-2 | |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR | Tier-2 | PA; SP; QL (30 Tablets per 30 days) |
| SIMPONI ARIA INTRAVENOUS SOLUTION | Medical Benefit | PA |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-2 | PA; SP; QL (1 Syringe per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; SP; QL (1 Syringe per 28 days) |
| <i>sulindac oral tablet</i> | Tier-1 | |
| <i>tolmetin sodium oral capsule</i> | Tier-1 | |
| <i>tolmetin sodium oral tablet</i> | Tier-1 | |
| XELJANZ ORAL TABLET | Tier-2 | PA; SP; QL (60 TABLETS per 30 Days) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR | Tier-2 | PA; SP; QL (30 TABLETS per 30 days) |

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| Drug | Status | Notes |
|--|---------------|-------------------------------|
| *ANALGESICS - NONNARCOTIC* | | |
| BUPAP ORAL TABLET | Tier-3 | |
| <i>butalbital compound/asa oral tablet</i> | Tier-1 | |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> | Tier-1 | |
| <i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i> | Tier-3 | |
| <i>butalbital-apap-caffeine oral tablet</i> | Tier-3 | |
| <i>butalbital-asa-caffeine oral capsule</i> | Tier-1 | |
| <i>butalbital-aspirin-caffeine oral tablet</i> | Tier-1 | |
| <i>diflunisal oral tablet</i> | Tier-1 | |
| ESGIC ORAL CAPSULE | Tier-3 | |
| *ANALGESICS - OPIOID* | | |
| ABSTRAL SUBLINGUAL TABLET SUBLINGUAL | Tier-3 | QL (32 TABLETS per 30 Days) |
| <i>acetaminophen-codeine #2 oral tablet</i> | Tier-1 | QL (12 Tablets per 1 day) |
| <i>acetaminophen-codeine #3 oral tablet</i> | Tier-1 | QL (12 Tablets per 1 day) |
| <i>acetaminophen-codeine #4 oral tablet</i> | Tier-1 | QL (6 Tablets per 1 day) |
| <i>acetaminophen-codeine oral solution</i> | Tier-1 | QL (150 ML per 1 day) |
| <i>apap-caff-dihydrocodeine oral capsule</i> | Tier-2 | QL (10 Capsules per 1 day) |
| <i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i> | Tier-2 | QL (10 Tablets per 1 day) |
| ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT | Tier-1 | QL (90 EA per 30 days) |
| BELBUCA BUCCAL FILM | Tier-3 | PA; QL (60 Films per 30 days) |
| BUNAVAIL BUCCAL FILM | Tier-3 | PA |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg</i> | Tier-1 | QL (90 EA per 30 days) |
| <i>buprenorphine hcl sublingual tablet sublingual 8 mg</i> | Tier-1 | QL (120 EA per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film</i> | Tier-2 | |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i> | Tier-1 | |
| <i>buprenorphine transdermal patch weekly</i> | Tier-2 | PA; QL (4 EA per 30 days) |
| <i>butalbital compound/codeine oral capsule</i> | Tier-1 | |
| <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i> | Tier-2 | QL (360 Capsules per 30 days) |
| <i>butalbital-asa-caff-codeine oral capsule</i> | Tier-1 | |
| <i>butorphanol tartrate nasal solution</i> | Tier-1 | |

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| Drug | Status | Notes |
|---|---------------|-------------------------------------|
| <i>codeine sulfate oral solution</i> | Tier-1 | QL (60 ML per 1 day) |
| <i>codeine sulfate oral tablet 15 mg</i> | Tier-1 | QL (24 tablets per 1 day) |
| <i>codeine sulfate oral tablet 30 mg</i> | Tier-1 | QL (12 tablets per 1 day) |
| <i>codeine sulfate oral tablet 60 mg</i> | Tier-1 | QL (6 tablets per 1 day) |
| EMBEDA ORAL CAPSULE EXTENDED RELEASE | Tier-1 | QL (3 capsules per 1 day) |
| <i>fentanyl citrate buccal lozenge on a handle</i> | Tier-1 | QL (120 UNITS per 30 Days) |
| <i>fentanyl citrate buccal tablet</i> | Tier-2 | QL (120 buccal tablets per 30 days) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | Tier-1 | QL (10 PATCHES per 30 Days) |
| <i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i> | Tier-2 | QL (10 patches per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i> | Tier-1 | QL (90 ML per 1 day) |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 10-500 mg, 10-650 mg, 7.5-300 mg, 7.5-325 mg, 7.5-500 mg, 7.5-650 mg</i> | Tier-1 | QL (6 Tablets per 1 day) |
| <i>hydrocodone-acetaminophen oral tablet 10-660 mg, 10-750 mg, 7.5-750 mg</i> | Tier-1 | QL (5 Tablets per 1 day) |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i> | Tier-1 | QL (12 Tablets per 1 day) |
| <i>hydrocodone-acetaminophen oral tablet 2.5-500 mg, 5-300 mg, 5-325 mg, 5-500 mg</i> | Tier-1 | QL (8 Tablets per 1 day) |
| <i>hydrocodone-ibuprofen oral tablet</i> | Tier-1 | QL (5 Tablets per 1 day) |
| <i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i> | Tier-2 | QL (30 EA per 30 days) |
| <i>hydromorphone hcl oral liquid</i> | Tier-1 | QL (20 ML per 1 day) |
| <i>hydromorphone hcl oral tablet 2 mg</i> | Tier-1 | QL (10 tablets per 1 day) |
| <i>hydromorphone hcl oral tablet 4 mg</i> | Tier-1 | QL (5 tablets per 1 day) |
| <i>hydromorphone hcl oral tablet 8 mg</i> | Tier-1 | QL (2 tablets per 1 day) |
| <i>hydromorphone hcl rectal suppository</i> | Tier-1 | QL (4 EA per 1 day) |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT | Tier-3 | QL (2 tablets per 1 day) |
| KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 130 MG, 150 MG, 200 MG, 70 MG | Tier-3 | QL (60 CAPSULES per 30 Days) |
| <i>meperidine hcl oral solution</i> | Tier-1 | QL (90 ML per 1 day) |
| <i>meperidine hcl oral tablet 100 mg</i> | Tier-1 | QL (8 tablets per 1 day) |

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| Drug | Status | Notes |
|--|---------------|--------------------------------|
| <i>meperidine hcl oral tablet 50 mg</i> | Tier-1 | QL (18 tablets per 1 day) |
| <i>methadone hcl injection solution</i> | Tier-1 | PA; QL (2 ML per 1 day) |
| METHADONE HCL INTENSOL ORAL CONCENTRATE | Tier-1 | PA; QL (2 ML per 1 day) |
| <i>methadone hcl oral solution 10 mg/5ml</i> | Tier-1 | PA; QL (10 ML per 1 day) |
| <i>methadone hcl oral solution 5 mg/5ml</i> | Tier-1 | PA; QL (20 ML per 1 day) |
| <i>methadone hcl oral tablet 10 mg</i> | Tier-1 | PA; QL (2 tablets per 1 day) |
| <i>methadone hcl oral tablet 5 mg</i> | Tier-1 | PA; QL (4 tablets per 1 day) |
| <i>methadone hcl oral tablet soluble</i> | Tier-1 | |
| METHADOSE ORAL CONCENTRATE 10 MG/ML | Tier-1 | PA; QL (2 ML per 1 day) |
| METHADOSE ORAL TABLET 10 MG | Tier-1 | |
| MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT | Tier-1 | QL (3 tablets per 1 day) |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i> | Tier-1 | QL (4.5 ML per 1 day) |
| <i>morphine sulfate (concentrate) oral solution 20 mg/ml</i> | Tier-1 | QL (4.5 EA per 1 day) |
| <i>morphine sulfate er beads oral capsule extended release 24 hour</i> | Tier-1 | QL (1 capsule per 1 day) |
| <i>morphine sulfate er oral capsule extended release 24 hour</i> | Tier-1 | QL (60 EA per 30 days) |
| <i>morphine sulfate er oral tablet extended release</i> | Tier-1 | QL (90 TABLETS per 30 Days) |
| <i>morphine sulfate oral solution 10 mg/5ml</i> | Tier-1 | QL (45 ML per 1 day) |
| <i>morphine sulfate oral solution 20 mg/5ml</i> | Tier-1 | QL (22.5 ML per 1 day) |
| <i>morphine sulfate oral tablet 15 mg</i> | Tier-1 | QL (6 tablets per 1 day) |
| <i>morphine sulfate oral tablet 30 mg</i> | Tier-1 | QL (3 tablets per 1 day) |
| <i>morphine sulfate rectal suppository 10 mg, 5 mg</i> | Tier-1 | QL (6 suppositories per 1 day) |
| <i>morphine sulfate rectal suppository 20 mg</i> | Tier-1 | QL (4 suppositories per 1 day) |
| <i>morphine sulfate rectal suppository 30 mg</i> | Tier-2 | QL (3 suppositories per 1 day) |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR | Tier-3 | QL (60 EA per 30 days) |
| OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG | Tier-3 | QL (12 tablets per 1 day) |
| OXAYDO ORAL TABLET ABUSE-DETERRENT 7.5 MG | Tier-3 | QL (8 tablets per 1 day) |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i> | Tier-2 | QL (2 tablets per 1 day) |

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| Drug | Status | Notes |
|---|-----------------|-----------------------------|
| <i>oxycodone hcl oral capsule</i> | Tier-1 | QL (12 capsules per 1 day) |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i> | Tier-1 | QL (3 ML per 1 day) |
| <i>oxycodone hcl oral solution</i> | Tier-1 | QL (60 ML per 1 day) |
| <i>oxycodone hcl oral tablet 10 mg</i> | Tier-1 | QL (6 tablets per 1 day) |
| <i>oxycodone hcl oral tablet 15 mg</i> | Tier-1 | QL (4 tablets per 1 day) |
| <i>oxycodone hcl oral tablet 20 mg</i> | Tier-1 | QL (3 tablets per 1 day) |
| <i>oxycodone hcl oral tablet 30 mg</i> | Tier-1 | QL (2 tablets per 1 day) |
| <i>oxycodone hcl oral tablet 5 mg</i> | Tier-1 | QL (12 tablets per 1 day) |
| <i>oxycodone-acetaminophen oral capsule</i> | Tier-1 | QL (8 Capsules per 1 day) |
| <i>oxycodone-acetaminophen oral solution</i> | Tier-1 | QL (60 ML per 1 day) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 10-650 mg</i> | Tier-1 | QL (6 Tablets per 1 day) |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> | Tier-1 | QL (12 Tablets per 1 day) |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg, 7.5-500 mg</i> | Tier-1 | QL (8 Tablets per 1 day) |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i> | Tier-1 | QL (12 Tablets per 1 day) |
| <i>oxycodone-ibuprofen oral tablet</i> | Tier-1 | QL (4 Tablets per 1 day) |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT | Tier-2 | QL (2 tablets per 1 day) |
| <i>oxymorphone hcl er oral tablet extended release 12 hour</i> | Tier-2 | QL (2 tablets per 1 day) |
| <i>oxymorphone hcl oral tablet 10 mg</i> | Tier-1 | QL (3 tablets per 1 day) |
| <i>oxymorphone hcl oral tablet 5 mg</i> | Tier-1 | QL (6 tablets per 1 day) |
| <i>pentazocine-acetaminophen oral tablet</i> | Tier-1 | QL (6 Tablets per 1 day) |
| <i>pentazocine-naloxone hcl oral tablet</i> | Tier-1 | QL (4 tablets per 1 day) |
| PRIMLEV ORAL TABLET | Tier-3 | |
| PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT | Medical Benefit | PA |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG | Tier-1 | QL (4 tablets per 1 day) |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG | Tier-1 | QL (2 tablets per 1 day) |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG | Tier-1 | QL (12 tablets per 1 day) |
| SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Medical Benefit | PA |
| SUBSYS SUBLINGUAL LIQUID | Tier-3 | QL (30 Bottles per 30 Days) |

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| Drug | Status | Notes |
|--|---------------|------------------------------|
| <i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i> | Tier-1 | QL (1 tablet per 1 day) |
| <i>tramadol hcl er oral capsule extended release 24 hour</i> | Tier-1 | QL (1 capsule per 1 day) |
| <i>tramadol hcl er oral tablet extended release 24 hour</i> | Tier-1 | QL (1 tablet per 1 day) |
| <i>tramadol hcl oral tablet</i> | Tier-1 | QL (8 tablets per 1 day) |
| <i>tramadol-acetaminophen oral tablet</i> | Tier-1 | QL (8 Tablets per 1 day) |
| XARTEMIS XR ORAL TABLET EXTENDED RELEASE | Tier-3 | QL (120 TABLETS per 30 days) |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT | Tier-3 | QL (60 Capsules per 30 days) |
| 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* | | |
| ANADROL-50 ORAL TABLET | Tier-3 | |
| ANDROID ORAL CAPSULE | Tier-1 | |
| ANDROXY ORAL TABLET | Tier-3 | |
| <i>danazol oral capsule</i> | Tier-1 | |
| FIRST-TESTOSTERONE MC TRANSDERMAL CREAM | Tier-3 | |
| FIRST-TESTOSTERONE TRANSDERMAL OINTMENT | Tier-3 | |
| <i>methitest oral tablet</i> | Tier-3 | |
| <i>oxandrolone oral tablet</i> | Tier-1 | |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i> | Tier-1 | |
| <i>testosterone enanthate injection solution</i> | Tier-1 | |
| <i>testosterone enanthate intramuscular solution</i> | Tier-1 | |
| <i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i> | Tier-2 | |
| <i>testosterone transdermal solution</i> | Tier-2 | |
| *ANORECTAL AGENTS* | | |
| COLOCORT RECTAL ENEMA | Tier-1 | |
| CORTIFOAM RECTAL FOAM | Tier-2 | |
| <i>hydrocortisone ace-pramoxine rectal kit</i> | Tier-2 | |
| <i>hydrocortisone rectal cream 1 %</i> | Tier-1 | ^ (LCG) |

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| Drug | Status | Notes |
|---|---------------|-------------------------|
| <i>hydrocortisone rectal cream 2.5 %</i> | Tier-1 | |
| <i>hydrocortisone rectal enema</i> | Tier-1 | |
| PROCTOCREAM HC RECTAL CREAM | Tier-1 | |
| PROCTOFOAM HC RECTAL FOAM | Tier-3 | |
| PROCTOZONE-HC RECTAL CREAM | Tier-1 | |
| RECTIV RECTAL OINTMENT | Tier-3 | QL (1 TUBE per 30 Days) |
| UCERIS RECTAL FOAM | Tier-2 | |
| *ANTHELMINTICS* | | |
| <i>albendazole oral tablet</i> | Tier-2 | |
| <i>benznidazole oral tablet</i> | Tier-2 | |
| EMVERM ORAL TABLET CHEWABLE | Tier-3 | |
| <i>ivermectin oral tablet</i> | Tier-1 | |
| <i>praziquantel oral tablet</i> | Tier-2 | |
| *ANTIANGINAL AGENTS* | | |
| DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE | Tier-3 | |
| ISORDIL TITRADOSE ORAL TABLET 40 MG | Tier-3 | |
| <i>isosorbide dinitrate er oral tablet extended release</i> | Tier-1 | |
| <i>isosorbide dinitrate oral tablet</i> | Tier-1 | |
| <i>isosorbide dinitrate sublingual tablet sublingual</i> | Tier-1 | |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour</i> | Tier-1 | |
| <i>isosorbide mononitrate oral tablet</i> | Tier-1 | |
| MINITRAN TRANSDERMAL PATCH 24 HOUR | Tier-1 | |
| NITRO-BID TRANSDERMAL OINTMENT | Tier-3 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | Tier-3 | |
| <i>nitroglycerin er oral capsule extended release</i> | Tier-1 | |
| <i>nitroglycerin sublingual tablet sublingual</i> | Tier-1 | |
| <i>nitroglycerin transdermal patch 24 hour</i> | Tier-1 | |
| <i>nitroglycerin translingual aerosol solution</i> | Tier-1 | |
| <i>nitroglycerin translingual solution</i> | Tier-1 | |
| <i>ranolazine er oral tablet extended release 12 hour</i> | Tier-2 | |
| *ANTIANGIETY AGENTS* | | |
| <i>alprazolam oral tablet</i> | Tier-1 | ^ (LCG) |

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| Drug | Status | Notes |
|---|---------------|--------------------------|
| <i>alprazolam oral tablet dispersible</i> | Tier-1 | |
| <i>buspirone hcl oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>chlordiazepoxide hcl oral capsule</i> | Tier-1 | ^ (LCG) |
| <i>diazepam oral solution 1 mg/ml</i> | Tier-1 | |
| <i>diazepam oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>hydroxyzine hcl oral solution</i> | Tier-1 | |
| <i>hydroxyzine hcl oral syrup</i> | Tier-1 | |
| <i>hydroxyzine hcl oral tablet</i> | Tier-1 | |
| <i>hydroxyzine pamoate oral capsule</i> | Tier-1 | |
| LORAZEPAM INTENSOL ORAL CONCENTRATE | Tier-1 | |
| <i>lorazepam oral concentrate 2 mg/ml</i> | Tier-1 | |
| <i>lorazepam oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>meprobamate oral tablet</i> | Tier-1 | |
| <i>oxazepam oral capsule</i> | Tier-1 | |
| *ANTIARRHYTHMICS* | | |
| <i>amiodarone hcl oral tablet 200 mg, 400 mg</i> | Tier-1 | |
| <i>disopyramide phosphate oral capsule</i> | Tier-1 | |
| <i>dofetilide oral capsule</i> | Tier-2 | |
| <i>flecainide acetate oral tablet</i> | Tier-1 | |
| <i>mexiletine hcl oral capsule</i> | Tier-1 | |
| MULTAQ ORAL TABLET | Tier-3 | |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR | Tier-3 | |
| PACERONE ORAL TABLET 100 MG | Tier-2 | |
| PACERONE ORAL TABLET 200 MG, 400 MG | Tier-1 | |
| <i>propafenone hcl er oral capsule extended release 12 hour</i> | Tier-2 | |
| <i>propafenone hcl oral tablet</i> | Tier-1 | |
| <i>quinidine gluconate er oral tablet extended release</i> | Tier-2 | |
| <i>quinidine sulfate er oral tablet extended release</i> | Tier-1 | |
| <i>quinidine sulfate oral tablet</i> | Tier-1 | |
| *ANTIASTHMATIC AND BRONCHODILATOR AGENTS* | | |
| ADVAIR HFA INHALATION AEROSOL | Tier-2 | QL (6 UNITS per 90 Days) |

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| Drug | Status | Notes |
|---|---------------|---|
| <i>albuterol sulfate er oral tablet extended release 12 hour</i> | Tier-1 | |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i> | Tier-1 | ¥ (Generic for Proair HFA and Ventolin HFA. Generic Proventil HFA is Non-covered.); QL (6 inhalers per 90 days) |
| <i>albuterol sulfate inhalation nebulization solution</i> | Tier-1 | QL (360 vials per 90 Days) |
| <i>albuterol sulfate oral syrup</i> | Tier-1 | ^ (LCG) |
| <i>albuterol sulfate oral tablet</i> | Tier-1 | |
| <i>aminophylline oral tablet</i> | Tier-1 | |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | Tier-2 | QL (1 INHALER per 30 days) |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | Tier-2 | QL (3 Inhalers 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) |
| BROVANA INHALATION NEBULIZATION SOLUTION | Tier-3 | QL (180 vials per 90 Days) |
| <i>budesonide inhalation suspension</i> | Tier-1 | QL (180 VIALS per 90 Days) |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION | Tier-2 | QL (6 EA per 90 Days) |
| <i>cromolyn sodium inhalation nebulization solution</i> | Tier-1 | QL (360 Vials per 90 Days) |
| DALIRESP ORAL TABLET | Tier-3 | |
| ELIXOPHYLLIN ORAL ELIXIR | Tier-2 | |
| 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) |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated</i> | Tier-1 | QL (3 Diskus per 90 days) |
| <i>ipratropium bromide inhalation solution</i> | Tier-1 | QL (360 vials per 90 Days) |
| <i>ipratropium-albuterol inhalation solution</i> | Tier-1 | QL (360 vials per 90 Days) |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i> | Tier-1 | QL (270 VIALS per 90 Days) |
| <i>levalbuterol tartrate hfa inhalation aerosol†</i> | Tier-2 | QL (6 EA per 90 Days) |

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| Drug | Status | Notes |
|--|---------------|-----------------------------|
| LUFYLLIN ORAL TABLET | Tier-3 | |
| MAXAIR AUTOHALER INHALATION AEROSOL BREATH ACTIVATED | Tier-3 | QL (3 UNITS per 90 Days) |
| <i>metaproterenol sulfate oral syrup</i> | Tier-1 | |
| <i>metaproterenol sulfate oral tablet</i> | Tier-1 | |
| <i>montelukast sodium oral tablet</i> | Tier-1 | |
| <i>montelukast sodium oral tablet chewable</i> | Tier-1 | |
| PERFOROMIST INHALATION NEBULIZATION SOLUTION | Tier-2 | QL (180 VIALS per 90 Days) |
| PROAIR HFA INHALATION AEROSOL SOLUTION | Tier-2 | QL (6 UNITS per 90 Days) |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED | Tier-2 | QL (6 UNITS 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-2 | 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) |
| 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) |
| <i>terbutaline sulfate oral tablet</i> | Tier-1 | |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR | Tier-2 | |
| THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG | Tier-1 | |
| <i>theophylline er oral tablet extended release 12 hour</i> | Tier-1 | |
| <i>theophylline er oral tablet extended release 24 hour</i> | Tier-1 | |

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| Drug | Status | Notes |
|---|-----------------|---|
| <i>theophylline oral elixir</i> | Tier-1 | |
| <i>theophylline oral solution</i> | Tier-1 | |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED | Tier-1 | QL (3 Diskus per 90 days) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Medical Benefit | PA |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | Medical Benefit | PA |
| <i>zafirlukast oral tablet</i> | Tier-1 | |
| <i>zileuton er oral tablet extended release 12 hour</i> | Tier-2 | |
| ZYFLO ORAL TABLET | Tier-3 | |
| *ANTICOAGULANTS* | | |
| BEVYXXA ORAL CAPSULE | Tier-3 | ¥ (Max 42 days); QL (30 capsules per 30 days) |
| ELIQUIS ORAL TABLET | Tier-2 | |
| <i>enoxaparin sodium injection solution</i> | Tier-1 | |
| <i>enoxaparin sodium subcutaneous solution</i> | Tier-1 | |
| <i>fondaparinux sodium subcutaneous solution</i> | Tier-2 | |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 25000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML | Tier-3 | |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml</i> | Tier-1 | |
| JANTOVEN ORAL TABLET | Tier-1 | |
| <i>warfarin sodium oral tablet</i> | Tier-1 | |
| 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 | |
| BANZEL ORAL SUSPENSION | Tier-2 | QL (1840 ML per 30 Days) |
| BANZEL ORAL TABLET 200 MG | Tier-2 | QL (1440 TABLETS per 90 Days) |
| BANZEL ORAL TABLET 400 MG | Tier-2 | QL (720 TABLETS per 90 Days) |
| BRIVIACT ORAL SOLUTION | Tier-3 | |
| BRIVIACT ORAL TABLET | Tier-3 | |

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| Drug | Status | Notes |
|---|---------------|-------------------------|
| <i>carbamazepine er oral capsule extended release 12 hour</i> | Tier-1 | |
| <i>carbamazepine er oral tablet extended release 12 hour</i> | Tier-1 | |
| <i>carbamazepine oral suspension</i> | Tier-1 | |
| <i>carbamazepine oral tablet</i> | Tier-1 | |
| <i>carbamazepine oral tablet chewable</i> | Tier-1 | |
| CELONTIN ORAL CAPSULE | Tier-3 | |
| <i>clobazam oral suspension</i> | Tier-2 | PA |
| <i>clobazam oral tablet</i> | Tier-2 | PA |
| <i>clonazepam oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>clonazepam oral tablet dispersible</i> | Tier-1 | |
| DIACOMIT ORAL CAPSULE | Tier-3 | PA |
| DIACOMIT ORAL PACKET | Tier-3 | PA |
| DIASTAT ACUDIAL RECTAL GEL | Tier-3 | QL (1 Kit per 30 Days) |
| DIASTAT PEDIATRIC RECTAL GEL | Tier-3 | QL (1 Kit per 30 Days) |
| <i>diazepam rectal gel</i> | Tier-1 | QL (1 Kit per 30 Days) |
| DILANTIN ORAL CAPSULE 30 MG | Tier-3 | |
| <i>divalproex sodium er oral tablet extended release 24 hour</i> | Tier-1 | |
| <i>divalproex sodium oral capsule sprinkle</i> | Tier-1 | |
| <i>divalproex sodium oral tablet delayed release</i> | Tier-1 | |
| EPIDIOLEX ORAL SOLUTION | Tier-3 | PA; SP |
| EPITOL ORAL TABLET | Tier-1 | |
| <i>ethosuximide oral capsule</i> | Tier-1 | |
| <i>ethosuximide oral solution</i> | Tier-1 | |
| <i>felbamate oral suspension</i> | Tier-1 | |
| <i>felbamate oral tablet</i> | Tier-1 | |
| FYCOMPA ORAL SUSPENSION | Tier-2 | |
| FYCOMPA ORAL TABLET | Tier-2 | |
| <i>gabapentin oral capsule</i> | Tier-1 | |
| <i>gabapentin oral solution 250 mg/5ml</i> | Tier-1 | |
| <i>gabapentin oral tablet</i> | Tier-1 | |
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i> | Tier-2 | QL (90 EA per 90 days) |
| <i>lamotrigine er oral tablet extended release 24 hour 200 mg</i> | Tier-2 | QL (270 EA per 90 days) |

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| Drug | Status | Notes |
|--|---------------|---|
| <i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i> | Tier-2 | QL (180 EA per 90 days) |
| <i>lamotrigine oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>lamotrigine oral tablet chewable</i> | Tier-1 | |
| <i>lamotrigine oral tablet dispersible</i> | Tier-2 | |
| <i>lamotrigine starter kit-blue oral kit</i> | Tier-2 | |
| <i>lamotrigine starter kit-green oral kit</i> | Tier-2 | |
| <i>lamotrigine starter kit-orange oral kit</i> | Tier-2 | |
| <i>levetiracetam er oral tablet extended release 24 hour</i> | Tier-1 | |
| <i>levetiracetam oral solution</i> | Tier-1 | |
| <i>levetiracetam oral tablet</i> | Tier-1 | |
| LYRICA ORAL CAPSULE | Tier-3 | STPA |
| LYRICA ORAL SOLUTION | Tier-3 | STPA |
| NAYZILAM NASAL SOLUTION | Tier-3 | PA; ¥ (PA applies to members 11 and younger); QL (1 box per 1 Fill) |
| <i>oxcarbazepine oral suspension</i> | Tier-1 | |
| <i>oxcarbazepine oral tablet</i> | Tier-1 | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG | Tier-3 | QL (30 TABLETS per 30 Days) |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG | Tier-3 | QL (120 TABLETS per 30 Days) |
| PEGANONE ORAL TABLET | Tier-3 | |
| <i>phenytoin oral suspension 125 mg/5ml</i> | Tier-1 | |
| <i>phenytoin oral tablet chewable</i> | Tier-1 | |
| <i>phenytoin sodium extended oral capsule</i> | Tier-1 | |
| POTIGA ORAL TABLET | Tier-3 | |
| <i>pregabalin oral capsule</i> | Tier-1 | STPA |
| <i>pregabalin oral solution</i> | Tier-1 | STPA |
| <i>primidone oral tablet</i> | Tier-1 | |
| STAVZOR ORAL CAPSULE DELAYED RELEASE | Tier-3 | |
| SYMPAZAN ORAL FILM | Tier-3 | PA |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg</i> | Tier-2 | |
| <i>tiagabine hcl oral tablet 2 mg, 4 mg</i> | Tier-1 | |
| <i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier-2 | |

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| Drug | Status | Notes |
|--|---------------|---|
| <i>topiramate oral capsule sprinkle</i> | Tier-1 | ^ (LCG) |
| <i>topiramate oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>valproic acid oral capsule</i> | Tier-1 | |
| <i>vigabatrin oral packet</i> | Tier-2 | |
| <i>vigabatrin oral tablet</i> | Tier-2 | |
| VIMPAT ORAL SOLUTION | Tier-2 | QL (1200 ML per 30 Days) |
| VIMPAT ORAL TABLET | Tier-2 | QL (180 TABLETS per 90 days) |
| <i>zonisamide oral capsule</i> | Tier-1 | |
| *ANTIDEPRESSANTS* | | |
| <i>amitriptyline hcl oral tablet</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger); ^ (LCG) |
| <i>amoxapine oral tablet</i> | 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) |
| BUDEPRION SR ORAL TABLET EXTENDED RELEASE 12 HOUR | Tier-1 | |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger) |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger) |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i> | Tier-2 | PA; ¥ (PA applies to members 12 and younger) |
| <i>bupropion hcl oral tablet</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger) |
| <i>citalopram hydrobromide oral solution</i> | Tier-1 | |
| <i>citalopram hydrobromide oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>clomipramine hcl oral capsule</i> | Tier-2 | |
| <i>desipramine hcl oral tablet</i> | Tier-2 | PA; ¥ (PA applies to members 12 and younger) |
| <i>desvenlafaxine er oral tablet extended release 24 hour</i> | Tier-3 | PA; STPA; ¥ (PA applies to members 12 and younger) |
| <i>desvenlafaxine fumarate er oral tablet extended release 24 hour</i> | Tier-3 | PA; STPA; ¥ (PA applies to members 12 and younger) |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour</i> | Tier-2 | PA; STPA; ¥ (PA applies to members 12 and younger) |
| <i>doxepin hcl oral capsule</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger) |

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| Drug | Status | Notes |
|---|---------------|---|
| <i>doxepin hcl oral concentrate</i> | 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) |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i> | Tier-1 | QL (60 EA per 30 Days) |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg</i> | Tier-1 | QL (90 EA per 30 Days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR | Tier-3 | PA; STPA; ¥ (PA applies to members 12 and younger) |
| <i>escitalopram oxalate oral solution</i> | Tier-1 | |
| <i>escitalopram oxalate oral tablet</i> | Tier-1 | |
| <i>fluoxetine hcl oral capsule</i> | Tier-1 | ^ (LCG) |
| <i>fluoxetine hcl oral solution</i> | Tier-1 | |
| <i>fluoxetine hcl oral tablet</i> | Tier-2 | PA |
| <i>fluvoxamine maleate oral tablet</i> | Tier-1 | |
| <i>imipramine hcl oral tablet</i> | Tier-1 | |
| <i>imipramine pamoate oral capsule</i> | Tier-2 | |
| <i>maprotiline hcl oral tablet</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger) |
| MARPLAN ORAL TABLET | Tier-3 | PA; ¥ (PA applies to members 12 and younger) |
| <i>mirtazapine oral tablet</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger); ^ (LCG) |
| <i>mirtazapine oral tablet dispersible</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger) |
| <i>nefazodone hcl oral tablet</i> | Tier-2 | PA; ¥ (PA applies to members 12 and younger) |
| <i>nortriptyline hcl oral capsule</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger) |
| <i>nortriptyline hcl oral solution</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger) |
| <i>paroxetine hcl er oral tablet extended release 24 hour</i> | Tier-2 | PA; ¥ (PA applies to members 12 and younger) |
| <i>paroxetine hcl oral tablet</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger); ^ (LCG) |

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| Drug | Status | Notes |
|---|---------------|---|
| PEXEVA ORAL TABLET | Tier-3 | PA; STPA; ¥ (PA applies to members 12 and younger) |
| <i>phenelzine sulfate oral tablet</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger) |
| <i>protriptyline hcl oral tablet</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger) |
| <i>sertraline hcl oral concentrate</i> | Tier-1 | |
| <i>sertraline hcl oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>tranylcypromine sulfate oral tablet</i> | Tier-2 | PA; ¥ (PA applies to members 12 and younger) |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger); ^ (LCG) |
| <i>trazodone hcl oral tablet 300 mg</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger) |
| <i>trimipramine maleate oral capsule</i> | Tier-3 | PA; ¥ (PA applies to members 12 and younger) |
| TRINTELLIX ORAL TABLET | Tier-3 | PA; STPA; ¥ (PA applies to members 12 and younger) |
| <i>venlafaxine hcl er oral capsule extended release 24 hour</i> | Tier-1 | |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i> | Tier-3 | STPA |
| <i>venlafaxine hcl oral tablet</i> | Tier-1 | |
| VIIBRYD ORAL KIT | Tier-3 | PA; STPA; ¥ (PA applies to members 12 and younger) |
| VIIBRYD ORAL TABLET | Tier-3 | PA; STPA; ¥ (PA applies to members 12 and younger) |
| VIIBRYD STARTER PACK ORAL KIT | Tier-3 | PA; STPA; ¥ (PA applies to members 12 and younger) |
| *ANTIDIABETICS* | | |
| <i>acarbose oral tablet</i> | Tier-1 | |
| ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR | Tier-3 | |
| <i>alogliptin benzoate oral tablet</i> | Tier-1 | |
| <i>alogliptin-metformin hcl oral tablet</i> | Tier-1 | |
| <i>alogliptin-pioglitazone oral tablet</i> | Tier-1 | |
| CYCLOSET ORAL TABLET | Tier-2 | |
| <i>glimepiride oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>glipizide er oral tablet extended release 24 hour</i> | Tier-1 | |

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| Drug | Status | Notes |
|--|---------------|----------------------------------|
| <i>glipizide oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>glipizide xl oral tablet extended release 24 hour</i> | Tier-1 | |
| <i>glipizide-metformin hcl oral tablet</i> | Tier-1 | |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED | Tier-2 | |
| GLUCAGON EMERGENCY INJECTION KIT | Tier-2 | |
| <i>glyburide micronized oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>glyburide oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>glyburide-metformin oral tablet</i> | Tier-1 | |
| 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 | 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-2 | PA; QL (120 TABLETS per 30 Days) |

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| Drug | Status | Notes |
|--|---------------|--------------|
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-2 | |
| LANTUS SUBCUTANEOUS SOLUTION | Tier-2 | |
| <i>metformin hcl er (mod) oral tablet extended release 24 hour</i> | Tier-3 | PA |
| <i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i> | Tier-3 | PA |
| <i>metformin hcl er oral tablet extended release 24 hour</i> | Tier-1 | |
| <i>metformin hcl oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>miglitol oral tablet</i> | Tier-2 | |
| <i>nateglinide oral tablet</i> | Tier-1 | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-2 | |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-2 | |
| <i>pioglitazone hcl oral tablet</i> | Tier-1 | |
| <i>pioglitazone hcl-glimepiride oral tablet</i> | Tier-1 | |
| <i>pioglitazone hcl-metformin hcl oral tablet</i> | Tier-1 | |
| PROGLYCEM ORAL SUSPENSION | Tier-3 | |
| <i>repaglinide oral tablet</i> | Tier-1 | |
| <i>repaglinide-metformin hcl oral tablet</i> | Tier-1 | |
| RIOMET ORAL SOLUTION | Tier-3 | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-3 | |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-3 | |
| <i>tolazamide oral tablet</i> | Tier-1 | |
| <i>tolbutamide oral tablet</i> | Tier-1 | |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-2 | |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-2 | |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-2 | |
| *ANTIDIARRHEALS* | | |
| <i>diphenoxylate-atropine oral liquid</i> | Tier-1 | |
| <i>diphenoxylate-atropine oral tablet</i> | Tier-1 | |

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| Drug | Status | Notes |
|---|-----------------|--|
| <i>loperamide hcl oral capsule</i> | Tier-1 | |
| MOTOFEN ORAL TABLET | Tier-3 | |
| MYTESI ORAL TABLET DELAYED RELEASE | Tier-2 | PA |
| *ANTIDOTES AND SPECIFIC ANTAGONISTS* | | |
| VISTOGARD ORAL PACKET | Tier-2 | QL (20 Packets per 30 days) |
| *ANTIDOTES* | | |
| CHEMET ORAL CAPSULE | Tier-3 | |
| <i>deferasirox oral tablet soluble</i> | Tier-2 | |
| EVZIO INJECTION SOLUTION AUTO-INJECTOR | Tier-3 | PA; ¥ (Max of 2 kits (4 units) per 30 days); QL (1 KIT per 1 Fill) |
| FERRIPROX ORAL SOLUTION | Tier-2 | QL (150 ML per 30 days) |
| FERRIPROX ORAL TABLET | Tier-2 | QL (30 tablets per 30 days) |
| JADENU ORAL TABLET | Tier-2 | |
| JADENU SPRINKLE ORAL PACKET | Tier-2 | |
| <i>naloxone hcl injection solution 0.4 mg/ml, 1 mg/ml</i> | No Copayment | |
| <i>naloxone hcl injection solution cartridge</i> | No Copayment | |
| <i>naltrexone hcl oral tablet</i> | Tier-1 | |
| NARCAN NASAL LIQUID | No Copayment | ¥ (Max of 4 units per 30 days); QL (2 UNITS per 1 Fill) |
| VISTOGARD ORAL PACKET | Tier-2 | QL (20 Packets per 30 days) |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED | Medical Benefit | |
| *ANTIEMETICS* | | |
| AKYNZEO ORAL CAPSULE | Tier-3 | ¥ (1 capsule per fill); QL (3 EA per 28 days) |
| ANZEMET ORAL TABLET | Tier-2 | QL (3 TABLETS per 7 Days) |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg</i> | Tier-2 | QL (1 EA per 7 days) |
| <i>aprepitant oral capsule 80 mg</i> | Tier-2 | QL (2 EA per 7 days) |
| CESAMET ORAL CAPSULE | Tier-3 | QL (18 CAPSULES per 7 Days) |
| <i>dronabinol oral capsule</i> | Tier-2 | |
| EMEND ORAL SUSPENSION RECONSTITUTED | Tier-3 | QL (3 Units per 7 days) |
| <i>granisetron hcl oral tablet</i> | Tier-1 | QL (6 TABLETS per 7 Days) |
| GRANISOL ORAL SOLUTION | Tier-3 | QL (45 ML per 7 Days) |

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| Drug | Status | Notes |
|---|---------------|---|
| <i>meclizine hcl oral tablet</i> | Tier-1 | |
| <i>ondansetron hcl oral solution</i> | Tier-1 | QL (90 ML per 7 Days) |
| <i>ondansetron hcl oral tablet 24 mg</i> | Tier-1 | QL (1 TABLET per 7 Days) |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | Tier-1 | QL (9 TABLETS per 7 Days) |
| <i>ondansetron oral tablet dispersible</i> | Tier-1 | QL (9 EA per 7 Days) |
| SANCUSO TRANSDERMAL PATCH | Tier-3 | QL (1 PATCH per 7 Days) |
| <i>scopolamine transdermal patch 72 hour</i> | Tier-2 | |
| <i>trimethobenzamide hcl oral capsule</i> | Tier-1 | |
| VARUBI ORAL TABLET | Tier-3 | ¥ (Max 6 capsules per 30 days); QL (2 CAPSULES per 1 Fill) |
| ZUPLENZ ORAL FILM | Tier-3 | QL (10 FILMS per 7 Days) |
| *ANTIFUNGALS* | | |
| CRESEMBA ORAL CAPSULE | Tier-3 | |
| <i>fluconazole oral suspension reconstituted</i> | Tier-1 | |
| <i>fluconazole oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>flucytosine oral capsule</i> | Tier-1 | |
| <i>griseofulvin microsize oral suspension</i> | Tier-2 | |
| <i>griseofulvin microsize oral tablet</i> | Tier-2 | |
| <i>griseofulvin ultramicrosize oral tablet</i> | Tier-2 | |
| <i>itraconazole oral capsule</i> | Tier-2 | PA |
| <i>itraconazole oral solution</i> | Tier-2 | |
| <i>ketoconazole oral tablet</i> | Tier-1 | |
| LAMISIL ORAL PACKET 125 MG | Tier-3 | ¥ (12 WEEK ANNUAL LIMIT APPLIES); QL (56 PACKETS per 28 Days) |
| LAMISIL ORAL PACKET 187.5 MG | Tier-3 | ¥ (12 WEEK ANNUAL LIMIT APPLIES); QL (28 PACKETS per 28 Days) |
| <i>nystatin oral tablet</i> | Tier-1 | |
| ONMEL ORAL TABLET | Tier-3 | PA; QL (28 EA per 28 Days) |
| <i>terbinafine hcl oral tablet</i> | Tier-1 | ¥ (90 DAYS PER YEAR); QL (30 TABLETS per 30 Days) |
| <i>voriconazole oral suspension reconstituted</i> | Tier-1 | QL (150 ML per 14 Days) |
| <i>voriconazole oral tablet 200 mg</i> | Tier-2 | QL (28 TABLETS per 14 days) |
| <i>voriconazole oral tablet 50 mg</i> | Tier-2 | QL (56 TABLETS per 14 days) |

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| Drug | Status | Notes |
|---|--------|---------------------------------|
| *ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** | | |
| HEMLIBRA SUBCUTANEOUS SOLUTION | Tier-2 | PA; SP |
| *ANTIHISTAMINES* | | |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | Tier-1 | |
| <i>carbinoxamine maleate oral tablet 6 mg</i> | Tier-2 | |
| <i>clemastine fumarate oral syrup</i> | Tier-1 | |
| <i>clemastine fumarate oral tablet</i> | Tier-1 | |
| <i>cyproheptadine hcl oral syrup</i> | Tier-1 | |
| <i>cyproheptadine hcl oral tablet</i> | Tier-1 | |
| <i>desloratadine oral tablet</i> | Tier-1 | |
| <i>dexchlorpheniramine maleate oral syrup</i> | Tier-1 | |
| DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED | Tier-3 | |
| <i>diphenhydramine hcl oral capsule 25 mg</i> | Tier-1 | |
| <i>promethazine hcl oral solution</i> | Tier-1 | ^ (LCG) |
| <i>promethazine hcl oral syrup</i> | Tier-1 | ^ (LCG) |
| <i>promethazine hcl oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | Tier-1 | |
| PROMETHEGAN RECTAL SUPPOSITORY | Tier-1 | |
| *ANTIHYPERLIPIDEMICS* | | |
| ADVICOR ORAL TABLET EXTENDED RELEASE 24 HOUR | Tier-3 | |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg</i> | Tier-1 | ^ (ACA); QL (90 EA per 90 days) |
| <i>atorvastatin calcium oral tablet 40 mg, 80 mg</i> | Tier-1 | ^ (ACA) |
| <i>colesevelam hcl oral packet</i> | Tier-2 | |
| <i>colesevelam hcl oral tablet</i> | Tier-2 | |
| <i>colestipol hcl oral packet</i> | Tier-1 | |
| <i>colestipol hcl oral tablet</i> | Tier-1 | |
| <i>ezetimibe oral tablet</i> | Tier-2 | |
| <i>ezetimibe-simvastatin oral tablet</i> | Tier-2 | |
| <i>fenofibrate micronized oral capsule 130 mg</i> | Tier-2 | |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i> | Tier-1 | |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i> | Tier-2 | |

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| Drug | Status | Notes |
|--|---------------|----------------------------------|
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i> | Tier-1 | |
| <i>fenofibric acid oral capsule delayed release</i> | Tier-1 | |
| <i>fenofibric acid oral tablet</i> | Tier-1 | |
| <i>flolipid oral suspension</i> | Tier-3 | PA |
| <i>fluvastatin sodium er oral tablet extended release 24 hour</i> | Tier-2 | ^ (ACA); QL (90 EA per 90 days) |
| <i>fluvastatin sodium oral capsule</i> | Tier-1 | ^ (ACA); QL (90 EA per 90 days) |
| <i>gemfibrozil oral tablet</i> | Tier-1 | |
| JUXTAPID ORAL CAPSULE | Tier-2 | PA; QL (30 Capsules per 30 days) |
| KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; SP; QL (4 EA per 28 days) |
| <i>lovastatin oral tablet</i> | Tier-1 | ^ (ACA); QL (90 EA per 90 days) |
| <i>niacin er (antihyperlipidemic) oral tablet extended release</i> | Tier-2 | |
| NIACOR ORAL TABLET | Tier-1 | |
| <i>omega-3-acid ethyl esters oral capsule</i> | Tier-2 | |
| <i>pravastatin sodium oral tablet</i> | Tier-1 | ^ (ACA); QL (90 EA per 90 days) |
| PREVALITE ORAL POWDER | Tier-1 | |
| <i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i> | Tier-2 | ^ (ACA); QL (90 EA per 90 days) |
| <i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i> | Tier-2 | ^ (ACA) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | Tier-1 | ^ (ACA); QL (90 EA per 90 days) |
| <i>simvastatin oral tablet 80 mg</i> | Tier-1 | ^ (ACA) |
| *ANTIHYPERTENSIVES* | | |
| <i>aliskiren fumarate oral tablet</i> | Tier-2 | |
| <i>amlodipine besy-benazepril hcl oral capsule</i> | Tier-1 | |
| <i>amlodipine besylate-valsartan oral tablet</i> | Tier-1 | |
| <i>amlodipine-olmesartan oral tablet</i> | Tier-2 | |
| <i>amlodipine-valsartan-hctz oral tablet</i> | Tier-1 | |
| <i>atenolol-chlorthalidone oral tablet</i> | Tier-1 | |
| <i>benazepril hcl oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>benazepril-hydrochlorothiazide oral tablet</i> | Tier-1 | |
| <i>bisoprolol-hydrochlorothiazide oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>candesartan cilxetil oral tablet</i> | Tier-2 | |
| <i>candesartan cilxetil-hctz oral tablet</i> | Tier-2 | |
| <i>captopril oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>captopril-hydrochlorothiazide oral tablet</i> | Tier-1 | |

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| Drug | Status | Notes |
|---|---------------|--------------|
| <i>clonidine hcl oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>clonidine hcl transdermal patch weekly</i> | Tier-1 | |
| DEMSEER ORAL CAPSULE | Tier-3 | |
| <i>doxazosin mesylate oral tablet</i> | Tier-1 | |
| DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR | Tier-3 | |
| <i>enalapril maleate oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>enalapril-hydrochlorothiazide oral tablet</i> | Tier-1 | |
| EPANED ORAL SOLUTION RECONSTITUTED | Tier-3 | |
| <i>eplerenone oral tablet</i> | Tier-2 | STPA |
| <i>eprosartan mesylate oral tablet</i> | Tier-1 | |
| <i>fosinopril sodium oral tablet</i> | Tier-1 | |
| <i>fosinopril sodium-hctz oral tablet</i> | Tier-1 | |
| <i>guanfacine hcl oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>hydralazine hcl oral tablet</i> | Tier-1 | |
| <i>irbesartan oral tablet</i> | Tier-1 | |
| <i>irbesartan-hydrochlorothiazide oral tablet</i> | Tier-1 | |
| <i>lisinopril oral tablet</i> | Tier-1 | |
| <i>lisinopril-hydrochlorothiazide oral tablet</i> | Tier-1 | |
| <i>losartan potassium oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>losartan potassium-hctz oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>methyldopa oral tablet</i> | Tier-1 | |
| <i>metoprolol-hydrochlorothiazide oral tablet</i> | Tier-1 | |
| <i>minoxidil oral tablet</i> | Tier-1 | |
| <i>moexipril hcl oral tablet</i> | Tier-1 | |
| <i>olmesartan medoxomil oral tablet</i> | Tier-2 | |
| <i>olmesartan medoxomil-hctz oral tablet</i> | Tier-2 | |
| <i>olmesartan-amlodipine-hctz oral tablet</i> | Tier-2 | |
| <i>perindopril erbumine oral tablet</i> | Tier-1 | |
| <i>phenoxybenzamine hcl oral capsule</i> | Tier-1 | |
| <i>prazosin hcl oral capsule</i> | Tier-1 | |
| <i>quinapril hcl oral tablet</i> | Tier-1 | |
| <i>quinapril-hydrochlorothiazide oral tablet</i> | Tier-1 | |
| <i>ramipril oral capsule</i> | Tier-1 | ^ (LCG) |

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| Drug | Status | Notes |
|---|---------------|----------------------------|
| TARKA ORAL TABLET EXTENDED RELEASE | Tier-3 | |
| TEKAMLO ORAL TABLET | Tier-3 | |
| <i>telmisartan oral tablet</i> | Tier-1 | |
| <i>telmisartan-amlodipine oral tablet</i> | Tier-2 | |
| <i>telmisartan-hctz oral tablet</i> | Tier-2 | |
| <i>terazosin hcl oral capsule</i> | Tier-1 | ^ (LCG) |
| <i>trandolapril oral tablet</i> | Tier-1 | |
| <i>trandolapril-verapamil hcl er oral tablet extended release</i> | Tier-1 | |
| <i>valsartan oral tablet</i> | Tier-1 | |
| <i>valsartan-hydrochlorothiazide oral tablet</i> | Tier-1 | |
| 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 | |
| ALINIA ORAL TABLET | Tier-3 | |
| <i>atovaquone oral suspension</i> | Tier-2 | |
| <i>clindamycin hcl oral capsule</i> | Tier-1 | |
| <i>clindamycin palmitate hcl oral solution reconstituted</i> | Tier-1 | |
| <i>dapsone oral tablet</i> | Tier-1 | |
| IMPAVIDO ORAL CAPSULE | Tier-2 | |
| KETEK ORAL TABLET | Tier-2 | |
| <i>linezolid oral suspension reconstituted</i> | Tier-1 | |
| <i>linezolid oral tablet</i> | Tier-1 | |
| <i>metronidazole oral capsule</i> | Tier-1 | |
| <i>metronidazole oral tablet</i> | Tier-1 | |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED | Tier-3 | |
| PRIMSOL ORAL SOLUTION | Tier-3 | |
| SIVEXTRO ORAL TABLET | Tier-3 | |
| <i>smz-tmp ds oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>sulfamethoxazole-trimethoprim oral suspension</i> | Tier-1 | |
| <i>sulfamethoxazole-trimethoprim oral tablet</i> | Tier-1 | ^ (LCG) |

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| Drug | Status | Notes |
|---|---------------|---------------------------------|
| <i>tinidazole oral tablet</i> | Tier-1 | |
| <i>trimethoprim oral tablet</i> | Tier-1 | |
| XIFAXAN ORAL TABLET 200 MG | Tier-3 | PA; QL (9 TABLETS per 30 Days) |
| XIFAXAN ORAL TABLET 550 MG | Tier-3 | PA; QL (60 TABLETS per 30 Days) |
| *ANTIMALARIALS* | | |
| <i>atovaquone-proguanil hcl oral tablet</i> | Tier-2 | |
| <i>chloroquine phosphate oral tablet</i> | Tier-1 | |
| COARTEM ORAL TABLET | Tier-2 | QL (24 TABLETS per 180 Days) |
| DARAPRIM ORAL TABLET | Tier-2 | |
| <i>hydroxychloroquine sulfate oral tablet</i> | Tier-1 | |
| KRINTAFEL ORAL TABLET | Tier-1 | |
| <i>mefloquine hcl oral tablet</i> | Tier-1 | |
| <i>primaquine phosphate oral tablet</i> | Tier-2 | |
| <i>quinine sulfate oral capsule</i> | Tier-1 | |
| *ANTIMYASTHENIC AGENTS* | | |
| FIRDAPSE ORAL TABLET | Tier-2 | PA |
| <i>guanidine hcl oral tablet</i> | Tier-1 | |
| MESTINON ORAL SYRUP | Tier-3 | |
| MYTELASE ORAL TABLET | Tier-3 | |
| <i>pyridostigmine bromide er oral tablet extended release</i> | Tier-1 | |
| <i>pyridostigmine bromide oral tablet</i> | Tier-1 | |
| RUZURGI ORAL TABLET | Tier-2 | PA |
| *ANTIMYASTHENIC/CHOLINERGIC AGENTS* | | |
| FIRDAPSE ORAL TABLET | Tier-2 | PA |
| <i>guanidine hcl oral tablet</i> | Tier-1 | |
| MESTINON ORAL SYRUP | Tier-3 | |
| MYTELASE ORAL TABLET | Tier-3 | |
| <i>pyridostigmine bromide er oral tablet extended release</i> | Tier-1 | |
| <i>pyridostigmine bromide oral tablet</i> | Tier-1 | |
| RUZURGI ORAL TABLET | Tier-2 | PA |
| *ANTIMYCOBACTERIAL AGENTS* | | |
| <i>cycloserine oral capsule</i> | Tier-1 | |

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| Drug | Status | Notes |
|--|---------------|----------------|
| <i>ethambutol hcl oral tablet</i> | Tier-1 | |
| ISONARIF ORAL CAPSULE | Tier-1 | |
| <i>isoniazid oral syrup</i> | Tier-1 | |
| <i>isoniazid oral tablet 100 mg</i> | Tier-1 | |
| <i>isoniazid oral tablet 300 mg</i> | Tier-1 | ^ (LCG) |
| PASER ORAL PACKET | Tier-3 | |
| PRIFTIN ORAL TABLET | Tier-2 | |
| <i>pyrazinamide oral tablet</i> | Tier-1 | |
| <i>rifabutin oral capsule</i> | Tier-1 | |
| <i>rifampin oral capsule</i> | Tier-1 | |
| RIFATER ORAL TABLET | Tier-3 | |
| SIRTURO ORAL TABLET | Tier-2 | PA |
| TRECTOR ORAL TABLET | Tier-3 | |
| *ANTINEOPLASTIC - BCL-2 INHIBITORS*** | | |
| VENCLEXTA ORAL TABLET | Tier-2 | PA; ^ (CM) |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK | Tier-2 | PA; ^ (CM) |
| *ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** | | |
| BALVERSA ORAL TABLET | Tier-2 | PA; ^ (CM) |
| *ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** | | |
| ROZLYTREK ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| VITRAKVI ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| VITRAKVI ORAL SOLUTION | Tier-2 | PA; SP; ^ (CM) |
| *ANTINEOPLASTIC - XPO1 INHIBITORS*** | | |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | Tier-2 | PA; ^ (CM) |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | Tier-2 | PA; ^ (CM) |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | Tier-2 | PA; ^ (CM) |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | Tier-2 | PA; ^ (CM) |

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| Drug | Status | Notes |
|---|---------------|--|
| *ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* | | |
| <i>abiraterone acetate oral tablet</i> | Tier-2 | PA; SP; ^ (CM); QL (120 TABLETS per 30 days) |
| ACTIMMUNE SUBCUTANEOUS SOLUTION | Tier-2 | |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE | Tier-2 | PA; SP; ^ (CM); QL (60 TABLETS per 30 Days) |
| AFINITOR ORAL TABLET | Tier-2 | PA; SP; ^ (CM); QL (30 TABLETS per 30 Days) |
| ALECENSA ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| ALUNBRIG ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| ALUNBRIG ORAL TABLET THERAPY PACK | Tier-2 | PA; SP; ^ (CM) |
| <i>anastrozole oral tablet</i> | Tier-1 | ^ (CM) |
| <i>bexarotene oral capsule</i> | Tier-1 | SP; ^ (CM) |
| <i>bicalutamide oral tablet</i> | Tier-1 | ^ (CM) |
| BOSULIF ORAL TABLET 100 MG | Tier-2 | PA; SP; ^ (CM); QL (120 TABLETS per 30 Days) |
| BOSULIF ORAL TABLET 400 MG | Tier-2 | PA; SP; ^ (CM); QL (30 TABLETS per 30 days) |
| BOSULIF ORAL TABLET 500 MG | Tier-2 | PA; SP; ^ (CM); QL (30 TABLETS per 30 Days) |
| BRAFTOVI ORAL CAPSULE | Tier-2 | PA; ^ (CM) |
| CABOMETYX ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| CALQUENCE ORAL CAPSULE | Tier-2 | PA; ^ (CM) |
| <i>capecitabine oral tablet 150 mg</i> | Tier-1 | SP; ^ (CM); QL (168 TABLETS per 14 days) |
| <i>capecitabine oral tablet 500 mg</i> | Tier-1 | SP; ^ (CM); QL (84 TABLETS per 14 days) |
| CAPRELSA ORAL TABLET 100 MG | Tier-2 | PA; ^ (CM); QL (60 TABLETS per 30 Days) |
| CAPRELSA ORAL TABLET 300 MG | Tier-2 | PA; ^ (CM); QL (30 TABLETS per 30 Days) |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT | Tier-2 | PA; ^ (CM) |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT | Tier-2 | PA; ^ (CM) |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT | Tier-2 | PA; ^ (CM) |

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| Drug | Status | Notes |
|---|-----------------|--|
| COTELLIC ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| <i>cyclophosphamide oral capsule</i> | Tier-2 | SP; ^ (CM) |
| <i>cyclophosphamide oral tablet</i> | Tier-1 | SP; ^ (CM) |
| CYRAMZA INTRAVENOUS SOLUTION | Medical Benefit | PA |
| DAURISMO ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| EMCYT ORAL CAPSULE | Tier-2 | SP; ^ (CM) |
| ERIVEDGE ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| <i>erlotinib hcl oral tablet</i> | Tier-2 | SP; ^ (CM) |
| <i>etoposide oral capsule</i> | Tier-1 | SP; ^ (CM) |
| <i>exemestane oral tablet</i> | Tier-1 | ^ (CM) |
| FARYDAK ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| <i>flutamide oral capsule</i> | Tier-1 | ^ (CM) |
| GILOTRIF ORAL TABLET | Tier-2 | PA; ^ (CM) |
| GLEOSTINE ORAL CAPSULE | Tier-3 | SP; ^ (CM) |
| HYCAMTIN ORAL CAPSULE 0.25 MG | Tier-2 | PA; SP; ^ (CM); QL (15 CAPSULES per 21 Days) |
| HYCAMTIN ORAL CAPSULE 1 MG | Tier-2 | PA; SP; ^ (CM); QL (25 CAPSULES per 21 Days) |
| <i>hydroxyurea oral capsule</i> | Tier-1 | ^ (CM) |
| ICLUSIG ORAL TABLET 15 MG | Tier-2 | PA; ^ (CM); QL (60 EA per 30 Days) |
| ICLUSIG ORAL TABLET 45 MG | Tier-2 | PA; ^ (CM); QL (30 EA per 30 Days) |
| <i>imatinib mesylate oral tablet</i> | Tier-1 | SP; ^ (CM) |
| IMBRUVICA ORAL CAPSULE 70 MG | Tier-2 | PA; ^ (CM) |
| IMBRUVICA ORAL TABLET | Tier-2 | PA; ^ (CM) |
| INLYTA ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| INREBIC ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| INTRON A INJECTION SOLUTION | Tier-2 | SP |
| INTRON A INJECTION SOLUTION RECONSTITUTED | Tier-2 | SP |
| IRESSA ORAL TABLET | Tier-2 | PA; ^ (CM) |
| JAKAFI ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier-2 | PA; SP; ^ (CM) |

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| Drug | Status | Notes |
|---|-----------------|---|
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier-2 | PA; SP; ^ (CM) |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier-2 | PA; SP; ^ (CM) |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier-2 | PA; SP; ^ (CM) |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier-2 | PA; SP; ^ (CM) |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier-2 | PA; SP; ^ (CM) |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier-2 | PA; SP; ^ (CM) |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier-2 | PA; SP; ^ (CM) |
| <i>letrozole oral tablet</i> | Tier-1 | ^ (CM) |
| <i>leucovorin calcium oral tablet</i> | Tier-1 | ^ (CM) |
| LEUKERAN ORAL TABLET | Tier-2 | ^ (CM) |
| <i>leuprolide acetate injection kit</i> | Tier-1 | # (Lupron Depot and Lupron Depot-Ped are covered under the medical benefit) |
| LIBTAYO INTRAVENOUS SOLUTION | Medical Benefit | |
| <i>lomustine oral capsule</i> | Tier-1 | ^ (CM) |
| LONSURF ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| LORBRENA ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| LYSODREN ORAL TABLET | Tier-2 | ^ (CM) |
| MATULANE ORAL CAPSULE | Tier-2 | ^ (CM) |
| <i>megestrol acetate oral suspension 40 mg/ml</i> | Tier-1 | |
| <i>megestrol acetate oral tablet</i> | Tier-1 | ^ (CM) |
| MEKINIST ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| MEKTOVI ORAL TABLET | Tier-2 | PA; ^ (CM) |
| <i>melphalan oral tablet</i> | Tier-2 | ^ (CM) |
| <i>mercaptopurine oral tablet</i> | Tier-1 | |
| MESNEX ORAL TABLET | Tier-3 | ^ (CM) |
| <i>methotrexate oral tablet</i> | Tier-1 | |
| MYLERAN ORAL TABLET | Tier-2 | ^ (CM) |
| NERLYNX ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| NEXAVAR ORAL TABLET | Tier-2 | PA; SP; ^ (CM); QL (120 TABLETS per 30 Days) |

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| Drug | Status | Notes |
|---|-----------------|--|
| <i>nilutamide oral tablet</i> | Tier-1 | ^ (CM) |
| NINLARO ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| ODOMZO ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| PERJETA INTRAVENOUS SOLUTION | Medical Benefit | PA |
| POMALYST ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| POTELIGEO INTRAVENOUS SOLUTION | Medical Benefit | |
| PROVENGE INTRAVENOUS SUSPENSION | Medical Benefit | PA |
| PURIXAN ORAL SUSPENSION | Tier-3 | |
| RITUXAN INTRAVENOUS SOLUTION | Medical Benefit | PA |
| RYDAPT ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| SOLTAMOX ORAL SOLUTION | Tier-2 | ^ (CM) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG | Tier-2 | PA; SP; ^ (CM); QL (30 TABLETS per 30 Days) |
| SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG | Tier-2 | PA; SP; ^ (CM); QL (60 TABLETS per 30 Days) |
| STIVARGA ORAL TABLET | Tier-2 | PA; SP; ^ (CM); QL (84 TABLETS per 28 Days) |
| SUTENT ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| SYLATRON SUBCUTANEOUS KIT 200 MCG, 296 MCG, 300 MCG, 4 X 296 MCG, 4 X 444 MCG, 444 MCG, 600 MCG, 888 MCG | Tier-2 | SP; QL (4 VIALS per 28 days) |
| TABLOID ORAL TABLET | Tier-2 | SP; ^ (CM) |
| TAFINLAR ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| TAGRISSE ORAL TABLET 40 MG | Tier-2 | PA; ^ (CM); QL (30 EA per 30 days) |
| TAGRISSE ORAL TABLET 80 MG | Tier-2 | PA; ^ (CM) |
| <i>tamoxifen citrate oral tablet</i> | Tier-1 | ^ (CM) |
| TASIGNA ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| <i>temozolomide oral capsule</i> | Tier-2 | SP; ^ (CM) |
| <i>toremifene citrate oral tablet</i> | Tier-2 | ^ (CM) |
| <i>tretinoin oral capsule</i> | Tier-1 | SP; ^ (CM) |
| TREXALL ORAL TABLET | Tier-2 | |
| TURALIO ORAL CAPSULE | Tier-2 | PA; ^ (CM) |
| TYKERB ORAL TABLET | Tier-2 | PA; SP; ^ (CM); QL (180 TABLETS per 30 Days) |
| VIZIMPRO ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| VOTRIENT ORAL TABLET | Tier-2 | PA; SP; ^ (CM); QL (120 TABLETS per 30 Days) |

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| Drug | Status | Notes |
|--|---------------|---|
| XALKORI ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| XATMEP ORAL SOLUTION | Tier-3 | PA; ^ (CM) |
| XOSPATA ORAL TABLET | Tier-2 | PA; ^ (CM) |
| XTANDI ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM); QL (120 CAPSULES per 30 Days) |
| ZELBORAF ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| ZOLINZA ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| ZYKADIA ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| ZYKADIA ORAL TABLET | Tier-2 | PA; SP |
| *ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS*** | | |
| SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-3 | PA |
| *ANTI-OBESITY AGENT COMBINATIONS** | | |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR | Tier-3 | PA |
| *ANTIPARKINSON AGENTS* | | |
| <i>amantadine hcl oral capsule</i> | Tier-1 | |
| <i>amantadine hcl oral syrup</i> | Tier-1 | |
| <i>amantadine hcl oral tablet</i> | Tier-1 | |
| APOKYN SUBCUTANEOUS SOLUTION | Tier-2 | |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg</i> | Tier-1 | ^ (LCG) |
| <i>benztropine mesylate oral tablet 2 mg</i> | Tier-1 | |
| <i>bromocriptine mesylate oral capsule</i> | Tier-1 | |
| <i>bromocriptine mesylate oral tablet</i> | Tier-1 | |
| <i>carbidopa oral tablet</i> | Tier-1 | |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> | Tier-1 | |
| <i>carbidopa-levodopa oral tablet</i> | Tier-1 | |
| <i>carbidopa-levodopa oral tablet dispersible</i> | Tier-1 | |
| <i>carbidopa-levodopa-entacapone oral tablet</i> | Tier-1 | |
| DUOPA ENTERAL SUSPENSION | Tier-2 | |
| <i>entacapone oral tablet</i> | Tier-1 | |
| INBRIJA INHALATION CAPSULE | Tier-3 | PA |
| NEUPRO TRANSDERMAL PATCH 24 HOUR | Tier-3 | QL (30 PATCHES per 30 Days) |

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| Drug | Status | Notes |
|--|---------------|---------------------------------|
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg</i> | Tier-1 | |
| <i>pramipexole dihydrochloride oral tablet</i> | Tier-1 | |
| <i>rasagiline mesylate oral tablet</i> | Tier-2 | |
| <i>ropinirole hcl er oral tablet extended release 24 hour</i> | Tier-1 | QL (90 TABLETS per 90 Days) |
| <i>ropinirole hcl oral tablet</i> | Tier-1 | |
| <i>selegiline hcl oral capsule</i> | Tier-1 | |
| <i>selegiline hcl oral tablet</i> | Tier-1 | |
| <i>tolcapone oral tablet</i> | Tier-1 | |
| <i>trihexyphenidyl hcl oral elixir</i> | Tier-1 | |
| <i>trihexyphenidyl hcl oral tablet</i> | Tier-1 | |
| XADAGO ORAL TABLET | Tier-3 | PA |
| *ANTIPSYCHOTICS/ANTIMANIC AGENTS* | | |
| ABILIFY MYCITE ORAL TABLET | Tier-3 | PA; QL (30 tablets per 30 days) |
| <i>aripiprazole oral solution</i> | Tier-2 | STPA; QL (900 ML per 90 days) |
| <i>aripiprazole oral tablet</i> | Tier-2 | STPA; QL (90 EA per 90 days) |
| <i>aripiprazole oral tablet dispersible</i> | Tier-2 | STPA; QL (180 EA per 90 days) |
| <i>chlorpromazine hcl oral tablet</i> | Tier-1 | |
| <i>clozapine oral tablet</i> | Tier-1 | |
| <i>clozapine oral tablet dispersible</i> | Tier-1 | |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR | Tier-3 | |
| <i>fluphenazine hcl oral concentrate</i> | Tier-1 | |
| <i>fluphenazine hcl oral elixir</i> | Tier-1 | |
| <i>fluphenazine hcl oral tablet</i> | Tier-1 | |
| <i>haloperidol lactate oral concentrate</i> | Tier-1 | |
| <i>haloperidol oral tablet</i> | Tier-1 | |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | Tier-3 | STPA; QL (90 EA per 90 days) |
| LATUDA ORAL TABLET 80 MG | Tier-3 | STPA; QL (180 EA per 90 days) |
| <i>lithium carbonate er oral tablet extended release</i> | Tier-1 | |
| <i>lithium carbonate oral capsule</i> | Tier-1 | ^ (LCG) |
| <i>lithium carbonate oral tablet</i> | Tier-1 | |
| <i>lithium oral solution</i> | Tier-2 | |

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| Drug | Status | Notes |
|--|---------------|--------------------------------------|
| <i>loxapine succinate oral capsule</i> | Tier-1 | |
| NUPLAZID ORAL CAPSULE | Tier-2 | PA; SP; QL (30 capsules per 30 days) |
| NUPLAZID ORAL TABLET | Tier-2 | PA; SP; QL (60 Tablets per 30 days) |
| <i>olanzapine oral tablet</i> | Tier-1 | |
| <i>olanzapine oral tablet dispersible</i> | Tier-1 | STPA |
| <i>paliperidone er oral tablet extended release 24 hour</i> | Tier-2 | STPA |
| <i>perphenazine oral tablet</i> | Tier-1 | |
| <i>prochlorperazine maleate oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>prochlorperazine rectal suppository</i> | Tier-1 | |
| <i>quetiapine fumarate er oral tablet extended release 24 hour</i> | Tier-2 | STPA |
| <i>quetiapine fumarate oral tablet</i> | Tier-1 | |
| REXULTI ORAL TABLET | Tier-3 | STPA |
| RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE | Tier-1 | |
| <i>risperidone oral solution</i> | Tier-1 | |
| <i>risperidone oral tablet</i> | Tier-1 | |
| <i>risperidone oral tablet dispersible</i> | Tier-1 | |
| <i>thioridazine hcl oral tablet</i> | Tier-1 | |
| <i>thiothixene oral capsule</i> | Tier-1 | |
| <i>trifluoperazine hcl oral tablet</i> | Tier-1 | |
| VERSACLOZ ORAL SUSPENSION | Tier-3 | |
| VRAYLAR ORAL CAPSULE | Tier-3 | STPA |
| VRAYLAR ORAL CAPSULE THERAPY PACK | Tier-3 | STPA |
| <i>ziprasidone hcl oral capsule</i> | Tier-1 | STPA |
| *ANTIRETROVIRALS ADJUVANTS*** | | |
| TYBOST ORAL TABLET | Tier-2 | |
| *ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** | | |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; QL (4 syringes per 30 days) |
| *ANTISEPTICS & DISINFECTANTS* | | |
| PHISOHEX EXTERNAL LIQUID | Tier-3 | |

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| Drug | Status | Notes |
|---|---------------|--------------|
| *ANTIVIRALS* | | |
| <i>abacavir sulfate oral solution</i> | Tier-2 | |
| <i>abacavir sulfate oral tablet</i> | Tier-1 | |
| <i>abacavir sulfate-lamivudine oral tablet</i> | Tier-2 | |
| <i>abacavir-lamivudine-zidovudine oral tablet</i> | Tier-1 | |
| <i>acyclovir oral capsule</i> | Tier-1 | |
| <i>acyclovir oral suspension</i> | Tier-1 | |
| <i>acyclovir oral tablet</i> | Tier-1 | |
| <i>adefovir dipivoxil oral tablet</i> | Tier-1 | |
| APTIVUS ORAL CAPSULE | Tier-2 | |
| APTIVUS ORAL SOLUTION | Tier-2 | |
| <i>atazanavir sulfate oral capsule</i> | Tier-2 | |
| ATRIPLA ORAL TABLET | Tier-2 | |
| BARACLUDE ORAL SOLUTION | Tier-2 | |
| BIKTARVY ORAL TABLET | Tier-2 | |
| CIMDUO ORAL TABLET | Tier-2 | |
| COMPLERA ORAL TABLET | Tier-2 | |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG | Tier-2 | |
| DELSTRIGO ORAL TABLET | Tier-2 | |
| DESCOVY ORAL TABLET | Tier-2 | |
| <i>didanosine oral capsule delayed release</i> | Tier-1 | |
| DOVATO ORAL TABLET | Tier-2 | |
| EDURANT ORAL TABLET | Tier-2 | |
| <i>efavirenz oral capsule</i> | Tier-2 | |
| <i>efavirenz oral tablet</i> | Tier-2 | |
| EMTRIVA ORAL CAPSULE | Tier-2 | |
| EMTRIVA ORAL SOLUTION | Tier-2 | |
| <i>entecavir oral tablet</i> | Tier-2 | |
| EPIVIR HBV ORAL SOLUTION | Tier-2 | |
| EVOTAZ ORAL TABLET | Tier-2 | |
| <i>famciclovir oral tablet</i> | Tier-1 | |
| <i>fosamprenavir calcium oral tablet</i> | Tier-2 | |
| FUZEON SUBCUTANEOUS KIT | Tier-2 | SP |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier-2 | SP |

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| Drug | Status | Notes |
|--|---------------|--|
| GENVOYA ORAL TABLET | Tier-2 | |
| INTELENCE ORAL TABLET | Tier-2 | |
| INVIRASE ORAL CAPSULE | Tier-2 | |
| INVIRASE ORAL TABLET | Tier-2 | |
| ISENTRESS HD ORAL TABLET | Tier-2 | QL (60 EA per 30 days) |
| ISENTRESS ORAL PACKET | Tier-2 | QL (60 EA per 30 days) |
| ISENTRESS ORAL TABLET | Tier-2 | QL (120 EA per 30 days) |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG | Tier-2 | QL (180 EA per 30 days) |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG | Tier-2 | QL (720 EA per 30 days) |
| JULUCA ORAL TABLET | Tier-2 | |
| KALETRA ORAL TABLET | Tier-2 | |
| <i>lamivudine oral solution</i> | Tier-1 | |
| <i>lamivudine oral tablet</i> | Tier-1 | |
| <i>lamivudine-zidovudine oral tablet</i> | Tier-1 | |
| LEXIVA ORAL SUSPENSION | Tier-2 | |
| <i>lopinavir-ritonavir oral solution</i> | Tier-2 | |
| <i>nevirapine er oral tablet extended release 24 hour</i> | Tier-1 | |
| <i>nevirapine oral suspension</i> | Tier-1 | |
| <i>nevirapine oral tablet</i> | Tier-1 | |
| NORVIR ORAL CAPSULE | Tier-2 | |
| NORVIR ORAL PACKET | Tier-2 | |
| NORVIR ORAL SOLUTION | Tier-2 | |
| ODEFSEY ORAL TABLET | Tier-2 | |
| <i>oseltamivir phosphate oral capsule</i> | Tier-2 | QL (10 EA per 365 days) |
| <i>oseltamivir phosphate oral suspension reconstituted</i> | Tier-2 | ¥ (2 fills per 365 days); QL (180 ML per 1 Fill) |
| PEGASYS PROCLICK SUBCUTANEOUS SOLUTION | Tier-2 | SP; QL (4 PENS per 28 Days) |
| PEGASYS SUBCUTANEOUS KIT | Tier-2 | SP; QL (1 KIT per 28 Days) |
| PEGASYS SUBCUTANEOUS SOLUTION | Tier-2 | SP; QL (4 VIALS per 28 Days) |
| PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT | Tier-3 | SP; QL (4 SYRINGES per 28 Days) |
| PEG-INTRON REDIPEN SUBCUTANEOUS KIT | Tier-3 | SP; QL (4 SYRINGES per 28 Days) |
| PEGINTRON SUBCUTANEOUS KIT | Tier-3 | SP; QL (4 EA per 28 days) |

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| Drug | Status | Notes |
|---|-----------------|------------------------------|
| PEG-INTRON SUBCUTANEOUS KIT | Tier-3 | SP; QL (4 VIALS per 28 Days) |
| PIFELTRO ORAL TABLET | Tier-2 | |
| PREVYMIS INTRAVENOUS SOLUTION | Medical Benefit | PA |
| PREVYMIS ORAL TABLET | Tier-3 | PA |
| PREZCOBIX ORAL TABLET | Tier-2 | |
| PREZISTA ORAL SUSPENSION | Tier-2 | |
| PREZISTA ORAL TABLET 150 MG, 400 MG, 600 MG, 75 MG, 800 MG | Tier-2 | |
| REBETOL ORAL SOLUTION | Tier-3 | SP; QL (35 ML per 1 day) |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | Tier-2 | QL (20 UNITS per 365 Days) |
| RESCRIPTOR ORAL TABLET | Tier-2 | |
| REYATAZ ORAL PACKET | Tier-2 | |
| RIBASPHERE ORAL CAPSULE | Tier-1 | SP; QL (7 EA per 1 day) |
| RIBASPHERE ORAL TABLET 200 MG | Tier-1 | SP; QL (7 EA per 1 day) |
| <i>ribavirin oral capsule</i> | Tier-1 | SP; QL (7 EA per 1 day) |
| <i>ribavirin oral tablet 200 mg</i> | Tier-1 | SP; QL (7 EA per 1 day) |
| <i>rimantadine hcl oral tablet</i> | Tier-1 | |
| <i>ritonavir oral tablet</i> | Tier-2 | |
| SELZENTRY ORAL SOLUTION | Tier-2 | QL (1800 ML per 30 days) |
| SELZENTRY ORAL TABLET 150 MG | Tier-2 | QL (60 TABLETS per 30 Days) |
| SELZENTRY ORAL TABLET 25 MG | Tier-2 | QL (120 TABLETS per 30 days) |
| SELZENTRY ORAL TABLET 300 MG | Tier-2 | QL (120 TABLETS per 30 Days) |
| SELZENTRY ORAL TABLET 75 MG | Tier-2 | QL (60 TABLETS per 30 days) |
| <i>stavudine oral capsule</i> | Tier-1 | |
| <i>stavudine oral solution reconstituted</i> | Tier-1 | |
| STRIBILD ORAL TABLET | Tier-2 | |
| SYMFI LO ORAL TABLET | Tier-2 | |
| SYMFI ORAL TABLET | Tier-2 | |
| SYMTUZA ORAL TABLET | Tier-2 | |
| <i>tenofovir disoproxil fumarate oral tablet</i> | Tier-2 | |
| TIVICAY ORAL TABLET | Tier-2 | |
| TRIUMEQ ORAL TABLET | Tier-2 | |
| TRUVADA ORAL TABLET 200-300 MG | Tier-2 | |
| <i>valacyclovir hcl oral tablet</i> | Tier-1 | |

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| Drug | Status | Notes |
|---|-----------------|--------------|
| VALCYTE ORAL TABLET | Tier-2 | |
| <i>valganciclovir hcl oral solution reconstituted</i> | Tier-2 | |
| <i>valganciclovir hcl oral tablet</i> | Tier-1 | |
| VEMLIDY ORAL TABLET | Tier-2 | |
| VIDEX ORAL SOLUTION RECONSTITUTED | Tier-3 | |
| VIRACEPT ORAL TABLET | Tier-2 | |
| VIREAD ORAL POWDER | Tier-2 | |
| VITEKTA ORAL TABLET | Tier-2 | |
| <i>zidovudine oral capsule</i> | Tier-1 | |
| <i>zidovudine oral syrup</i> | Tier-1 | |
| <i>zidovudine oral tablet</i> | Tier-1 | |
| *ANTI-VON WILLEBRAND FACTOR AGENTS*** | | |
| CABLIVI INJECTION KIT | Tier-2 | |
| *ASSORTED CLASSES* | | |
| AZASAN ORAL TABLET | Tier-2 | |
| <i>azathioprine oral tablet</i> | Tier-1 | |
| <i>azathioprine sodium injection solution reconstituted</i> | Tier-1 | |
| BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-2 | PA; SP |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; SP |
| <i>cyclosporine modified oral capsule</i> | Tier-1 | |
| <i>cyclosporine modified oral solution</i> | Tier-1 | |
| <i>cyclosporine oral capsule</i> | Tier-1 | |
| DEPEN TITRATABS ORAL TABLET | Tier-2 | |
| KIONEX ORAL SUSPENSION | Tier-1 | |
| LOKELMA ORAL PACKET | Tier-2 | |
| <i>mycophenolate mofetil oral capsule</i> | Tier-1 | |
| <i>mycophenolate mofetil oral suspension reconstituted</i> | Tier-2 | |
| <i>mycophenolate mofetil oral tablet</i> | Tier-1 | |
| <i>mycophenolate sodium oral tablet delayed release</i> | Tier-2 | |
| <i>mycophenolic acid oral tablet delayed release</i> | Tier-1 | |

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| Drug | Status | Notes |
|---|-----------------|-------------------------------------|
| <i>penicillamine oral capsule</i> | Tier-2 | |
| PROGRAF ORAL PACKET | Tier-3 | |
| REVLIMID ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| <i>sirolimus oral solution</i> | Tier-1 | |
| <i>sirolimus oral tablet</i> | Tier-1 | |
| <i>sodium polystyrene sulfonate oral suspension</i> | Tier-1 | |
| <i>tacrolimus oral capsule</i> | Tier-1 | |
| THALOMID ORAL CAPSULE | Tier-3 | SP; ^ (CM) |
| <i>trientine hcl oral capsule</i> | Tier-2 | |
| VELTASSA ORAL PACKET | Tier-2 | |
| XIAFLEX INJECTION SOLUTION RECONSTITUTED | Medical Benefit | PA |
| ZORTRESS ORAL TABLET | Tier-2 | QL (180 TABLETS per 90 Days) |
| *ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** | | |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | Tier-2 | PA; SP; QL (2 syringes per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | Tier-2 | PA; SP; QL (4 ML per 28 days) |
| *BACTERIAL MONOCLONAL ANTIBODIES*** | | |
| ZINPLAVA INTRAVENOUS SOLUTION | Medical Benefit | PA |
| *BETA BLOCKERS* | | |
| <i>acebutolol hcl oral capsule</i> | Tier-1 | |
| <i>atenolol oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>betaxolol hcl oral tablet</i> | Tier-1 | |
| <i>bisoprolol fumarate oral tablet</i> | Tier-1 | |
| BYSTOLIC ORAL TABLET | Tier-3 | |
| <i>carvedilol oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>carvedilol phosphate er oral capsule extended release 24 hour</i> | Tier-2 | |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | Tier-3 | |
| <i>labetalol hcl oral tablet</i> | Tier-1 | |
| LEVATOL ORAL TABLET | Tier-3 | |
| <i>metoprolol succinate er oral tablet extended release 24 hour</i> | Tier-1 | |

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| Drug | Status | Notes |
|--|---------------|---------------------------------|
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier-1 | ^ (LCG) |
| <i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i> | Tier-3 | |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | Tier-1 | |
| <i>pindolol oral tablet</i> | Tier-1 | |
| <i>propranolol hcl er oral capsule extended release 24 hour</i> | Tier-1 | |
| <i>propranolol hcl oral solution</i> | Tier-1 | |
| <i>propranolol hcl oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>sotalol hcl oral tablet</i> | Tier-1 | |
| SOTYLIZE ORAL SOLUTION | Tier-3 | |
| <i>timolol maleate oral tablet</i> | Tier-1 | |
| *BILE ACID SYNTHESIS DISORDER AGENTS*** | | |
| CHOLBAM ORAL CAPSULE | Tier-2 | PA |
| *BIOLOGICALS MISC* | | |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL | Tier-3 | PA; QL (30 EA per 30 days) |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL | Tier-3 | PA; QL (30 EA per 30 days) |
| *CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** | | |
| AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-2 | PA; QL (1 pack per 30 days) |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-2 | PA; QL (1 injector per 30 days) |
| *CALCIUM CHANNEL BLOCKERS* | | |
| <i>amlodipine besylate oral tablet</i> | Tier-1 | ^ (LCG) |
| CARDENE SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR | Tier-3 | |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR | Tier-1 | |
| COVERA-HS ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG | Tier-3 | |
| <i>dilt-cd oral capsule extended release 24 hour</i> | Tier-1 | |
| <i>diltiazem hcl cd oral capsule extended release 24 hour</i> | Tier-1 | |

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

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| Drug | Status | Notes |
|--|-----------------|---|
| *CARDIOTONICS* | | |
| <i>digoxin oral solution</i> | Tier-1 | |
| <i>digoxin oral tablet</i> | Tier-1 | |
| LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG | Tier-3 | |
| *CARDIOVASCULAR AGENTS - MISC.* | | |
| ADEMPAS ORAL TABLET | Tier-2 | PA; SP |
| <i>ambrisentan oral tablet</i> | Tier-2 | PA; SP |
| <i>amlodipine-atorvastatin oral tablet</i> | Tier-2 | |
| BIDIL ORAL TABLET | Tier-2 | |
| <i>bosentan oral tablet</i> | Tier-1 | PA; SP |
| CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED | Tier-3 | |
| EDEX INTRACAVERNOSAL KIT | Tier-3 | |
| <i>epoprostenol sodium intravenous solution reconstituted</i> | Medical Benefit | PA; SI |
| FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| MUSE URETHRAL PELLETT | Tier-3 | |
| OPSUMIT ORAL TABLET | Tier-2 | PA; SP |
| ORENITRAM ORAL TABLET EXTENDED RELEASE | Tier-2 | PA; SP |
| REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML | Medical Benefit | PA; SI |
| REVATIO ORAL SUSPENSION RECONSTITUTED | Tier-3 | PA; SP |
| <i>sildenafil citrate oral suspension reconstituted</i> | Tier-1 | PA; SP |
| <i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier-2 | QL (4 EA per 30 days) |
| <i>sildenafil citrate oral tablet 20 mg</i> | Tier-1 | PA; SP |
| <i>tadalafil (pah) oral tablet</i> | Tier-2 | PA; SP |
| <i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg</i> | Tier-3 | QL (4 Tablets per 30 days) |
| <i>tadalafil oral tablet 5 mg</i> | Tier-3 | PA; ¥ (PA only applies for diagnosis of Symptomatic Benign Prostatic Hyperplasia (BPH).); QL (30 Tablets per 30 days) |
| TRACLEER ORAL TABLET | Tier-2 | PA; SP |
| TRACLEER ORAL TABLET SOLUBLE | Tier-2 | PA; SP |

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| Drug | Status | Notes |
|---|-----------------|----------------------------|
| TYVASO INHALATION SOLUTION | Medical Benefit | PA; SI |
| TYVASO REFILL INHALATION SOLUTION | Medical Benefit | PA; SI |
| TYVASO STARTER INHALATION SOLUTION | Medical Benefit | PA; SI |
| <i>varденаfil hcl oral tablet</i> | Tier-2 | QL (4 tablets per 30 days) |
| VELETRI INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| VENTAVIS INHALATION SOLUTION | Medical Benefit | PA; SI |
| *CEPHALOSPORINS* | | |
| <i>cefaclor er oral tablet extended release 12 hour</i> | Tier-2 | |
| <i>cefaclor oral capsule</i> | Tier-1 | |
| <i>cefaclor oral suspension reconstituted</i> | Tier-1 | |
| <i>cefadroxil oral capsule</i> | Tier-1 | |
| <i>cefadroxil oral suspension reconstituted</i> | Tier-1 | |
| <i>cefadroxil oral tablet</i> | Tier-1 | |
| <i>cefdinir oral capsule</i> | Tier-1 | |
| <i>cefdinir oral suspension reconstituted</i> | Tier-1 | |
| <i>cefditoren pivoxil oral tablet</i> | Tier-1 | |
| <i>cefixime oral capsule</i> | Tier-2 | |
| <i>cefixime oral suspension reconstituted</i> | Tier-2 | |
| <i>cefpodoxime proxetil oral suspension reconstituted</i> | Tier-2 | |
| <i>cefpodoxime proxetil oral tablet</i> | Tier-2 | |
| <i>cefprozil oral suspension reconstituted</i> | Tier-1 | |
| <i>cefprozil oral tablet</i> | Tier-1 | |
| <i>ceftibuten oral capsule</i> | Tier-1 | |
| <i>ceftibuten oral suspension reconstituted</i> | Tier-1 | |
| CEFTIN ORAL SUSPENSION RECONSTITUTED | Tier-3 | |
| <i>cefuroxime axetil oral suspension reconstituted 125 mg/5ml</i> | Tier-1 | |
| <i>cefuroxime axetil oral tablet</i> | Tier-1 | |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | Tier-1 | ^ (LCG) |
| <i>cephalexin oral capsule 750 mg</i> | Tier-1 | |
| <i>cephalexin oral suspension reconstituted</i> | Tier-1 | |
| <i>cephalexin oral tablet</i> | Tier-1 | ^ (LCG) |
| Suprax Oral Capsule | Not Covered | |

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| Drug | Status | Notes |
|---|--------|------------|
| SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML | Tier-3 | |
| SUPRAX ORAL TABLET CHEWABLE | Tier-3 | |
| *CONTRACEPTIVES* | | |
| AMETHIA LO ORAL TABLET | Tier-1 | ^ (WH) |
| AMETHIA ORAL TABLET | Tier-1 | ^ (WH) |
| AMETHYST ORAL TABLET | Tier-1 | ^ (WH) |
| APRI ORAL TABLET | Tier-1 | ^ (WH) |
| ARANELLE ORAL TABLET | Tier-1 | ^ (WH) |
| AVIANE ORAL TABLET | Tier-1 | ^ (WH) |
| AZURETTE ORAL TABLET | Tier-1 | ^ (WH) |
| BALCOLTRA ORAL TABLET | Tier-3 | ^ (WH) |
| BALZIVA ORAL TABLET | Tier-1 | ^ (WH) |
| BEYAZ ORAL TABLET | Tier-3 | PA; ^ (WH) |
| BREVICON (28) 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) |
| CRYSSELLE-28 ORAL TABLET | Tier-1 | ^ (WH) |
| CYCLAFEM 1/35 ORAL TABLET | Tier-1 | ^ (WH) |
| CYCLAFEM 7/7/7 ORAL TABLET | Tier-1 | ^ (WH) |
| CYCLESSA ORAL TABLET | Tier-3 | PA; ^ (WH) |
| DESOGEN ORAL TABLET | Tier-3 | PA; ^ (WH) |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i> | Tier-1 | ^ (WH) |
| <i>drospirenone-ethinyl estradiol oral tablet</i> | Tier-1 | ^ (WH) |
| ELLA ORAL TABLET | Tier-3 | ^ (WH) |
| ENPRESSE-28 ORAL TABLET | Tier-1 | ^ (WH) |
| ERRIN ORAL TABLET | Tier-1 | ^ (WH) |
| ESTROSTEP FE ORAL TABLET | Tier-3 | PA; ^ (WH) |
| <i>ethynodiol diac-eth estradiol oral tablet</i> | Tier-1 | ^ (WH) |
| FAYOSIM ORAL TABLET | Tier-1 | ^ (WH) |
| FEMCON FE ORAL TABLET CHEWABLE | Tier-3 | PA; ^ (WH) |
| GENERESS FE ORAL TABLET CHEWABLE | Tier-3 | PA; ^ (WH) |
| GIANVI ORAL TABLET | Tier-1 | ^ (WH) |
| JOLESSA ORAL TABLET | Tier-1 | ^ (WH) |

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| Drug | Status | Notes |
|---|---------------|--------------|
| JOLIVETTE ORAL TABLET | Tier-1 | ^ (WH) |
| JUNEL 1.5/30 ORAL TABLET | Tier-1 | ^ (WH) |
| JUNEL 1/20 ORAL TABLET | Tier-1 | ^ (WH) |
| JUNEL FE 1.5/30 ORAL TABLET | Tier-1 | ^ (WH) |
| 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-3 | ^ (WH) |
| LOESTRIN 1.5/30 (21) ORAL TABLET | Tier-3 | PA; ^ (WH) |
| LOESTRIN 1/20 (21) ORAL TABLET | Tier-3 | PA; ^ (WH) |
| LOESTRIN 24 FE ORAL TABLET | Tier-3 | PA; ^ (WH) |
| LOESTRIN FE 1.5/30 ORAL TABLET | Tier-3 | PA; ^ (WH) |
| LOESTRIN FE 1/20 ORAL TABLET | Tier-3 | PA; ^ (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) |
| MODICON (28) ORAL TABLET | Tier-3 | PA; ^ (WH) |
| MONONESSA ORAL TABLET | Tier-1 | ^ (WH) |
| NATAZIA ORAL TABLET | Tier-3 | ^ (WH) |
| NECON 0.5/35 (28) ORAL TABLET | Tier-3 | ^ (WH) |
| NECON 1/35 (28) ORAL TABLET | Tier-1 | ^ (WH) |
| NECON 1/50 (28) ORAL TABLET | Tier-1 | ^ (WH) |
| NECON 10/11 (28) ORAL TABLET | Tier-3 | ^ (WH) |
| NECON 7/7/7 ORAL TABLET | Tier-1 | ^ (WH) |
| NEXT CHOICE ONE DOSE ORAL TABLET | Tier-1 | ^ (WH) |
| NEXT CHOICE ORAL TABLET | Tier-1 | ^ (WH) |

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| Drug | Status | Notes |
|---|---------------|--------------|
| NORA-BE ORAL TABLET | Tier-1 | ^ (WH) |
| NORDETTE (28) ORAL TABLET | Tier-3 | ^ (WH) |
| <i>norethin ace-eth estrad-fe oral tablet chewable</i> | Tier-1 | ^ (WH) |
| <i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i> | Tier-1 | ^ (WH) |
| NORINYL 1+35 (28) ORAL TABLET | Tier-3 | PA; ^ (WH) |
| NOR-QD ORAL TABLET | Tier-3 | PA; ^ (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-2 | ^ (WH) |
| OCELLA ORAL TABLET | Tier-1 | ^ (WH) |
| OGESTREL ORAL TABLET | Tier-1 | ^ (WH) |
| ORSYTHIA ORAL TABLET | Tier-1 | ^ (WH) |
| ORTHO EVRA TRANSDERMAL PATCH WEEKLY | Tier-3 | ^ (WH) |
| ORTHO MICRONOR ORAL TABLET | Tier-3 | PA; ^ (WH) |
| ORTHO TRI-CYCLEN (28) ORAL TABLET | Tier-3 | PA; ^ (WH) |
| ORTHO TRI-CYCLEN LO ORAL TABLET | Tier-3 | PA; ^ (WH) |
| ORTHO-CEPT (28) ORAL TABLET | Tier-3 | ^ (WH) |
| ORTHO-CYCLEN (28) ORAL TABLET | Tier-3 | PA; ^ (WH) |
| ORTHO-NOVUM 1/35 (28) ORAL TABLET | Tier-3 | PA; ^ (WH) |
| ORTHO-NOVUM 7/7/7 (28) ORAL TABLET | Tier-3 | PA; ^ (WH) |
| OVCON-35 (28) ORAL TABLET | Tier-3 | PA; ^ (WH) |
| PLAN B ONE-STEP ORAL TABLET | Tier-3 | ^ (WH) |
| PORTIA-28 ORAL TABLET | Tier-1 | ^ (WH) |
| PREVIFEM ORAL TABLET | Tier-1 | ^ (WH) |
| QUARTETTE ORAL TABLET | Tier-3 | PA; ^ (WH) |
| QUASENSE ORAL TABLET | Tier-1 | ^ (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) |
| TILIA FE ORAL TABLET | Tier-1 | ^ (WH) |
| TRI-ESTARYLLA ORAL TABLET | Tier-1 | ^ (WH) |

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| Drug | Status | Notes |
|---|---------------|---------------------------------|
| TRI-LEGEST FE ORAL TABLET | Tier-1 | ^ (WH) |
| TRINESSA (28) ORAL TABLET | Tier-1 | ^ (WH) |
| TRINESSA LO ORAL TABLET | Tier-1 | ^ (WH) |
| TRI-NORINYL (28) ORAL TABLET | Tier-3 | PA; ^ (WH) |
| TRI-PREVIFEM ORAL TABLET | Tier-1 | ^ (WH) |
| TRI-SPRINTEC ORAL TABLET | Tier-1 | ^ (WH) |
| TRIVORA (28) ORAL TABLET | Tier-1 | ^ (WH) |
| VELIVET ORAL TABLET | Tier-1 | ^ (WH) |
| WYMZYA FE ORAL TABLET CHEWABLE | Tier-1 | ^ (WH) |
| YASMIN 28 ORAL TABLET | Tier-3 | PA; ^ (WH) |
| YAZ ORAL TABLET | Tier-3 | PA; ^ (WH) |
| ZOVIA 1/35E (28) ORAL TABLET | Tier-1 | ^ (WH) |
| *CORTICOSTEROIDS* | | |
| BAYCADRON ORAL ELIXIR | Tier-1 | |
| <i>budesonide er oral capsule extended release 24 hour</i> | Tier-1 | |
| <i>budesonide er oral tablet extended release 24 hour</i> | Tier-2 | |
| <i>cortisone acetate oral tablet</i> | Tier-1 | |
| <i>dexamethasone oral elixir</i> | Tier-1 | |
| <i>dexamethasone oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>dexamethasone oral tablet therapy pack</i> | Tier-1 | |
| EMFLAZA ORAL SUSPENSION | Tier-2 | PA; QL (26 ML per 30 days) |
| EMFLAZA ORAL TABLET | Tier-2 | PA; QL (30 tablets per 30 days) |
| <i>fludrocortisone acetate oral tablet</i> | Tier-1 | |
| <i>hydrocortisone oral tablet</i> | Tier-1 | |
| MEDROL ORAL TABLET 2 MG | Tier-3 | |
| <i>methylprednisolone (pak) oral tablet</i> | Tier-1 | |
| <i>methylprednisolone oral tablet</i> | Tier-1 | |
| MILLIPRED ORAL TABLET | Tier-3 | |
| <i>prednisolone oral syrup 15 mg/5ml</i> | Tier-1 | ^ (LCG) |
| <i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i> | Tier-1 | |
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i> | Tier-1 | ^ (LCG) |
| <i>prednisone (pak) oral tablet</i> | Tier-1 | |

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| Drug | Status | Notes |
|--|---------------|----------------|
| PREDNISONO INTENSOL ORAL CONCENTRATE | Tier-3 | |
| <i>prednisone oral solution</i> | Tier-1 | |
| <i>prednisone oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21)</i> | Tier-1 | |
| *COUGH/COLD/ALLERGY* | | |
| <i>acetylcysteine inhalation solution</i> | Tier-1 | |
| <i>benzonatate oral capsule 100 mg</i> | Tier-1 | ^ (LCG) |
| <i>benzonatate oral capsule 150 mg, 200 mg</i> | Tier-1 | |
| BROMFED DM ORAL SYRUP | Tier-1 | |
| <i>cheratussin ac oral syrup</i> | Tier-1 | |
| <i>cheratussin dac oral solution</i> | Tier-1 | |
| <i>guaifenesin ac oral syrup</i> | Tier-1 | |
| <i>guaifenesin ac oral syrup</i> | Tier-1 | |
| <i>guaifenesin dac oral solution</i> | Tier-1 | |
| <i>guaifenesin-codeine oral solution</i> | Tier-1 | |
| <i>guaifenesin-codeine oral syrup</i> | Tier-1 | |
| <i>hydrocod polst-cpm polst er oral liquid extended release</i> | Tier-1 | |
| <i>hydrocodone-homatropine oral syrup</i> | Tier-1 | |
| <i>hydrocodone-homatropine oral tablet</i> | Tier-1 | |
| <i>hydromet oral syrup</i> | Tier-1 | |
| <i>iophen c-nr oral liquid</i> | Tier-1 | |
| <i>mytussin dac oral solution</i> | Tier-1 | |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % | Tier-2 | |
| <i>promethazine-dm oral syrup</i> | Tier-1 | ^ (LCG) |
| SEMPREX-D ORAL CAPSULE | Tier-3 | |
| SSKI ORAL SOLUTION | Tier-3 | |
| TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR | Tier-3 | |
| *CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** | | |
| IBRANCE ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| KISQALI 200 DOSE ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| KISQALI 400 DOSE ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |

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|---|---------------|--|
| KISQALI 600 DOSE ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| VERZENIO ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| *CYSTIC FIBROSIS AGENT - COMBINATIONS*** | | |
| ORKAMBI ORAL PACKET | Tier-2 | PA; QL (56 Packets per 28 days) |
| ORKAMBI ORAL TABLET | Tier-2 | PA; QL (112 tablets per 28 days) |
| SYMDEKO ORAL TABLET THERAPY PACK | Tier-2 | PA; QL (56 Tablets per 28 days) |
| *DERMATOLOGICALS* | | |
| 8-MOP ORAL CAPSULE | Tier-3 | |
| <i>acitretin oral capsule</i> | Tier-1 | |
| ACTICIN EXTERNAL CREAM | Tier-1 | |
| <i>acyclovir external cream</i> | Tier-2 | |
| <i>acyclovir external ointment</i> | Tier-2 | QL (1 TUBE per 30 days) |
| <i>adapalene external cream</i> | Tier-3 | PA |
| <i>adapalene external gel</i> | Tier-3 | PA |
| <i>adapalene external lotion</i> | Tier-2 | PA |
| <i>adapalene-benzoyl peroxide external gel</i> | Tier-2 | |
| AKNE-MYCIN EXTERNAL OINTMENT | Tier-3 | |
| <i>ala-cort external cream 1 %</i> | Tier-1 | ^ (LCG) |
| <i>alclometasone dipropionate external cream</i> | Tier-1 | |
| <i>alclometasone dipropionate external ointment</i> | Tier-1 | |
| ALTABAX EXTERNAL OINTMENT | Tier-3 | |
| ALTRENO EXTERNAL LOTION | Tier-3 | PA; ¥ (PA applies to members 26 and older) |
| <i>amcinonide external cream</i> | Tier-2 | PA |
| <i>amcinonide external lotion</i> | Tier-2 | PA |
| <i>amcinonide external ointment</i> | Tier-2 | PA |
| <i>ammonium lactate external cream</i> | Tier-1 | |
| <i>ammonium lactate external lotion</i> | Tier-1 | |
| APEXICON E EXTERNAL CREAM | Tier-3 | |
| APEXICON EXTERNAL OINTMENT | Tier-3 | |
| AVITA EXTERNAL CREAM | Tier-1 | PA |
| AVITA EXTERNAL GEL | Tier-1 | PA |
| <i>azelaic acid external gel</i> | Tier-2 | |
| AZELEX EXTERNAL CREAM | Tier-3 | |

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| Drug | Status | Notes |
|---|---------------|-------------------------|
| <i>bacitracin external ointment</i> | Tier-1 | |
| <i>bacitracin zinc external ointment</i> | Tier-1 | |
| <i>bacitracin-polymyxin b external ointment</i> | Tier-1 | |
| BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM | Tier-1 | |
| BENZEPRO EXTERNAL FOAM 5.3 % | Tier-3 | |
| BENZEPRO FOAMING CLOTHS EXTERNAL | Tier-3 | |
| BENZEPRO SHORT CONTACT EXTERNAL FOAM | Tier-3 | |
| <i>benzoyl peroxide-erythromycin external gel</i> | Tier-1 | |
| <i>betamethasone dipropionate aug external cream</i> | Tier-1 | |
| <i>betamethasone dipropionate aug external gel</i> | Tier-1 | |
| <i>betamethasone dipropionate aug external lotion</i> | Tier-1 | |
| <i>betamethasone dipropionate aug external ointment</i> | Tier-1 | |
| <i>betamethasone dipropionate external cream</i> | Tier-1 | |
| <i>betamethasone dipropionate external lotion</i> | Tier-1 | |
| <i>betamethasone dipropionate external ointment</i> | Tier-2 | PA |
| <i>betamethasone valerate external cream</i> | Tier-1 | |
| <i>betamethasone valerate external foam</i> | Tier-2 | PA |
| <i>betamethasone valerate external lotion</i> | Tier-1 | |
| <i>betamethasone valerate external ointment</i> | Tier-1 | |
| BIONECT EXTERNAL CREAM | Tier-3 | |
| BIONECT EXTERNAL GEL | Tier-3 | |
| BIONECT EXTERNAL SOLUTION | Tier-3 | |
| <i>bp wash external liquid 2.5 %</i> | Tier-3 | |
| <i>calcipotriene external cream</i> | Tier-2 | QL (120 GM per 30 days) |
| <i>calcipotriene external ointment</i> | Tier-1 | QL (120 GM per 30 days) |
| <i>calcipotriene external solution</i> | Tier-1 | QL (120 ML per 30 days) |
| <i>calcipotriene-betameth diprop external ointment</i> | Tier-2 | |
| CALCITRENE EXTERNAL OINTMENT | Tier-3 | |
| <i>calcitriol external ointment</i> | Tier-2 | |
| CAPEX EXTERNAL SHAMPOO | Tier-3 | PA |
| CICLODAN EXTERNAL CREAM | Tier-1 | |
| <i>ciclopirox external gel</i> | Tier-1 | |
| <i>ciclopirox external shampoo</i> | Tier-2 | |

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| Drug | Status | Notes |
|--|---------------|-------------------------------------|
| <i>ciclopirox external solution</i> | Tier-1 | QL (1 BOTTLE per 30 Days) |
| <i>ciclopirox olamine external cream</i> | Tier-1 | |
| <i>ciclopirox olamine external suspension</i> | Tier-1 | |
| <i>ciclopirox treatment external kit</i> | Tier-1 | QL (1 BOTTLE per 30 Days) |
| CLARAVIS ORAL CAPSULE | Tier-3 | |
| CLINDACIN-P EXTERNAL SWAB | Tier-3 | |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %</i> , 1.2-5 % | Tier-3 | |
| <i>clindamycin phosphate external foam</i> | Tier-3 | |
| <i>clindamycin phosphate external gel</i> | Tier-2 | |
| <i>clindamycin phosphate external lotion</i> | Tier-2 | |
| <i>clindamycin phosphate external solution</i> | Tier-1 | |
| <i>clindamycin-tretinoin external gel</i> | Tier-3 | |
| <i>clobetasol propionate e external cream</i> | Tier-2 | PA |
| <i>clobetasol propionate emulsion external foam</i> | Tier-2 | PA |
| <i>clobetasol propionate external cream</i> | Tier-2 | PA |
| <i>clobetasol propionate external foam</i> | Tier-2 | PA |
| <i>clobetasol propionate external gel</i> | Tier-2 | PA |
| <i>clobetasol propionate external liquid</i> | Tier-2 | PA |
| <i>clobetasol propionate external lotion</i> | Tier-2 | PA |
| <i>clobetasol propionate external ointment</i> | Tier-2 | PA |
| <i>clobetasol propionate external shampoo</i> | Tier-2 | PA |
| <i>clobetasol propionate external solution</i> | Tier-2 | PA |
| <i>clocortolone pivalate external cream</i> | Tier-2 | PA |
| <i>clocortolone pivalate pump external cream</i> | Tier-2 | PA |
| <i>clotrimazole-betamethasone external cream</i> | Tier-1 | |
| <i>clotrimazole-betamethasone external lotion</i> | Tier-2 | |
| CONDYLOX EXTERNAL GEL | Tier-3 | |
| CORDRAN EXTERNAL TAPE | Tier-3 | PA |
| CORTISPORIN EXTERNAL CREAM | Tier-3 | |
| CORTISPORIN EXTERNAL OINTMENT | Tier-3 | |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; SP; QL (2 Syringes per 28 days) |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR | Tier-2 | PA; SP; QL (2 Syringes per 28 days) |

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| Drug | Status | Notes |
|--|---------------|------------------------------------|
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | Tier-2 | PA; SP; QL (1 Syringe per 28 days) |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; SP; QL (1 Syringe per 28 days) |
| CROTAN EXTERNAL LOTION | Tier-2 | |
| <i>dapsone external gel</i> | Tier-2 | |
| DENAVIR EXTERNAL CREAM | Tier-3 | |
| <i>desonide external cream</i> | Tier-2 | PA |
| <i>desonide external lotion</i> | Tier-2 | PA |
| <i>desonide external ointment</i> | Tier-2 | PA |
| <i>desoximetasone external cream</i> | Tier-2 | PA |
| <i>desoximetasone external gel</i> | Tier-2 | PA |
| <i>desoximetasone external ointment</i> | Tier-2 | PA |
| <i>diclofenac sodium transdermal gel 1 %</i> | Tier-1 | QL (2 Tubes per 1 Fill) |
| <i>diclofenac sodium transdermal gel 3 %</i> | Tier-3 | QL (200 GM per 30 days) |
| <i>diclofenac sodium transdermal solution</i> | Tier-1 | QL (1 Bottle per 30 days) |
| DIFFERIN EXTERNAL GEL 0.1 % | Tier-1 | PA; # (OTC) |
| DIFFERIN GEL 0.1 % EXTERNAL (OTC) | Tier-1 | PA; # (OTC) |
| <i>diflorasone diacetate external cream</i> | Tier-2 | PA |
| <i>diflorasone diacetate external ointment</i> | Tier-2 | PA |
| <i>doxepin hcl external cream</i> | Tier-2 | QL (90 GM per 30 days) |
| <i>doxycycline oral capsule delayed release</i> | Tier-2 | |
| DRYSOL EXTERNAL SOLUTION | Tier-1 | |
| <i>econazole nitrate external cream</i> | Tier-1 | |
| ELETONE EXTERNAL CREAM | Tier-3 | |
| ERTACZO EXTERNAL CREAM | Tier-3 | |
| <i>ery external pad</i> | Tier-1 | |
| <i>erythromycin external gel</i> | Tier-1 | |
| <i>erythromycin external pad</i> | Tier-1 | |
| <i>erythromycin external solution</i> | Tier-1 | |
| EURAX EXTERNAL CREAM | Tier-2 | |
| EXELDERM EXTERNAL CREAM | Tier-3 | |
| EXELDERM EXTERNAL SOLUTION | Tier-3 | |
| FABIOR EXTERNAL FOAM | Tier-3 | PA |
| FINACEA EXTERNAL FOAM | Tier-2 | |

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| Drug | Status | Notes |
|--|---------------|-----------------------------|
| <i>fluocinolone acetonide body external oil</i> | Tier-2 | PA |
| <i>fluocinolone acetonide external cream</i> | Tier-1 | |
| <i>fluocinolone acetonide external ointment</i> | Tier-1 | |
| <i>fluocinolone acetonide external solution</i> | Tier-2 | PA |
| <i>fluocinolone acetonide scalp external oil</i> | Tier-2 | PA |
| <i>fluocinonide external cream 0.05 %</i> | Tier-1 | QL (60 GM per 30 days) |
| <i>fluocinonide external cream 0.1 %</i> | Tier-2 | PA; QL (240 GM per 30 days) |
| <i>fluocinonide external gel</i> | Tier-2 | PA; QL (60 GM per 30 days) |
| <i>fluocinonide external ointment</i> | Tier-2 | PA; QL (60 GM per 30 days) |
| <i>fluocinonide external solution</i> | Tier-2 | PA; QL (60 ML per 30 days) |
| FLUOROPLEX EXTERNAL CREAM | Tier-2 | |
| <i>fluorouracil external cream</i> | Tier-1 | |
| <i>fluorouracil external solution</i> | Tier-1 | |
| <i>flurandrenolide external cream</i> | Tier-2 | PA |
| <i>flurandrenolide external lotion</i> | Tier-2 | PA |
| <i>flurandrenolide external ointment</i> | Tier-2 | PA |
| <i>fluticasone propionate external cream</i> | Tier-1 | |
| <i>fluticasone propionate external lotion</i> | Tier-2 | PA |
| <i>fluticasone propionate external ointment</i> | Tier-1 | |
| <i>gentamicin sulfate external cream</i> | Tier-1 | |
| <i>gentamicin sulfate external ointment</i> | Tier-1 | |
| <i>halcinonide external cream</i> | Tier-2 | PA |
| <i>halobetasol propionate external cream</i> | Tier-2 | PA |
| <i>halobetasol propionate external ointment</i> | Tier-2 | PA |
| HALOG EXTERNAL CREAM | Tier-3 | PA |
| HALOG EXTERNAL OINTMENT | Tier-3 | PA |
| <i>hydrocortisone butyr lipo base external cream</i> | Tier-2 | PA |
| <i>hydrocortisone butyrate external cream</i> | Tier-2 | PA |
| <i>hydrocortisone butyrate external lotion</i> | Tier-2 | PA |
| <i>hydrocortisone butyrate external ointment</i> | Tier-1 | |
| <i>hydrocortisone butyrate external solution</i> | Tier-2 | PA |
| <i>hydrocortisone external cream 2.5 %</i> | Tier-1 | ^ (LCG) |
| <i>hydrocortisone external lotion 2.5 %</i> | Tier-1 | |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i> | Tier-1 | ^ (LCG) |
| <i>hydrocortisone valerate external cream</i> | Tier-2 | PA |
| <i>hydrocortisone valerate external ointment</i> | Tier-2 | PA |

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| Drug | Status | Notes |
|---|-----------------|---|
| ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Medical Benefit | PA |
| <i>imiquimod external cream</i> | Tier-1 | |
| <i>imiquimod pump external cream</i> | Tier-2 | QL (1 BOTTLE per 30 days) |
| KERALYT EXTERNAL GEL 3 % | Tier-3 | |
| <i>ketoconazole external cream</i> | Tier-1 | |
| <i>ketoconazole external foam</i> | Tier-3 | |
| <i>ketoconazole external shampoo 2 %</i> | Tier-1 | |
| LACLOTION EXTERNAL LOTION | Tier-1 | |
| LAVOCLEN-4 ACNE WASH EXTERNAL KIT | Tier-1 | |
| LAVOCLEN-8 ACNE WASH EXTERNAL KIT | Tier-1 | |
| <i>lidocaine external ointment</i> | Tier-2 | QL (50 GM per 30 days) |
| <i>lidocaine external patch 5 %</i> | Tier-3 | PA; QL (30 PATCHES per 30 days) |
| <i>lidocaine hcl external gel 2 %</i> | Tier-1 | |
| <i>lidocaine pain relief external patch</i> | Tier-2 | # (All lidocaine 4% OTC patches are covered); QL (30 patches per 30 days) |
| <i>lidocaine-prilocaine external cream</i> | Tier-1 | |
| <i>lidocaine-prilocaine external kit</i> | Tier-1 | |
| <i>lidocaine-tetracaine external cream</i> | Tier-2 | |
| LIDOVIR EXTERNAL OINTMENT | Tier-3 | QL (1 KIT per 30 Days) |
| <i>lindane external lotion</i> | Tier-1 | |
| <i>lindane external shampoo</i> | Tier-1 | |
| <i>luliconazole external cream</i> | Tier-2 | |
| <i>mafenide acetate external packet</i> | Tier-2 | |
| <i>malathion external lotion</i> | Tier-2 | |
| MENTAX EXTERNAL CREAM | Tier-3 | |
| <i>methoxsalen rapid oral capsule</i> | Tier-1 | |
| <i>metronidazole external cream</i> | Tier-1 | |
| <i>metronidazole external gel 0.75 %</i> | Tier-1 | |
| <i>metronidazole external gel 1 %</i> | Tier-2 | |
| <i>metronidazole external lotion</i> | Tier-2 | |
| <i>mometasone furoate external cream</i> | Tier-1 | |
| <i>mometasone furoate external ointment</i> | Tier-1 | |
| <i>mometasone furoate external solution</i> | Tier-1 | |
| <i>mupirocin calcium external cream</i> | Tier-2 | |

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|---|---------------|------------------------------|
| <i>mupirocin external ointment</i> | Tier-1 | |
| <i>naftifine hcl external cream</i> | Tier-2 | |
| NAFTIN EXTERNAL GEL | Tier-3 | |
| NATROBA EXTERNAL SUSPENSION | Tier-3 | |
| NORITATE EXTERNAL CREAM | Tier-3 | |
| NUCORT EXTERNAL LOTION | Tier-3 | |
| <i>nystatin external cream</i> | Tier-1 | |
| <i>nystatin external ointment</i> | Tier-1 | |
| <i>nystatin external powder</i> | Tier-1 | |
| <i>nystatin-triamcinolone external cream</i> | Tier-1 | |
| <i>nystatin-triamcinolone external ointment</i> | Tier-1 | |
| NYSTOP EXTERNAL POWDER | Tier-1 | |
| OPTASE EXTERNAL GEL | Tier-3 | |
| <i>oxiconazole nitrate external cream</i> | Tier-2 | |
| OXISTAT EXTERNAL LOTION | Tier-2 | |
| OXSORALEN EXTERNAL LOTION | Tier-2 | |
| PANDEL EXTERNAL CREAM | Tier-3 | PA |
| PANRETIN EXTERNAL GEL | Tier-3 | |
| <i>permethrin external cream</i> | Tier-1 | |
| PICATO EXTERNAL GEL 0.015 % | Tier-3 | QL (1 CARTON per 3 Days) |
| PICATO EXTERNAL GEL 0.05 % | Tier-3 | QL (1 CARTON per 2 Days) |
| <i>pimecrolimus external cream</i> | Tier-2 | STPA |
| <i>podofilox external solution</i> | Tier-1 | |
| PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID | Tier-2 | |
| <i>prednicarbate external cream</i> | Tier-2 | PA |
| <i>prednicarbate external ointment</i> | Tier-1 | |
| QBREXZA EXTERNAL PAD | Tier-3 | PA; QL (30 pads per 30 days) |
| REGRANEX EXTERNAL GEL | Tier-2 | |
| ROSADAN EXTERNAL CREAM | Tier-1 | |
| ROSADAN EXTERNAL GEL | Tier-1 | |
| SALACYN EXTERNAL CREAM | Tier-1 | |
| SALACYN EXTERNAL LOTION | Tier-1 | |
| <i>salicylic acid external foam</i> | Tier-3 | |
| <i>salicylic acid external liquid 27.5 %</i> | Tier-1 | |
| SANTYL EXTERNAL OINTMENT | Tier-3 | |

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| Drug | Status | Notes |
|--|---------------|---|
| <i>selenium sulfide external lotion</i> | Tier-1 | |
| SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; SP; QL (2 Syringes per 28 days) |
| <i>silver sulfadiazine external cream</i> | Tier-1 | |
| SILVRSTAT WOUND DRESSING EXTERNAL GEL | Tier-3 | |
| SKLICE EXTERNAL LOTION | Tier-3 | QL (1 Bottle per 1 Fill) |
| SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT | Tier-2 | PA; SP; QL (2 syringes per 84 days) |
| SOOLANTRA EXTERNAL CREAM | Tier-3 | |
| <i>spinosad external suspension</i> | Tier-2 | QL (1 Bottle per 1 Fill) |
| SSD EXTERNAL CREAM | Tier-1 | |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | Tier-2 | PA; SP; QL (1 Syringe per 84 days) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | Tier-2 | PA; SP; ¥ (1 injection every 54 days for Crohn's Disease); QL (1 Syringe per 84 days) |
| SULFAMYLON EXTERNAL CREAM | Tier-3 | |
| <i>tacrolimus external ointment</i> | Tier-2 | STPA |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-3 | PA; SP; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days) |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-3 | PA; SP; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days) |
| TARGRETIN EXTERNAL GEL | Tier-2 | SP |
| <i>tazarotene external cream</i> | Tier-2 | PA; ¥ (PA applies to members 26 and older) |
| TAZORAC EXTERNAL CREAM 0.05 % | Tier-2 | PA |
| TAZORAC EXTERNAL GEL | Tier-2 | PA |
| TEXACORT EXTERNAL SOLUTION | Tier-3 | PA |
| THERMAZENE EXTERNAL CREAM | Tier-1 | |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-2 | PA; SP; QL (1 Pen per 54 days) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; SP; QL (1 Syringes per 54 days) |
| <i>tretinoin external cream</i> | Tier-2 | PA |
| <i>tretinoin external gel 0.01 %, 0.025 %</i> | Tier-1 | PA |
| <i>tretinoin external gel 0.05 %</i> | Tier-3 | PA |

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| Drug | Status | Notes |
|--|---------------|---------------------------|
| <i>tretinoin microsphere external gel</i> | Tier-3 | PA |
| <i>tretinoin microsphere pump external gel</i> | Tier-3 | PA |
| <i>triamcinolone acetonide external aerosol solution</i> | Tier-2 | PA |
| <i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i> | Tier-1 | |
| <i>triamcinolone acetonide external lotion</i> | Tier-1 | |
| <i>triamcinolone acetonide external ointment</i> | Tier-1 | |
| TRIANEX EXTERNAL OINTMENT | Tier-3 | PA |
| ULESFIA EXTERNAL LOTION | Tier-3 | QL (6 Bottles per 7 Days) |
| <i>urea external cream 10 %, 20 %, 39 %, 40 %, 45 %, 50 %</i> | Tier-2 | |
| <i>urea external gel</i> | Tier-2 | |
| VALCHLOR EXTERNAL GEL | Tier-2 | PA |
| XCLAIR EXTERNAL CREAM | Tier-3 | |
| XEPI EXTERNAL CREAM | Tier-3 | |
| ZYCLARA EXTERNAL CREAM | Tier-3 | QL (1 BOX per 30 Days) |
| ZYCLARA PUMP EXTERNAL CREAM 2.5 % | Tier-3 | QL (1 BOTTLE per 30 Days) |
| *DIAGNOSTIC PRODUCTS* | | |
| ONETOUCH TEST IN VITRO STRIP | Tier-2 | |
| ONETOUCH ULTRA BLUE IN VITRO STRIP | Tier-2 | |
| ONETOUCH VERIO IN VITRO STRIP | Tier-2 | |
| *DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* | | |
| DEPLIN 15 ORAL CAPSULE | Tier-3 | |
| DEPLIN 7.5 ORAL CAPSULE | Tier-3 | |
| DEPLIN ORAL TABLET | Tier-3 | |
| <i>l-methylfolate oral tablet</i> | Tier-3 | |
| *DIGESTIVE AIDS* | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES | Tier-2 | |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT | Tier-3 | |
| <i>pancrelipase (lip-prot-amyl) oral capsule delayed release particles</i> | Tier-1 | |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES | Tier-3 | |

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| Drug | Status | Notes |
|---|--------|---------|
| SUCRAID ORAL SOLUTION | Tier-3 | |
| ULTRESA ORAL CAPSULE DELAYED RELEASE PARTICLES | Tier-3 | |
| VIOKACE ORAL TABLET | Tier-3 | |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES | Tier-3 | |
| *DIRECT-ACTING P2Y12 INHIBITORS*** | | |
| BRILINTA ORAL TABLET | Tier-3 | |
| *DIURETICS* | | |
| <i>acetazolamide er oral capsule extended release 12 hour</i> | Tier-1 | |
| <i>acetazolamide oral tablet</i> | Tier-1 | |
| <i>amiloride hcl oral tablet</i> | Tier-1 | |
| <i>amiloride-hydrochlorothiazide oral tablet</i> | Tier-1 | |
| <i>bumetanide oral tablet</i> | Tier-1 | |
| <i>chlorothiazide oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>chlorthalidone oral tablet</i> | Tier-1 | |
| DIURIL ORAL SUSPENSION | Tier-3 | |
| DYRENIUM ORAL CAPSULE | Tier-3 | |
| <i>ethacrynic acid oral tablet</i> | Tier-2 | |
| <i>furosemide oral solution 10 mg/ml, 40 mg/4ml</i> | Tier-1 | |
| <i>furosemide oral solution 8 mg/ml</i> | Tier-3 | |
| <i>furosemide oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>hydrochlorothiazide oral capsule</i> | Tier-1 | ^ (LCG) |
| <i>hydrochlorothiazide oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>indapamide oral tablet</i> | Tier-1 | ^ (LCG) |
| KEVEYIS ORAL TABLET | Tier-3 | PA |
| <i>methazolamide oral tablet</i> | Tier-1 | |
| <i>methyclothiazide oral tablet</i> | Tier-1 | |
| <i>metolazone oral tablet</i> | Tier-1 | |
| <i>spironolactone oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>spironolactone-hctz oral tablet</i> | Tier-1 | |
| <i>toremide oral tablet</i> | Tier-1 | |
| <i>triamterene oral capsule</i> | Tier-2 | |
| <i>triamterene-hctz oral capsule</i> | Tier-1 | ^ (LCG) |
| <i>triamterene-hctz oral tablet</i> | Tier-1 | ^ (LCG) |

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| Drug | Status | Notes |
|--|-----------------|---|
| *DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** | | |
| SUNOSI ORAL TABLET | Tier-3 | PA; QL (30 tablets per 30 days) |
| *ENDOCRINE AND METABOLIC AGENTS - MISC.* | | |
| ACTHAR INJECTION GEL | Tier-2 | PA; SP |
| ALDURAZYME INTRAVENOUS SOLUTION | Medical Benefit | SI |
| <i>alendronate sodium oral tablet</i> | Tier-1 | ^ (LCG) |
| BUPHENYL ORAL TABLET | Tier-3 | |
| <i>cabergoline oral tablet</i> | Tier-1 | |
| <i>calcitonin (salmon) nasal solution</i> | Tier-1 | |
| <i>calcitriol oral capsule</i> | Tier-1 | |
| <i>calcitriol oral solution</i> | Tier-1 | |
| CARBAGLU ORAL TABLET | Tier-2 | PA |
| CETROTIDE SUBCUTANEOUS KIT | Tier-2 | PA; SP |
| <i>chorionic gonadotropin intramuscular solution reconstituted</i> | Tier-3 | SP |
| <i>clomiphene citrate oral tablet</i> | Tier-1 | |
| CYSTADANE ORAL POWDER | Tier-3 | |
| <i>desmopressin ace spray refrig nasal solution</i> | Tier-1 | |
| <i>desmopressin acetate oral tablet</i> | Tier-1 | |
| <i>doxercalciferol oral capsule</i> | Tier-2 | |
| EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier-3 | PA; SP |
| ELAPRASE INTRAVENOUS SOLUTION | Medical Benefit | SI |
| <i>etidronate disodium oral tablet</i> | Tier-1 | |
| FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| FOLLISTIM AQ INJECTION SOLUTION | Tier-3 | PA; SP |
| FOLLISTIM AQ SUBCUTANEOUS SOLUTION | Tier-3 | PA; SP |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML | Tier-2 | PA; SP |
| FORTICAL NASAL SOLUTION | Tier-3 | |
| GALAFOLD ORAL CAPSULE | Tier-2 | PA |
| <i>ganirelix acetate subcutaneous solution</i> | Tier-3 | PA; SP; ¥ (Generic Product only. Brand is Non-covered.) |

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| Drug | Status | Notes |
|---|-----------------|-----------------------------------|
| GONAL-F INJECTION SOLUTION RECONSTITUTED | Tier-2 | PA; SP |
| GONAL-F RFF PEN SUBCUTANEOUS SOLUTION | Tier-2 | PA; SP |
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier-2 | PA; SP |
| <i>ibandronate sodium oral tablet</i> | Tier-1 | |
| INCRELEX SUBCUTANEOUS SOLUTION | Tier-2 | PA; SP |
| JYNARQUE ORAL TABLET THERAPY PACK | Tier-3 | |
| KUVAN ORAL PACKET | Tier-2 | PA; SP |
| KUVAN ORAL TABLET SOLUBLE | Tier-2 | PA; SP |
| <i>levocarnitine oral solution</i> | Tier-1 | |
| <i>levocarnitine oral tablet</i> | Tier-1 | |
| LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | SI |
| MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier-2 | PA; SP |
| MIACALCIN INJECTION SOLUTION | Tier-2 | |
| NAGLAZYME INTRAVENOUS SOLUTION | Medical Benefit | SI |
| NATPARA SUBCUTANEOUS CARTRIDGE | Tier-2 | SP; QL (2 Cartridges per 28 days) |
| <i>nitisinone oral capsule</i> | Tier-2 | PA |
| NITYR ORAL TABLET | Tier-2 | PA |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML | Tier-2 | PA; SP |
| NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS SOLUTION 30 MG/3ML | Tier-2 | PA; SP |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT | Tier-2 | PA; SP |
| ORFADIN ORAL CAPSULE | Tier-2 | PA |
| ORFADIN ORAL SUSPENSION | Tier-2 | PA |
| ORLISSA ORAL TABLET 150 MG | Tier-3 | PA; QL (30 tablets per 30 days) |
| ORLISSA ORAL TABLET 200 MG | Tier-3 | PA; QL (60 tablets per 30 days) |
| OSPHENA ORAL TABLET | Tier-3 | |
| OVIDREL SUBCUTANEOUS INJECTABLE | Tier-2 | SP |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML | Tier-2 | PA |

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| Drug | Status | Notes |
|---|-----------------|---------------------------------|
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | Tier-2 | PA; QL (1 syringe per 1 day) |
| <i>paricalcitol oral capsule</i> | Tier-1 | |
| PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED | Tier-2 | PA; SP |
| PROLIA SUBCUTANEOUS SOLUTION | Medical Benefit | PA |
| <i>raloxifene hcl oral tablet</i> | Tier-1 | ^ (ACA) |
| RAVICTI ORAL LIQUID | Tier-3 | PA; SP |
| <i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i> | Tier-2 | |
| <i>risedronate sodium oral tablet delayed release</i> | Tier-2 | |
| SAMSCA ORAL TABLET | Tier-3 | QL (14 TABLETS per 7 Days) |
| SENSIPAR ORAL TABLET | Tier-2 | |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | Tier-2 | PA; SP |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED | Medical Benefit | PA |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 30 MG | Medical Benefit | PA |
| SIGNIFOR SUBCUTANEOUS SOLUTION | Tier-2 | PA; QL (60 Ampules per 30 Days) |
| SKELID ORAL TABLET | Tier-2 | |
| <i>sodium phenylbutyrate oral tablet</i> | Tier-2 | |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier-3 | PA; SP |
| SYNAREL NASAL SOLUTION | Tier-2 | |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-2 | PA; SP |
| XGEVA SUBCUTANEOUS SOLUTION | Medical Benefit | PA |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier-2 | PA; SP |
| *ESTROGENS* | | |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY | Tier-3 | |
| ANGELIQ ORAL TABLET | Tier-3 | |
| CENESTIN ORAL TABLET | Tier-3 | |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY | Tier-2 | |

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| Drug | Status | Notes |
|--|---------------|-------------------------------------|
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY | Tier-2 | |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML | Tier-3 | |
| DIVIGEL TRANSDERMAL GEL | Tier-3 | |
| ELESTRIN TRANSDERMAL GEL | Tier-3 | |
| ENJUVIA ORAL TABLET | Tier-3 | |
| <i>estradiol oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>estradiol transdermal patch twice weekly</i> | Tier-2 | |
| <i>estradiol transdermal patch weekly</i> | Tier-1 | |
| <i>estradiol-norethindrone acet oral tablet</i> | Tier-1 | |
| ESTRASORB TRANSDERMAL EMULSION | Tier-3 | |
| ESTROGEL TRANSDERMAL GEL | Tier-3 | |
| EVAMIST TRANSDERMAL SOLUTION | Tier-3 | QL (1 Bottle per 1 Fill) |
| FEMTRACE ORAL TABLET 0.45 MG, 0.9 MG | Tier-3 | |
| JEVANTIQUE ORAL TABLET | Tier-1 | |
| JINTELI ORAL TABLET | Tier-1 | |
| MENEST ORAL TABLET | Tier-3 | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY | Tier-3 | |
| MIMVEY LO ORAL TABLET | Tier-1 | |
| MIMVEY ORAL TABLET | Tier-1 | |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> | Tier-1 | |
| PREFEST ORAL TABLET | Tier-2 | |
| PREMARIN INJECTION SOLUTION RECONSTITUTED | Tier-3 | |
| PREMARIN ORAL TABLET | Tier-3 | |
| PREMPHASE ORAL TABLET | Tier-3 | |
| PREMPRO ORAL TABLET | Tier-2 | |
| *ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** | | |
| DUAVEE ORAL TABLET | Tier-2 | |
| *FARNESOID X RECEPTOR (FXR) AGONISTS*** | | |
| OICALIVA ORAL TABLET | Tier-2 | PA; SP; QL (30 Tablets per 30 days) |

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| Drug | Status | Notes |
|---|-----------------|---------------------------------------|
| *FLUOROQUINOLONES* | | |
| BAXDELA ORAL TABLET | Tier-3 | |
| <i>ciprofloxacin hcl oral tablet 100 mg</i> | Tier-1 | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> | Tier-1 | ^ (LCG) |
| <i>levofloxacin oral solution</i> | Tier-1 | |
| <i>levofloxacin oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>moxifloxacin hcl oral tablet</i> | Tier-2 | |
| NOROXIN ORAL TABLET | Tier-3 | |
| <i>ofloxacin oral tablet</i> | Tier-1 | |
| *GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID*** | | |
| ZULRESSO INTRAVENOUS SOLUTION | Medical Benefit | PA |
| *GASTROINTESTINAL AGENTS - MISC.* | | |
| <i>alosetron hcl oral tablet</i> | Tier-1 | |
| AMITIZA ORAL CAPSULE | Tier-2 | |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR | Tier-2 | |
| <i>balsalazide disodium oral capsule</i> | Tier-1 | |
| <i>calcium acetate (phos binder) oral capsule</i> | Tier-1 | |
| <i>calcium acetate (phos binder) oral tablet</i> | Tier-1 | |
| CIMZIA PREFILLED SUBCUTANEOUS KIT | Tier-2 | PA; SP; QL (2 Injections per 28 Days) |
| CIMZIA STARTER KIT SUBCUTANEOUS KIT | Tier-2 | PA; SP; QL (2 Injections per 28 Days) |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | Tier-2 | PA; SP; QL (2 Injections per 28 days) |
| <i>cromolyn sodium oral concentrate</i> | Tier-1 | |
| DIPENTUM ORAL CAPSULE | Tier-2 | |
| <i>enulose oral solution</i> | Tier-1 | |
| GATTEX SUBCUTANEOUS KIT | Tier-2 | SP; QL (30 Vials per 30 Days) |
| <i>generlac oral solution</i> | Tier-1 | |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA |
| <i>lanthanum carbonate oral tablet chewable</i> | Tier-2 | |
| LINZESS ORAL CAPSULE | Tier-2 | QL (30 CAPSULES per 30 Days) |
| <i>mesalamine oral capsule delayed release</i> | Tier-2 | |

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| Drug | Status | Notes |
|--|-----------------|-------------------------|
| <i>mesalamine oral tablet delayed release</i> | Tier-2 | |
| <i>mesalamine rectal suppository</i> | Tier-2 | |
| <i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i> | Tier-1 | |
| <i>metoclopramide hcl oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>metoclopramide hcl oral tablet dispersible 10 mg</i> | Tier-3 | QL (120 EA per 30 days) |
| <i>metoclopramide hcl oral tablet dispersible 5 mg</i> | Tier-1 | QL (120 EA per 30 days) |
| MOVANTIK ORAL TABLET | Tier-2 | |
| PENTASA ORAL CAPSULE EXTENDED RELEASE | Tier-2 | |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA |
| <i>sevelamer carbonate oral packet 0.8 gm</i> | Tier-2 | |
| SFROWASA RECTAL ENEMA | Tier-2 | |
| <i>sulfasalazine oral tablet</i> | Tier-1 | |
| <i>sulfasalazine oral tablet delayed release</i> | Tier-1 | |
| SULFAZINE ORAL TABLET | Tier-1 | |
| <i>ursodiol oral capsule</i> | Tier-1 | |
| <i>ursodiol oral tablet</i> | Tier-1 | |
| *GENITOURINARY AGENTS - MISCELLANEOUS* | | |
| <i>alfuzosin hcl er oral tablet extended release 24 hour</i> | Tier-1 | |
| CYSTAGON ORAL CAPSULE | Tier-3 | |
| <i>dutasteride oral capsule</i> | Tier-1 | |
| <i>dutasteride-tamsulosin hcl oral capsule</i> | Tier-1 | |
| ELMIRON ORAL CAPSULE | Tier-3 | |
| <i>finasteride oral tablet 5 mg</i> | Tier-1 | |
| <i>potassium citrate er oral tablet extended release</i> | Tier-2 | |
| <i>tamsulosin hcl oral capsule</i> | Tier-1 | |
| THIOLA EC ORAL TABLET DELAYED RELEASE | Tier-3 | |
| *GLYCOPEPTIDES*** | | |
| FIRST-VANCOMYCIN 25 ORAL SOLUTION | Tier-3 | |
| FIRST-VANCOMYCIN 50 ORAL SOLUTION | Tier-3 | |

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| Drug | Status | Notes |
|---|-----------------|-------------------------|
| FIRVANQ ORAL SOLUTION RECONSTITUTED | Tier-3 | QL (2 ML per 10 days) |
| <i>vancomycin hcl oral capsule</i> | Tier-2 | |
| *GOUT AGENTS* | | |
| <i>allopurinol oral tablet</i> | Tier-1 | |
| <i>colchicine oral capsule</i> | Tier-2 | QL (180 EA per 90 days) |
| <i>colchicine oral tablet</i> | Tier-2 | QL (180 EA per 90 days) |
| <i>colchicine-probenecid oral tablet</i> | Tier-1 | |
| <i>febuxostat oral tablet</i> | Tier-2 | STPA |
| KRYSTEXXA INTRAVENOUS SOLUTION | Medical Benefit | PA |
| <i>probenecid oral tablet</i> | Tier-1 | |
| ULORIC ORAL TABLET | Tier-3 | STPA |
| *HEMATOLOGICAL AGENTS - MISC.* | | |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| <i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 500 unit, 750 unit</i> | Medical Benefit | PA; SI |
| <i>adynovate intravenous solution reconstituted 3000 unit</i> | Medical Benefit | PA |
| AFSTYLA INTRAVENOUS KIT | Medical Benefit | PA; SI |
| ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | Medical Benefit | PA; SI |
| <i>anagrelide hcl oral capsule</i> | Tier-1 | |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour</i> | Tier-2 | |
| BEBULIN INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| BENEFIX INTRAVENOUS KIT | Medical Benefit | PA; SI |
| BERINERT INTRAVENOUS KIT | Medical Benefit | SI |
| BRILINTA ORAL TABLET | Tier-3 | |
| <i>cilostazol oral tablet</i> | Tier-1 | |

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| Drug | Status | Notes |
|--|-----------------|------------------------------|
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| <i>clopidogrel bisulfate oral tablet 300 mg</i> | Tier-1 | |
| <i>clopidogrel bisulfate oral tablet 75 mg</i> | Tier-1 | ^ (LCG) |
| COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| CORIFACT INTRAVENOUS KIT | Medical Benefit | PA; SI |
| <i>dipyridamole oral tablet</i> | Tier-1 | |
| ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT | Medical Benefit | PA; SI |
| FEIBA INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| FIRAZYR SUBCUTANEOUS SOLUTION | Tier-2 | PA; SP; QL (3 ML per 1 Fill) |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier-2 | PA; SP |
| HELIXATE FS INTRAVENOUS KIT | Medical Benefit | PA; SI |
| HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT | Medical Benefit | PA; SI |
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT | Medical Benefit | PA; SI |
| <i>icatibant acetate subcutaneous solution</i> | Tier-2 | PA; SP; QL (3 ML per 1 Fill) |
| 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 |
| KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| KOGENATE FS BIO-SET INTRAVENOUS KIT | Medical Benefit | PA; SI |
| KOGENATE FS INTRAVENOUS KIT | Medical Benefit | PA; SI |
| KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| MONOCLATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT | Medical Benefit | PA; SI |

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| Drug | Status | Notes |
|---|-----------------|--------------|
| MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT | Medical Benefit | PA; SI |
| NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| NUWIQ INTRAVENOUS KIT | Medical Benefit | PA; SI |
| NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| <i>obizur intravenous solution reconstituted</i> | Medical Benefit | PA; SI |
| <i>pentoxifylline er oral tablet extended release</i> | Tier-1 | |
| <i>prasugrel hcl oral tablet</i> | Tier-2 | |
| PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| REBINYN INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT | Medical Benefit | |
| RETAVASE INTRAVENOUS KIT 2 X 10 UNIT | Medical Benefit | |
| RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| <i>rixubis intravenous solution reconstituted</i> | Medical Benefit | PA; SI |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | SI |
| SOLIRIS INTRAVENOUS SOLUTION 10 MG/ML | Medical Benefit | PA |
| <i>ticlopidine hcl oral tablet</i> | Tier-1 | |
| TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| WILATE INTRAVENOUS KIT | Medical Benefit | PA; SI |
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | Medical Benefit | PA; SI |
| XYNTHA SOLOFUSE INTRAVENOUS KIT | Medical Benefit | PA; SI |

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| Drug | Status | Notes |
|--|-----------------|--------------------------------------|
| *HEMATOPOIETIC AGENTS* | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML | Tier-2 | SP; QL (4 ML per 30 days) |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML | Tier-2 | SP; QL (4 ML per 30 days) |
| CERDELGA ORAL CAPSULE | Tier-2 | SP |
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i> | Tier-1 | ^ (LCG) |
| <i>cyanocobalamin injection solution 2000 mcg/ml</i> | Tier-1 | |
| DOPTELET ORAL TABLET 20 MG | Tier-3 | PA; SP |
| DROXIA ORAL CAPSULE | Tier-2 | ^ (CM) |
| ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | Tier-2 | SP; QL (10 vials per 14 Days) |
| FERIVA ORAL CAPSULE | Tier-3 | |
| FERRALET 90 ORAL TABLET | Tier-3 | |
| <i>folic acid oral tablet 1 mg</i> | Tier-1 | ^ (ACA) |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-3 | PA; SP; QL (1 ML per 14 days) |
| FUSION PLUS ORAL CAPSULE | Tier-3 | |
| GRANIX SUBCUTANEOUS SOLUTION | Tier-2 | PA; SP; QL (10 vials per 14 days) |
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; SP; QL (10 Syringes per 14 days) |
| INTEGRA F ORAL CAPSULE | Tier-3 | |
| INTEGRA PLUS ORAL CAPSULE | Tier-3 | |
| IROSPAN 24/6 ORAL | Tier-3 | |
| LEUKINE INJECTION SOLUTION | Tier-2 | SP; QL (6 vials per 14 Days) |
| MAXARON FORTE ORAL CAPSULE | Tier-3 | |
| MAXARON FORTE ORAL TABLET | Tier-3 | |

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| Drug | Status | Notes |
|--|-----------------|--------------------------------------|
| <i>miglustat oral capsule</i> | Tier-3 | PA |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE | Tier-2 | QL (2 Syringes per 28 days) |
| MULPLETA ORAL TABLET | Tier-3 | PA; SP |
| NASCOBAL NASAL SOLUTION | Tier-2 | |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; SP; QL (1 Syringe per 14 days) |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | Tier-2 | PA; SP; QL (10 VIALS per 14 days) |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE | Tier-3 | PA; SP; QL (10 Syringes per 14 days) |
| NIVESTYM INJECTION SOLUTION | Tier-2 | PA; SP; QL (10 syringes per 14 days) |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE | Tier-2 | PA; SP; QL (10 syringes per 14 days) |
| NOVAFERRUM ORAL SOLUTION RECONSTITUTED | Tier-3 | |
| NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED | Medical Benefit | |
| PROCRIT INJECTION SOLUTION | Tier-2 | SP; QL (10 vials per 14 Days) |
| PROMACTA ORAL PACKET | Tier-2 | SP; QL (60 packets per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG, 75 MG | Tier-2 | SP; QL (30 TABLETS per 30 days) |
| PROMACTA ORAL TABLET 25 MG | Tier-2 | SP; QL (30 TABLETS per 30 Days) |
| PROMACTA ORAL TABLET 50 MG | Tier-2 | SP; QL (60 TABLETS per 30 days) |
| RETACRIT INJECTION SOLUTION | Tier-2 | SP; QL (10 vials per 14 days) |
| SIKLOS ORAL TABLET | Tier-2 | PA; ^ (CM) |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; SP; QL (0.6 mL per 14 days) |
| VPRIV INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE | Tier-2 | SP; QL (10 Syringes per 14 days) |
| *HEMOSTATICS* | | |
| AMICAR ORAL SOLUTION | Tier-3 | |
| AMICAR ORAL SYRUP | Tier-3 | |
| <i>aminocaproic acid oral solution</i> | Tier-2 | |

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| Drug | Status | Notes |
|---|---------------|--|
| <i>aminocaproic acid oral tablet</i> | Tier-2 | |
| <i>tranexamic acid oral tablet</i> | Tier-1 | QL (30 TABLETS per 28 Days) |
| *HEPATITIS C AGENT - COMBINATIONS*** | | |
| EPCLUSA ORAL TABLET | Tier-2 | PA; SP; ¥ (Generic formulations are non-covered) |
| HARVONI ORAL TABLET 90-400 MG | Tier-2 | PA; SP; ¥ (Generic formulations are non-covered) |
| VOSEVI ORAL TABLET | Tier-2 | PA; SP |
| *HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** | | |
| XURIDEN ORAL PACKET | Tier-2 | PA; QL (120 Packets per 30 days) |
| *HYPNOTICS* | | |
| <i>chloral hydrate oral syrup</i> | Tier-1 | |
| <i>estazolam oral tablet</i> | Tier-1 | |
| <i>eszopiclone oral tablet</i> | Tier-1 | QL (10 TABLETS per 30 days) |
| <i>flurazepam hcl oral capsule</i> | Tier-1 | ^ (LCG) |
| HETLIOZ ORAL CAPSULE | Tier-3 | PA; QL (30 EA per 30 days) |
| <i>phenobarbital oral elixir</i> | Tier-1 | |
| <i>phenobarbital oral solution</i> | Tier-1 | |
| <i>phenobarbital oral tablet 100 mg, 60 mg</i> | Tier-1 | |
| <i>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg, 64.8 mg, 97.2 mg</i> | Tier-1 | ^ (LCG) |
| <i>ramelteon oral tablet</i> | Tier-2 | STPA; QL (10 tablets per 30 days) |
| ROZEREM ORAL TABLET | Tier-3 | STPA; QL (10 TABLETS per 30 Days) |
| <i>temazepam oral capsule</i> | Tier-1 | ^ (LCG) |
| <i>triazolam oral tablet</i> | Tier-1 | |
| <i>zaleplon oral capsule</i> | Tier-1 | QL (10 CAPSULES per 30 Days) |
| <i>zolpidem tartrate er oral tablet extended release</i> | Tier-1 | STPA; QL (10 TABLETS per 30 Days) |
| <i>zolpidem tartrate oral tablet</i> | Tier-1 | ^ (LCG); QL (10 TABLETS per 30 Days) |
| <i>zolpidem tartrate sublingual tablet sublingual</i> | Tier-2 | STPA; QL (10 TABLETS per 30 days) |
| ZOLPIMIST ORAL SOLUTION | Tier-3 | STPA; QL (1 Unit per 30 Days) |
| *HYPOPHOSPHATASIA (HPP) AGENTS*** | | |
| STRENSIQ SUBCUTANEOUS SOLUTION | Tier-2 | PA; QL (24 VIALS per 28 days) |

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| Drug | Status | Notes |
|---|-----------------|--|
| *IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** | | |
| VIBERZI ORAL TABLET | Tier-3 | |
| *INTEGRIN RECEPTOR ANTAGONISTS*** | | |
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA |
| *INTERLEUKIN ANTAGONISTS*** | | |
| STELARA INTRAVENOUS SOLUTION | Medical Benefit | PA |
| *INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** | | |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-2 | PA; SP |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Medical Benefit | PA |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-2 | PA; SP |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; SP |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | Medical Benefit | PA |
| *INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** | | |
| CINQAIR INTRAVENOUS SOLUTION | Medical Benefit | PA |
| *INTERLEUKIN-6 (IL-6) ANTAGONISTS*** | | |
| SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA |
| *ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** | | |
| TIBSOVO ORAL TABLET | Tier-2 | PA; ^ (CM) |
| *ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** | | |
| IDHIFA ORAL TABLET | Tier-2 | PA; SP; ^ (CM); QL (30 Tablets per 30 days) |
| *LAXATIVES* | | |
| CLENPIQ ORAL SOLUTION | Tier-3 | ^ (May be covered at no copayment for members age 50 through 74) |
| <i>constulose oral solution</i> | Tier-1 | |

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| Drug | Status | Notes |
|---|-----------------|--|
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED | Tier-1 | ^ (May be covered at no copayment for members age 50 through 74) |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED | Tier-1 | ^ (May be covered at no copayment for members age 50 through 74) |
| GOLYTELY ORAL SOLUTION RECONSTITUTED | Tier-2 | ^ (May be covered at no copayment for members age 50 through 74) |
| HALFLYTELY WITH FLAVOR PACKS ORAL KIT | Tier-2 | |
| KRISTALOSE ORAL PACKET | Tier-3 | |
| <i>lactulose oral solution</i> | Tier-1 | |
| MOVIPREP ORAL SOLUTION RECONSTITUTED | Tier-3 | ^ (ACA) |
| OSMOPREP ORAL TABLET | Tier-3 | |
| <i>peg 3350/electrolytes oral solution reconstituted</i> | Tier-1 | ^ (ACA) |
| PLENVU ORAL SOLUTION RECONSTITUTED | Tier-3 | ^ (May be covered at no copayment for members age 50 through 74) |
| PREPOPIK ORAL PACKET | Tier-3 | ^ (ACA) |
| SUPREP BOWEL PREP KIT ORAL SOLUTION | Tier-3 | ^ (ACA) |
| TRILYTE ORAL SOLUTION RECONSTITUTED | Tier-1 | ^ (May be covered at no copayment for members age 50 through 74) |
| *LEPTIN ANALOGUES*** | | |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier-3 | PA; QL (30 Injections per 30 days) |
| *LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** | | |
| XIIDRA OPHTHALMIC SOLUTION | Tier-2 | PA |
| *LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** | | |
| KANUMA INTRAVENOUS SOLUTION | Medical Benefit | PA; SI |
| *MACROLIDES* | | |
| <i>azithromycin oral packet</i> | Tier-1 | |
| <i>azithromycin oral suspension reconstituted</i> | Tier-1 | |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> | Tier-1 | |

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| Drug | Status | Notes |
|--|---------------|--------------|
| <i>clarithromycin er oral tablet extended release 24 hour</i> | Tier-1 | |
| <i>clarithromycin oral suspension reconstituted</i> | Tier-1 | |
| <i>clarithromycin oral tablet</i> | Tier-1 | |
| DIFICID ORAL TABLET | Tier-3 | PA |
| E.E.S. 400 ORAL TABLET | Tier-1 | |
| ERYPED 200 ORAL SUSPENSION RECONSTITUTED | Tier-2 | |
| ERY-TAB ORAL TABLET DELAYED RELEASE | Tier-2 | |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG | Tier-1 | |
| <i>erythromycin base oral capsule delayed release particles</i> | Tier-1 | |
| <i>erythromycin base oral tablet</i> | Tier-1 | |
| <i>erythromycin ethylsuccinate oral suspension reconstituted</i> | Tier-2 | |
| <i>erythromycin ethylsuccinate oral tablet</i> | Tier-1 | |
| <i>erythromycin stearate oral tablet 250 mg</i> | Tier-1 | |
| PCE ORAL TABLET DELAYED RELEASE | Tier-3 | |
| ZMAX ORAL SUSPENSION RECONSTITUTED | Tier-3 | |
| *MEDICAL DEVICES* | | |
| BD AUTOSHIELD | Tier-2 | |
| BD AUTOSHIELD DUO | Tier-2 | |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier-2 | |
| BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 1/2" 2 ML, 30G X 1/2" 0.5 ML, U-100 1 ML | Tier-2 | |
| BD INSULIN SYRINGE HALF-UNIT | Tier-2 | |
| BD INSULIN SYRINGE MICROFINE | Tier-2 | |
| BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML | Tier-2 | |
| BD INSULIN SYRINGE U-40 | Tier-2 | |
| BD INSULIN SYRINGE ULTRAFINE | Tier-2 | |
| BD INTEGRA INSULIN SYRINGE | Tier-2 | |

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| Drug | Status | Notes |
|---|--------|---|
| BD INTEGRA SYRINGE 25G X 1" 1 ML | Tier-2 | |
| BD PEN NEEDLE MINI U/F | Tier-2 | |
| BD PEN NEEDLE NANO U/F | Tier-2 | |
| BD PEN NEEDLE ORIGINAL U/F | Tier-2 | |
| BD PEN NEEDLE SHORT U/F | Tier-2 | |
| BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML | Tier-2 | |
| BD SAFETY-LOK INSULIN SYRINGE | Tier-2 | |
| *MIGRAINE PRODUCTS* | | |
| <i>almotriptan malate oral tablet</i> | Tier-2 | QL (6 TABLETS per 30 days) |
| ALSUMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-3 | STPA; QL (4 Vials per 30 days) |
| <i>dihydroergotamine mesylate nasal solution</i> | Tier-3 | QL (1 Box per 30 days) |
| <i>eletriptan hydrobromide oral tablet</i> | Tier-2 | QL (6 EA per 30 days) |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL | Tier-3 | |
| <i>ergotamine-caffeine oral tablet</i> | Tier-2 | |
| <i>frovatriptan succinate oral tablet</i> | Tier-2 | QL (9 TABLETS per 30 days) |
| MIGERGOT RECTAL SUPPOSITORY | Tier-3 | |
| MIGRANAL NASAL SOLUTION | Tier-3 | QL (1 Box per 30 Days) |
| <i>naratriptan hcl oral tablet</i> | Tier-1 | QL (9 TABLETS per 30 Days) |
| ONZETRA XSAIL NASAL EXHALER POWDER | Tier-3 | STPA; ¥ (Max of 1 kit (8 units) per 30 days); QL (16 Units per 30 days) |
| <i>rizatriptan benzoate oral tablet</i> | Tier-1 | QL (9 TABLETS per 30 Days) |
| <i>rizatriptan benzoate oral tablet dispersible</i> | Tier-1 | QL (9 TABLETS per 30 Days) |
| <i>sumatriptan nasal solution 20 mg/act</i> | Tier-1 | QL (1 Box per 30 Days) |
| <i>sumatriptan nasal solution 5 mg/act</i> | Tier-1 | QL (2 Boxes per 30 Days) |
| <i>sumatriptan succinate oral tablet</i> | Tier-1 | QL (9 TABLETS per 30 Days) |
| <i>sumatriptan succinate refill subcutaneous solution cartridge</i> | Tier-1 | QL (4 INJECTIONS per 30 days) |
| <i>sumatriptan succinate subcutaneous solution</i> | Tier-1 | QL (4 Injections per 30 Days) |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i> | Tier-1 | QL (4 INJECTIONS per 30 days) |
| <i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i> | Tier-1 | QL (4 INJECTIONS per 30 days) |
| <i>sumatriptan-naproxen sodium oral tablet</i> | Tier-2 | PA; QL (9 EA per 30 days) |
| <i>zolmitriptan oral tablet</i> | Tier-2 | QL (6 TABLETS per 30 days) |

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| Drug | Status | Notes |
|--|---------------|------------------------------|
| <i>zolmitriptan oral tablet dispersible</i> | Tier-2 | QL (6 TABLETS per 30 Days) |
| ZOMIG NASAL SOLUTION | Tier-3 | STPA; QL (1 Box 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 | |
| LURIDE ORAL SOLUTION | Tier-3 | ^ (ACA) |
| LURIDE ORAL TABLET CHEWABLE | Tier-3 | ^ (ACA) |
| <i>potassium chloride crys er oral tablet extended release</i> | Tier-1 | |
| <i>potassium chloride er oral capsule extended release</i> | Tier-1 | |
| <i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i> | Tier-1 | |
| <i>potassium chloride oral packet</i> | Tier-2 | |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i> | Tier-2 | |
| <i>sodium fluoride oral solution</i> | Tier-1 | ^ (ACA) |
| <i>sodium fluoride oral tablet</i> | Tier-1 | ^ (ACA) |
| <i>sodium fluoride oral tablet chewable</i> | Tier-1 | ^ (ACA) |
| *MIXED ALLERGENIC EXTRACTS*** | | |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL | Tier-3 | PA; QL (30 EA per 30 days) |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL | Tier-3 | PA; QL (30 EA per 30 days) |
| *MONOBACTAMS*** | | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED | Tier-2 | |
| *MOUTH/THROAT/DENTAL AGENTS* | | |
| APHTHASOL MOUTH/THROAT PASTE | Tier-3 | |

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| Drug | Status | Notes |
|--|-----------------|-------------------------------------|
| <i>cevimeline hcl oral capsule</i> | Tier-2 | |
| <i>chlorhexidine gluconate mouth/throat solution</i> | Tier-1 | ^ (LCG) |
| <i>clotrimazole mouth/throat troche</i> | Tier-1 | |
| EPISIL MOUTH/THROAT LIQUID | Tier-2 | QL (4 Bottles per 30 Days) |
| FIRST-BXN MOUTHWASH MOUTH/THROAT SUSPENSION | Tier-3 | |
| FIRST-DUKES MOUTHWASH MOUTH/THROAT SUSPENSION | Tier-3 | |
| GELCLAIR MOUTH/THROAT GEL | Tier-2 | |
| <i>lidocaine hcl mouth/throat solution</i> | Tier-1 | |
| <i>lidocaine viscous mouth/throat solution</i> | Tier-1 | |
| NUMOISYN MOUTH/THROAT LIQUID | Tier-3 | |
| <i>nystatin mouth/throat suspension</i> | Tier-1 | |
| ORALONE MOUTH/THROAT PASTE | Tier-1 | |
| PERIOGARD MOUTH/THROAT SOLUTION | Tier-1 | ^ (LCG) |
| <i>pilocarpine hcl oral tablet</i> | Tier-1 | |
| <i>triamcinolone acetonide mouth/throat paste</i> | Tier-1 | |
| *MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** | | |
| VIMIZIM INTRAVENOUS SOLUTION | Medical Benefit | PA |
| *MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** | | |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK | Tier-3 | PA; SP; QL (10 tablets per 30 days) |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK | Tier-3 | PA; SP; QL (10 tablets per 30 days) |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK | Tier-3 | PA; SP; QL (10 tablets per 30 days) |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK | Tier-3 | PA; SP; QL (10 tablets per 30 days) |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK | Tier-3 | PA; SP; QL (10 tablets per 30 days) |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK | Tier-3 | PA; SP; QL (10 tablets per 30 days) |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK | Tier-3 | PA; SP; QL (10 tablets per 30 days) |
| *MULTIVITAMINS* | | |
| ATABEX EC ORAL TABLET DELAYED RELEASE | Tier-3 | |

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| Drug | Status | Notes |
|---|-----------------|--------------|
| CITRANATAL DHA ORAL | Tier-3 | |
| CITRANATAL RX ORAL TABLET | Tier-3 | |
| GESTICARE DHA ORAL 27-1 & 250 MG | Tier-3 | |
| MARNATAL-F ORAL CAPSULE | Tier-3 | |
| <i>mynephrocaps oral capsule</i> | Tier-1 | |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG | Tier-3 | |
| <i>pnv-dha+docusate oral capsule</i> | Tier-1 | |
| <i>pnv-ob/dha oral</i> | Tier-3 | |
| <i>prenatal plus iron oral tablet</i> | Tier-3 | |
| PREQUE 10 ORAL TABLET | Tier-3 | |
| SELECT-OB+DHA ORAL | Tier-3 | |
| VITAFOL-OB+DHA ORAL | Tier-3 | |
| <i>vol-tab rx oral tablet</i> | Tier-3 | |
| *MUSCULAR DYSTROPHY AGENTS*** | | |
| EXONDYS 51 INTRAVENOUS SOLUTION | Medical Benefit | PA |
| *MUSCULOSKELETAL THERAPY AGENTS* | | |
| <i>baclofen oral tablet</i> | Tier-1 | |
| <i>carisoprodol oral tablet</i> | Tier-1 | |
| <i>carisoprodol-aspirin oral tablet</i> | Tier-1 | |
| <i>carisoprodol-aspirin-codeine oral tablet</i> | Tier-1 | |
| <i>chlorzoxazone oral tablet 500 mg</i> | Tier-1 | ^ (LCG) |
| <i>cyclobenzaprine hcl oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>dantrolene sodium oral capsule</i> | Tier-2 | |
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | Medical Benefit | PA; SP |
| <i>metaxalone oral tablet 800 mg</i> | Tier-2 | |
| <i>methocarbamol oral tablet</i> | Tier-1 | |
| <i>orphenadrine citrate er oral tablet extended release 12 hour</i> | Tier-1 | |
| <i>orphenadrine compound-ds oral tablet</i> | Tier-1 | |
| <i>orphenadrine-aspirin-caffeine oral tablet 25-385- 30 mg</i> | Tier-1 | |
| OZOBAX ORAL SOLUTION | Tier-3 | PA |
| <i>tizanidine hcl oral capsule</i> | Tier-1 | |
| <i>tizanidine hcl oral tablet</i> | Tier-1 | |

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| Drug | Status | Notes |
|--|-----------------|-----------------------|
| *NASAL AGENTS - SYSTEMIC AND TOPICAL* | | |
| <i>azelastine hcl nasal solution 0.1 %</i> | Tier-1 | QL (3 EA per 90 Days) |
| <i>azelastine hcl nasal solution 0.15 %</i> | Tier-1 | QL (3 EA per 90 days) |
| BACTROBAN NASAL NASAL OINTMENT | Tier-3 | |
| <i>budesonide nasal suspension</i> | Tier-2 | QL (3 EA per 90 days) |
| <i>flunisolide nasal solution</i> | Tier-1 | QL (3 EA per 90 Days) |
| <i>fluticasone propionate nasal suspension</i> | Tier-1 | QL (3 EA per 90 Days) |
| <i>ipratropium bromide nasal solution</i> | Tier-1 | QL (6 EA per 90 Days) |
| <i>mometasone furoate nasal suspension</i> | Tier-2 | QL (6 EA per 90 days) |
| <i>olopatadine hcl nasal solution</i> | Tier-2 | QL (3 EA per 90 days) |
| <i>triamcinolone acetone nasal aerosol</i> | Tier-2 | QL (3 EA per 90 days) |
| *NEPRILYSIN INHIB (ARNI)- ANGIOTENSIN II RECEPT ANTAG COMB*** | | |
| ENTRESTO ORAL TABLET | Tier-2 | |
| *NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** | | |
| NORTHERA ORAL CAPSULE | Tier-3 | PA |
| *NEUROMUSCULAR AGENTS* | | |
| BOTOX INJECTION SOLUTION RECONSTITUTED | Medical Benefit | PA |
| DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED | Medical Benefit | PA |
| MYOBLOC INTRAMUSCULAR SOLUTION | Medical Benefit | PA |
| <i>riluzole oral tablet</i> | Tier-1 | |
| TIGLUTIK ORAL SUSPENSION | Tier-3 | |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT | Medical Benefit | PA |
| *N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS*** | | |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK | Medical Benefit | PA |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK | Medical Benefit | PA |
| *OPHTHALMIC AGENTS* | | |
| ACUVAIL OPHTHALMIC SOLUTION | Tier-2 | |
| <i>ak-poly-bac ophthalmic ointment</i> | Tier-1 | |

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= Drug specific info

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

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| Drug | Status | Notes |
|---|---------------|--------------------------|
| <i>dexamethasone sodium phosphate ophthalmic solution</i> | Tier-1 | |
| <i>diclofenac sodium ophthalmic solution</i> | Tier-1 | |
| <i>dorzolamide hcl ophthalmic solution</i> | Tier-1 | |
| <i>dorzolamide hcl-timolol mal ophthalmic solution</i> | Tier-1 | |
| <i>dorzolamide hcl-timolol mal pf ophthalmic solution</i> | Tier-2 | |
| EMADINE OPHTHALMIC SOLUTION | Tier-3 | |
| <i>epinastine hcl ophthalmic solution</i> | Tier-1 | |
| <i>erythromycin ophthalmic ointment</i> | Tier-1 | |
| FLAREX OPHTHALMIC SUSPENSION | Tier-3 | |
| <i>fluorometholone ophthalmic suspension</i> | Tier-1 | |
| <i>flurbiprofen sodium ophthalmic solution</i> | Tier-1 | |
| FML FORTE OPHTHALMIC SUSPENSION | Tier-2 | |
| FML OPHTHALMIC OINTMENT | Tier-2 | |
| FRESHKOTE OPHTHALMIC SOLUTION | Tier-3 | |
| GARAMYCIN OPHTHALMIC OINTMENT | Tier-1 | |
| <i>gatifloxacin ophthalmic solution</i> | Tier-2 | QL (1 Bottle per 7 Days) |
| GENTAK OPHTHALMIC OINTMENT | Tier-1 | |
| <i>gentamicin sulfate ophthalmic ointment</i> | Tier-1 | |
| <i>gentamicin sulfate ophthalmic solution</i> | Tier-1 | |
| ILEVRO OPHTHALMIC SUSPENSION | Tier-3 | |
| ILOTYCIN OPHTHALMIC OINTMENT | Tier-1 | |
| INVELTYS OPHTHALMIC SUSPENSION | Tier-3 | |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | Tier-3 | |
| <i>ketorolac tromethamine ophthalmic solution</i> | Tier-1 | |
| LACRISERT OPHTHALMIC INSERT | Tier-3 | |
| LASTACFT OPHTHALMIC SOLUTION | Tier-2 | |
| <i>latanoprost ophthalmic solution</i> | Tier-1 | |
| <i>levobunolol hcl ophthalmic solution</i> | Tier-1 | |
| <i>levofloxacin ophthalmic solution</i> | Tier-1 | |
| LOTEMAX OPHTHALMIC GEL | Tier-3 | |
| LOTEMAX OPHTHALMIC OINTMENT | Tier-3 | |
| LOTEMAX OPHTHALMIC SUSPENSION | Tier-3 | |
| <i>loteprednol etabonate ophthalmic suspension</i> | Tier-2 | |
| LUMIGAN OPHTHALMIC SOLUTION | Tier-2 | STPA |

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| Drug | Status | Notes |
|--|---------------|---------------------------|
| MAXIDEX OPHTHALMIC SUSPENSION | Tier-3 | |
| <i>metipranolol ophthalmic solution</i> | Tier-1 | |
| MOXEZA OPHTHALMIC SOLUTION | Tier-3 | QL (1 BOTTLE per 10 Days) |
| <i>moxifloxacin hcl ophthalmic solution</i> | Tier-2 | QL (1 ML per 10 days) |
| <i>naphazoline hcl ophthalmic solution</i> | Tier-1 | |
| NATACYN OPHTHALMIC SUSPENSION | Tier-3 | |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i> | Tier-1 | |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment</i> | Tier-1 | |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> | Tier-1 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | Tier-1 | |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i> | Tier-2 | |
| NEO-POLYCIN HC OPHTHALMIC OINTMENT | Tier-1 | |
| NEO-POLYCIN OPHTHALMIC OINTMENT | Tier-1 | |
| NEVANAC OPHTHALMIC SUSPENSION | Tier-3 | |
| <i>ofloxacin ophthalmic solution</i> | Tier-1 | |
| <i>olopatadine hcl ophthalmic solution</i> | Tier-2 | |
| <i>parcaine ophthalmic solution</i> | Tier-1 | |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED | Tier-3 | |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> | Tier-1 | |
| PILOPINE HS OPHTHALMIC GEL | Tier-2 | |
| <i>polycin b ophthalmic ointment</i> | Tier-1 | |
| POLYCIN OPHTHALMIC OINTMENT | Tier-1 | |
| <i>poly-dex ophthalmic ointment</i> | Tier-1 | |
| PRED MILD OPHTHALMIC SUSPENSION | Tier-2 | |
| PRED-G OPHTHALMIC SUSPENSION | Tier-2 | |
| PRED-G S.O.P. OPHTHALMIC OINTMENT | Tier-2 | |
| <i>prednisolone acetate ophthalmic suspension</i> | Tier-1 | |
| <i>prednisolone sodium phosphate ophthalmic solution</i> | Tier-3 | |
| PROLENSA OPHTHALMIC SOLUTION | Tier-3 | |

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| Drug | Status | Notes |
|--|---------------|------------------------------|
| <i>proparacaine hcl ophthalmic solution</i> | Tier-1 | |
| RESCULA OPHTHALMIC SOLUTION | Tier-3 | |
| RESTASIS OPHTHALMIC EMULSION | Tier-2 | PA |
| SIMBRINZA OPHTHALMIC SUSPENSION | Tier-2 | |
| <i>sulfacetamide sodium ophthalmic ointment</i> | Tier-1 | |
| <i>sulfacetamide sodium ophthalmic solution</i> | Tier-1 | |
| <i>sulfacetamide-prednisolone ophthalmic solution</i> | Tier-1 | |
| <i>sulfacetamide-prednisolone ophthalmic suspension</i> | Tier-3 | |
| <i>timolol maleate ophthalmic gel forming solution</i> | Tier-1 | |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i> | Tier-1 | ^ (LCG) |
| <i>timolol maleate ophthalmic solution 0.5 % (daily)</i> | Tier-2 | |
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION | Tier-3 | |
| TOBRADEX OPHTHALMIC OINTMENT | Tier-3 | |
| <i>tobramycin ophthalmic solution</i> | Tier-1 | |
| <i>tobramycin-dexamethasone ophthalmic suspension</i> | Tier-2 | |
| TOBEX OPHTHALMIC OINTMENT | Tier-3 | |
| TRAVATAN Z OPHTHALMIC SOLUTION | Tier-3 | STPA |
| <i>trifluridine ophthalmic solution</i> | Tier-2 | |
| <i>triple antibiotic ophthalmic ointment 5-400-10000</i> | Tier-1 | |
| <i>tropicamide ophthalmic solution</i> | Tier-1 | |
| VEXOL OPHTHALMIC SUSPENSION | Tier-2 | |
| VYZULTA OPHTHALMIC SOLUTION | Tier-2 | STPA |
| XELPROS OPHTHALMIC EMULSION | Tier-3 | STPA |
| ZIOPTAN OPHTHALMIC SOLUTION | Tier-3 | STPA; QL (90 EA per 90 Days) |
| ZIRGAN OPHTHALMIC GEL | Tier-3 | |
| ZYLET OPHTHALMIC SUSPENSION | Tier-3 | |
| *OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** | | |
| ROCKLATAN OPHTHALMIC SOLUTION | Tier-3 | STPA |
| *OPHTHALMIC NERVE GROWTH FACTORS*** | | |
| OXERVATE OPHTHALMIC SOLUTION | Tier-3 | PA |

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| Drug | Status | Notes |
|--|-----------------|--|
| *OPHTHALMIC RHO KINASE INHIBITORS*** | | |
| RHOPRESSA OPHTHALMIC SOLUTION | Tier-3 | STPA |
| *OREXIN RECEPTOR ANTAGONISTS*** | | |
| BELSOMRA ORAL TABLET | Tier-3 | STPA; QL (10 EA per 30 days) |
| *OTIC AGENTS* | | |
| ACETASOL HC OTIC SOLUTION | Tier-1 | |
| <i>acetic acid otic solution</i> | Tier-1 | |
| <i>antibiotic ear otic solution</i> | Tier-1 | |
| CIPRO HC OTIC SUSPENSION | Tier-3 | |
| CIPRODEX OTIC SUSPENSION | Tier-2 | |
| <i>ciprofloxacin hcl otic solution</i> | Tier-1 | |
| COLY-MYCIN S OTIC SUSPENSION | Tier-3 | |
| CORTISPORIN OTIC SOLUTION | Tier-1 | |
| CORTISPORIN-TC OTIC SUSPENSION | Tier-3 | |
| <i>fluocinolone acetonide otic oil</i> | Tier-1 | |
| <i>hydrocortisone-acetic acid otic solution</i> | Tier-1 | |
| <i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i> | Tier-1 | |
| <i>neomycin-polymyxin-hc otic suspension</i> | Tier-1 | |
| <i>ofloxacin otic solution</i> | Tier-1 | |
| OTOZIN OTIC LIQUID | Tier-3 | |
| *OXYTOCICS* | | |
| <i>methylergonovine maleate oral tablet</i> | Tier-1 | |
| *PA ENDONUCLEASE INHIBITORS*** | | |
| XOFLUZA ORAL TABLET THERAPY PACK | Tier-3 | ¥ (2 fills per 365 days); QL (2 tablets Max Qty Per Fill Retail) |
| *PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** | | |
| HYQVIA SUBCUTANEOUS KIT | Medical Benefit | PA; SI |
| *PASSIVE IMMUNIZING AGENTS* | | |
| BIVIGAM INTRAVENOUS SOLUTION | Medical Benefit | PA; SI |
| CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM | Medical Benefit | PA; SI |
| CUTAQUIG SUBCUTANEOUS SOLUTION | Medical Benefit | PA |
| CYTOGAM INTRAVENOUS INJECTABLE | Medical Benefit | PA; SI |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION | Medical Benefit | PA; SI |

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| Drug | Status | Notes |
|---|-----------------|---|
| GAMMAGARD INJECTION SOLUTION | Medical Benefit | PA; SI |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA; SI |
| GAMMAKED INJECTION SOLUTION | Medical Benefit | PA; SI |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML | Medical Benefit | PA; SI |
| GAMUNEX-C INJECTION SOLUTION | Medical Benefit | PA; SI |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | Medical Benefit | PA; SI |
| OCTAGAM INTRAVENOUS SOLUTION | Medical Benefit | PA; SI |
| PANZYGA INTRAVENOUS SOLUTION | Medical Benefit | PA; SI |
| PRIVIGEN INTRAVENOUS SOLUTION | Medical Benefit | PA; SI |
| SYNAGIS INTRAMUSCULAR SOLUTION | Medical Benefit | PA; SP |
| XEMBIFY SUBCUTANEOUS SOLUTION | Medical Benefit | PA; SI |
| *PCSK9 INHIBITORS*** | | |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE | Tier-2 | PA; SP; # (Preferred product); QL (1 System per 28 days) |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | PA; SP; # (Preferred product); QL (2 Syringes per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-2 | PA; SP; # (Preferred product); QL (2 Autoinjectors per 28 days) |
| *PENICILLINS* | | |
| <i>amoxicillin er oral tablet extended release 24 hour</i> | Tier-2 | |
| <i>amoxicillin oral capsule</i> | Tier-1 | ^ (LCG) |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml</i> | Tier-1 | ^ (LCG) |
| <i>amoxicillin oral suspension reconstituted 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | Tier-1 | |
| <i>amoxicillin oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>amoxicillin oral tablet chewable 125 mg</i> | Tier-1 | |
| <i>amoxicillin oral tablet chewable 250 mg</i> | Tier-1 | ^ (LCG) |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i> | Tier-1 | |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted</i> | Tier-1 | |
| <i>amoxicillin-pot clavulanate oral tablet</i> | Tier-1 | |

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| Drug | Status | Notes |
|---|-----------------|---|
| <i>amoxicillin-pot clavulanate oral tablet chewable</i> | Tier-1 | |
| <i>ampicillin oral capsule</i> | Tier-1 | ^ (LCG) |
| <i>ampicillin oral suspension reconstituted</i> | Tier-1 | |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML | Tier-3 | |
| <i>dicloxacillin sodium oral capsule</i> | Tier-1 | |
| <i>penicillin v potassium oral solution reconstituted</i> | Tier-1 | ^ (LCG) |
| <i>penicillin v potassium oral tablet</i> | Tier-1 | ^ (LCG) |
| *PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** | | |
| ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED | Medical Benefit | PA |
| COPIKTRA ORAL CAPSULE | Tier-2 | PA; ^ (CM) |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Tier-2 | PA; SP; ^ (CM) |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Tier-2 | PA; SP; ^ (CM) |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Tier-2 | PA; SP; ^ (CM) |
| ZYDELIG ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| *PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** | | |
| EUCRISA EXTERNAL OINTMENT | Tier-3 | PA |
| *PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** | | |
| OTEZLA ORAL TABLET | Tier-2 | PA; SP; QL (60 EA per 30 days) |
| OTEZLA ORAL TABLET THERAPY PACK | Tier-2 | PA; SP; ¥ (1 FILL PER LIFE OF PLAN) |
| *PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** | | |
| TAKHZYRO SUBCUTANEOUS SOLUTION | Tier-2 | PA; SP |
| *POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** | | |
| LYNPARZA ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| LYNPARZA ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| RUBRACA ORAL TABLET | Tier-2 | PA; SP; ^ (CM); QL (120 EA per 30 days) |
| TALZENNA ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| ZEJULA ORAL CAPSULE | Tier-2 | PA; ^ (CM) |

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| Drug | Status | Notes |
|--|--------------|---|
| *POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** | | |
| LYNPARZA ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| LYNPARZA ORAL TABLET | Tier-2 | PA; SP; ^ (CM) |
| RUBRACA ORAL TABLET | Tier-2 | PA; SP; ^ (CM); QL (120 EA per 30 days) |
| TALZENNA ORAL CAPSULE | Tier-2 | PA; SP; ^ (CM) |
| ZEJULA ORAL CAPSULE | Tier-2 | PA; ^ (CM) |
| *POTASSIUM REMOVING AGENTS*** | | |
| KIONEX ORAL SUSPENSION | Tier-1 | |
| LOKELMA ORAL PACKET | Tier-2 | |
| <i>sodium polystyrene sulfonate oral suspension</i> | Tier-1 | |
| VELTASSA ORAL PACKET | Tier-2 | |
| *PROGESTINS* | | |
| <i>medroxyprogesterone acetate oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>megestrol acetate oral suspension 625 mg/5ml</i> | Tier-2 | |
| <i>norethindrone acetate oral tablet</i> | Tier-1 | |
| <i>progesterone micronized oral capsule</i> | Tier-1 | |
| *PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** | | |
| ZONTIVITY ORAL TABLET | Tier-3 | |
| *PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* | | |
| <i>acamprosate calcium oral tablet delayed release</i> | Tier-1 | |
| AUBAGIO ORAL TABLET | Tier-2 | SP; QL (30 tablets per 30 Days) |
| AUSTEDO ORAL TABLET 12 MG | Tier-2 | PA; SP; QL (120 EA per 30 days) |
| AUSTEDO ORAL TABLET 6 MG, 9 MG | Tier-2 | PA; SP; QL (60 EA per 30 days) |
| AVONEX INTRAMUSCULAR KIT | Tier-3 | SP; QL (4 VIALS per 28 days) |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | Tier-3 | SP; QL (4 Pens per 28 days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | Tier-3 | SP; QL (4 Syringes per 28 days) |
| BETASERON SUBCUTANEOUS KIT | Tier-2 | SP; QL (15 Vials per 30 Days) |
| BUPROBAN ORAL TABLET EXTENDED RELEASE 12 HOUR | No Copayment | |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i> | No Copayment | |

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| Drug | Status | Notes |
|--|---------------|-------------------------------------|
| CHANTIX CONTINUING MONTH PAK ORAL TABLET | No Copayment | |
| CHANTIX ORAL TABLET | No Copayment | |
| CHANTIX STARTING MONTH PAK ORAL TABLET | No Copayment | |
| <i>chlordiazepoxide-amitriptyline oral tablet</i> | Tier-1 | |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | Tier-2 | SP; QL (30 Syringes per 30 days) |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | Tier-2 | SP; QL (12 Syringes per 30 days) |
| <i>cvs nicotine polacrilex mouth/throat gum</i> | No Copayment | |
| <i>cvs nicotine polacrilex mouth/throat lozenge</i> | No Copayment | |
| <i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i> | No Copayment | |
| <i>dalfampridine er oral tablet extended release 12 hour</i> | Tier-2 | PA; SP; QL (60 Tablets per 30 days) |
| <i>disulfiram oral tablet</i> | Tier-1 | |
| <i>donepezil hcl oral tablet</i> | Tier-1 | ^ (LCG) |
| <i>donepezil hcl oral tablet dispersible</i> | Tier-1 | |
| <i>eq nicotine mouth/throat gum 4 mg</i> | No Copayment | |
| <i>eq nicotine mouth/throat lozenge</i> | No Copayment | |
| <i>eq nicotine polacrilex mouth/throat gum</i> | No Copayment | |
| <i>eq nicotine polacrilex mouth/throat lozenge</i> | No Copayment | |
| <i>eq nicotine step 3 transdermal patch 24 hour</i> | No Copayment | |
| <i>eq nicotine transdermal patch 24 hour</i> | No Copayment | |
| <i>eql nicotine polacrilex mouth/throat gum</i> | No Copayment | |
| <i>eql nicotine polacrilex mouth/throat lozenge</i> | No Copayment | |
| <i>eql nicotine transdermal patch 24 hour</i> | No Copayment | |
| <i>ergoloid mesylates oral tablet</i> | Tier-1 | |
| EXELON ORAL SOLUTION | Tier-3 | |
| <i>fluoxetine hcl (pmd) oral capsule</i> | Tier-1 | ^ (LCG) |
| <i>fluoxetine hcl (pmd) oral tablet</i> | Tier-1 | |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour</i> | Tier-1 | |
| <i>galantamine hydrobromide oral solution</i> | Tier-1 | |
| <i>galantamine hydrobromide oral tablet</i> | Tier-1 | |
| GILENYA ORAL CAPSULE 0.5 MG | Tier-2 | SP; QL (30 EA per 30 days) |

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| Drug | Status | Notes |
|--|-----------------|----------------------------------|
| <i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i> | Tier-2 | SP; QL (12 ML per 30 days) |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | Tier-2 | SP; QL (30 Syringes per 30 days) |
| <i>gnp nicotine mini mouth/throat lozenge</i> | No Copayment | |
| <i>gnp nicotine polacrilex mouth/throat gum</i> | No Copayment | |
| <i>gnp nicotine polacrilex mouth/throat lozenge</i> | No Copayment | |
| <i>hm nicotine polacrilex mouth/throat gum</i> | No Copayment | |
| <i>hm nicotine polacrilex mouth/throat lozenge</i> | No Copayment | |
| <i>hm nicotine transdermal patch 24 hour</i> | 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 |
| LEMTRADA INTRAVENOUS SOLUTION | Medical Benefit | PA |
| MAYZENT ORAL TABLET 0.25 MG | Tier-2 | SP; QL (120 Tablets per 30 days) |
| MAYZENT ORAL TABLET 2 MG | Tier-2 | SP; QL (30 Tablets per 30 days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK | Tier-2 | SP; QL (120 Tablets per 30 days) |
| <i>memantine hcl er oral capsule extended release 24 hour</i> | Tier-2 | |
| <i>memantine hcl oral solution 2 mg/ml</i> | Tier-2 | |
| <i>memantine hcl oral tablet</i> | Tier-2 | |
| NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR | Tier-2 | |
| <i>nicotine mini mouth/throat lozenge 2 mg</i> | No Copayment | |
| <i>nicotine polacrilex mouth/throat gum</i> | No Copayment | |
| <i>nicotine polacrilex mouth/throat lozenge</i> | No Copayment | |
| <i>nicotine step 1 transdermal patch 24 hour</i> | No Copayment | |
| <i>nicotine step 2 transdermal patch 24 hour</i> | No Copayment | |
| <i>nicotine step 3 transdermal patch 24 hour</i> | No Copayment | |
| <i>nicotine transdermal kit</i> | No Copayment | |
| <i>nicotine transdermal patch 24 hour</i> | No Copayment | |
| NICOTROL INHALATION INHALER | No Copayment | |
| NICOTROL NS NASAL SOLUTION | No Copayment | |
| NUEDEXTA ORAL CAPSULE | Tier-2 | PA |

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= Drug specific info

| Drug | Status | Notes |
|--|-----------------|--|
| OCREVUS INTRAVENOUS SOLUTION | Medical Benefit | PA |
| <i>olanzapine-fluoxetine hcl oral capsule</i> | Tier-1 | STPA |
| <i>paroxetine mesylate oral capsule</i> | Tier-2 | |
| <i>perphenazine-amitriptyline oral tablet</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger) |
| <i>pimozide oral tablet</i> | Tier-1 | |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-3 | SP; ¥ (1 time fill only); QL (1 Pack per 1 Fill) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-3 | SP; ¥ (1 time fill only); QL (1 Pack per 1 Fill) |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-3 | SP; QL (2 Syringes per 28 days) |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-3 | SP; QL (2 Syringes per 28 days) |
| <i>qc nicotine polacrilex mouth/throat gum</i> | No Copayment | |
| <i>ra mini nicotine mouth/throat lozenge</i> | No Copayment | |
| <i>ra nicotine mouth/throat gum</i> | No Copayment | |
| <i>ra nicotine polacrilex mouth/throat gum</i> | No Copayment | |
| <i>ra nicotine polacrilex mouth/throat lozenge</i> | No Copayment | |
| <i>ra nicotine transdermal patch 24 hour</i> | No Copayment | |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-2 | SP; QL (12 Syringes per 28 days) |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-2 | SP; QL (12 Syringes per 28 days) |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | SP; QL (12 Syringes per 28 days) |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier-2 | SP; QL (12 Syringes per 28 days) |
| <i>rivastigmine tartrate oral capsule</i> | Tier-1 | |
| <i>rivastigmine transdermal patch 24 hour</i> | Tier-2 | |
| SAVELLA ORAL TABLET | Tier-2 | STPA; QL (180 TABLETS per 90 Days) |
| <i>sm nicotine mouth/throat gum</i> | No Copayment | |
| <i>sm nicotine mouth/throat lozenge</i> | No Copayment | |
| <i>sm nicotine polacrilex mouth/throat gum</i> | No Copayment | |

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| Drug | Status | Notes |
|---|-----------------|----------------------------------|
| <i>sm nicotine polacrilex mouth/throat lozenge</i> | No Copayment | |
| <i>sm nicotine transdermal patch 24 hour</i> | No Copayment | |
| <i>sr nicotine mouth/throat gum</i> | No Copayment | |
| <i>sw nicotine polacrilex mouth/throat gum</i> | No Copayment | |
| <i>sw nicotine polacrilex mouth/throat lozenge</i> | No Copayment | |
| TECFIDERA ORAL | Tier-2 | SP; QL (60 CAPSULES per 30 Days) |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE | Tier-2 | SP; QL (60 CAPSULES per 30 Days) |
| <i>tetrabenazine oral tablet 12.5 mg</i> | Tier-1 | SP; QL (90 EA per 30 days) |
| <i>tetrabenazine oral tablet 25 mg</i> | Tier-1 | SP; QL (120 EA per 30 days) |
| <i>tgt nicotine mouth/throat gum</i> | No Copayment | |
| <i>tgt nicotine polacrilex mouth/throat gum</i> | No Copayment | |
| <i>tgt nicotine polacrilex mouth/throat lozenge</i> | No Copayment | |
| <i>tgt nicotine step one transdermal patch 24 hour</i> | No Copayment | |
| <i>tgt nicotine step three transdermal patch 24 hour</i> | No Copayment | |
| <i>tgt nicotine step two transdermal patch 24 hour</i> | No Copayment | |
| TYSABRI INTRAVENOUS CONCENTRATE | Medical Benefit | PA |
| XYREM ORAL SOLUTION | Tier-3 | |
| ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR | No Copayment | |
| *PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** | | |
| OFEV ORAL CAPSULE | Tier-3 | SP; QL (60 EA per 30 days) |
| *PULMONARY FIBROSIS AGENTS*** | | |
| ESBRIET ORAL CAPSULE | Tier-3 | SP; QL (270 EA per 30 days) |
| ESBRIET ORAL TABLET | Tier-3 | SP; QL (270 EA per 30 days) |
| *PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** | | |
| UPTRAVI ORAL TABLET | Tier-3 | PA; SP |
| UPTRAVI ORAL TABLET THERAPY PACK | Tier-3 | PA; SP |
| *RESPIRATORY AGENTS - MISC.* | | |
| KALYDECO ORAL PACKET 25 MG | Tier-2 | PA |
| KALYDECO ORAL PACKET 50 MG, 75 MG | Tier-2 | PA; QL (56 EA per 28 days) |
| KALYDECO ORAL TABLET | Tier-2 | PA; QL (60 TABLETS per 30 Days) |

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| Drug | Status | Notes |
|---|-----------------|---|
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | No Copayment | |
| PULMOZYME INHALATION SOLUTION | Tier-2 | |
| *SCLEROSTIN INHIBITORS*** | | |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Medical Benefit | PA |
| *SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG*** | | |
| ADDYI ORAL TABLET | Tier-3 | PA |
| *SEROTONIN MODULATORS*** | | |
| <i>nefazodone hcl oral tablet</i> | Tier-2 | PA; ¥ (PA applies to members 12 and younger) |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger); ^ (LCG) |
| <i>trazodone hcl oral tablet 300 mg</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger) |
| TRINTELLIX ORAL TABLET | Tier-3 | PA; STPA; ¥ (PA applies to members 12 and younger) |
| VIIBRYD ORAL KIT | Tier-3 | PA; STPA; ¥ (PA applies to members 12 and younger) |
| VIIBRYD ORAL TABLET | Tier-3 | PA; STPA; ¥ (PA applies to members 12 and younger) |
| VIIBRYD STARTER PACK ORAL KIT | Tier-3 | PA; STPA; ¥ (PA applies to members 12 and younger) |
| *SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** | | |
| GLYXAMBI ORAL TABLET | Tier-3 | |
| *SINUS NODE INHIBITORS** | | |
| CORLANOR ORAL TABLET | Tier-2 | |
| *SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS*** | | |
| ONPATTRO INTRAVENOUS SOLUTION | Medical Benefit | PA |
| *SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** | | |
| SYNJARDY ORAL TABLET | Tier-2 | |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | Tier-2 | |

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| Drug | Status | Notes |
|---|-----------------|-----------------------------|
| *SPINAL MUSCULAR ATROPHY- ANTISENSE OLIGONUCLEOTIDES*** | | |
| SPINRAZA INTRATHECAL SOLUTION | Medical Benefit | PA |
| *SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** | | |
| TAVALISSE ORAL TABLET | Tier-3 | QL (60 tablets per 30 days) |
| *STEROIDS - MOUTH/THROAT/DENTAL*** | | |
| ORALONE MOUTH/THROAT PASTE | Tier-1 | |
| <i>triamcinolone acetonide mouth/throat paste</i> | Tier-1 | |
| *SULFONAMIDES* | | |
| <i>sulfadiazine oral tablet</i> | Tier-3 | |
| *TETRACYCLINES* | | |
| <i>demeclocycline hcl oral tablet</i> | Tier-1 | |
| <i>doxycycline hyclate oral capsule</i> | Tier-1 | |
| <i>doxycycline hyclate oral capsule delayed release particles 100 mg</i> | Tier-1 | |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | Tier-1 | |
| <i>doxycycline hyclate oral tablet 75 mg</i> | Tier-2 | |
| <i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg, 80 mg</i> | Tier-3 | |
| <i>doxycycline monohydrate oral capsule</i> | Tier-1 | |
| <i>doxycycline monohydrate oral tablet</i> | Tier-1 | |
| <i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 80 mg, 90 mg</i> | Tier-3 | |
| <i>minocycline hcl oral capsule</i> | Tier-1 | |
| <i>minocycline hcl oral tablet</i> | Tier-2 | |
| <i>tetracycline hcl oral capsule</i> | Tier-3 | |
| VIBRAMYCIN ORAL SYRUP | Tier-3 | |
| *THYROID AGENTS* | | |
| ARMOUR THYROID ORAL TABLET | Tier-2 | |
| LEVOTHROID ORAL TABLET | Tier-1 | |
| <i>levothyroxine sodium oral tablet</i> | Tier-1 | |
| LEVOXYL ORAL TABLET | Tier-1 | |
| <i>liothyronine sodium oral tablet</i> | Tier-1 | |
| <i>methimazole oral tablet</i> | Tier-1 | |

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| Drug | Status | Notes |
|---|-----------------|---------------------------------------|
| NATURE-THROID ORAL TABLET | Tier-2 | |
| <i>propylthiouracil oral tablet</i> | Tier-1 | |
| SYNTHROID ORAL TABLET | Tier-3 | |
| THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG) | Tier-3 | |
| THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG) | Tier-3 | |
| THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG) | Tier-3 | |
| THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG) | Tier-3 | |
| THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG) | Tier-3 | |
| TIROSINT ORAL CAPSULE | Tier-3 | |
| TIROSINT-SOL ORAL SOLUTION | Tier-3 | |
| UNITHROID DIRECT ORAL TABLET | Tier-1 | |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG | Tier-1 | |
| *TRANSTHYRETIN STABILIZERS*** | | |
| VYNDAMAX ORAL CAPSULE | Tier-2 | PA; SP; QL (30 capsules per 30 days) |
| VYNDAQEL ORAL CAPSULE | Tier-2 | PA; SP; QL (120 capsules per 30 days) |
| *TRIPLEPTIDYL PEPTIDASE 1 DEFICIENCY TREATMENT - AGENTS*** | | |
| BRINEURA SOLUTION | Medical Benefit | PA |
| *TRYPTOPHAN HYDROXYLASE INHIBITORS*** | | |
| XERMELO ORAL TABLET | Tier-3 | PA |
| *ULCER DRUGS* | | |
| <i>amoxicill-clarithro-lansopraz oral</i> | Tier-1 | |
| CANTIL ORAL TABLET | Tier-3 | |
| CARAFATE ORAL SUSPENSION | Tier-3 | Age Limit (Max 12 Years) |
| <i>chlordiazepoxide-clidinium oral capsule</i> | Tier-3 | |
| <i>cimetidine hcl oral solution</i> | Tier-2 | |
| <i>cimetidine oral tablet</i> | Tier-2 | |

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| Drug | Status | Notes |
|--|---------------|--|
| DEPRIZINE FUSEPAQ ORAL SUSPENSION RECONSTITUTED | Tier-3 | |
| DEXILANT ORAL CAPSULE DELAYED RELEASE | Tier-3 | PA; QL (90 EA per 90 days) |
| <i>dicyclomine hcl oral capsule</i> | Tier-1 | |
| <i>dicyclomine hcl oral solution</i> | Tier-1 | |
| <i>dicyclomine hcl oral tablet</i> | Tier-1 | |
| DONNATAL EXTENTABS ORAL TABLET EXTENDED RELEASE | Tier-3 | |
| <i>ed-spaz oral tablet dispersible</i> | Tier-1 | |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg</i> | Tier-2 | ¥ (Only OTC esomeprazole products are covered) |
| <i>famotidine oral suspension reconstituted</i> | Tier-3 | |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | Tier-1 | ^ (LCG) |
| FIRST-LANSOPRAZOLE ORAL SUSPENSION | Tier-3 | QL (300 ML per 30 days) |
| FIRST-OMEPRAZOLE ORAL SUSPENSION | Tier-3 | QL (300 ML per 30 days) |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | Tier-1 | |
| HYOMAX-SL SUBLINGUAL TABLET SUBLINGUAL | Tier-1 | |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hour</i> | Tier-1 | |
| <i>hyoscyamine sulfate oral elixir</i> | Tier-1 | |
| <i>hyoscyamine sulfate oral solution</i> | Tier-1 | |
| <i>hyoscyamine sulfate oral tablet</i> | Tier-1 | |
| <i>hyoscyamine sulfate oral tablet dispersible</i> | Tier-1 | |
| <i>hyoscyamine sulfate sublingual tablet sublingual</i> | Tier-1 | |
| <i>lansoprazole oral capsule delayed release</i> | Tier-3 | |
| <i>lansoprazole oral tablet dispersible</i> | Tier-3 | PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years) |
| <i>methscopolamine bromide oral tablet</i> | Tier-1 | |
| <i>misoprostol oral tablet</i> | Tier-1 | ^ (LCG) |
| NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE | Tier-3 | |
| NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE | Tier-3 | |

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| Drug | Status | Notes |
|---|---------------|---|
| NEXIUM ORAL PACKET | Tier-3 | PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years) |
| <i>nizatidine oral capsule</i> | Tier-2 | |
| <i>nizatidine oral solution</i> | Tier-2 | |
| <i>omeprazole oral capsule delayed release</i> | Tier-2 | |
| <i>omeprazole-sodium bicarbonate oral capsule</i> | Tier-3 | ¥ (Only these two NDCs are covered: 68682-0102-30 or 68682-0104-30); QL (90 capsules per 90 days) |
| <i>omeprazole-sodium bicarbonate oral packet</i> | Tier-2 | PA |
| <i>pantoprazole sodium oral tablet delayed release</i> | Tier-2 | |
| PRILOSEC ORAL PACKET | Tier-3 | PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years) |
| PROTONIX ORAL PACKET | Tier-3 | PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years) |
| PYLERA ORAL CAPSULE | Tier-2 | |
| <i>rabeprazole sodium oral tablet delayed release</i> | Tier-3 | |
| <i>ranitidine hcl oral capsule</i> | Tier-1 | ^ (LCG) |
| <i>ranitidine hcl oral syrup</i> | Tier-1 | |
| <i>ranitidine hcl oral tablet 150 mg, 300 mg</i> | Tier-1 | |
| <i>sucralfate oral suspension</i> | Tier-3 | Age Limit (Max 12 Years) |
| <i>sucralfate oral tablet</i> | Tier-1 | |
| *URINARY ANTI-INFECTIVES* | | |
| MACRODANTIN ORAL CAPSULE 25 MG | Tier-3 | |
| <i>methenamine hippurate oral tablet</i> | Tier-1 | |
| MONUROL ORAL PACKET | Tier-3 | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> | Tier-1 | |
| <i>nitrofurantoin monohyd macro oral capsule</i> | Tier-1 | |
| <i>nitrofurantoin oral suspension</i> | Tier-1 | |
| URIBEL ORAL CAPSULE | Tier-1 | |
| *URINARY ANTISPASMODICS* | | |
| <i>bethanechol chloride oral tablet</i> | Tier-1 | |
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour</i> | Tier-2 | |

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| Drug | Status | Notes |
|--|---------------|--------------|
| <i>flavoxate hcl oral tablet</i> | Tier-1 | |
| GELNIQUE TRANSDERMAL GEL | Tier-3 | STPA |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | Tier-3 | STPA |
| <i>oxybutynin chloride er oral tablet extended release 24 hour</i> | Tier-1 | |
| <i>oxybutynin chloride oral syrup</i> | Tier-1 | |
| <i>oxybutynin chloride oral tablet</i> | Tier-1 | |
| <i>solifenacin succinate oral tablet</i> | Tier-2 | |
| <i>tolterodine tartrate er oral capsule extended release 24 hour</i> | Tier-2 | |
| <i>tolterodine tartrate oral tablet</i> | Tier-1 | |
| <i>tropium chloride er oral capsule extended release 24 hour</i> | Tier-2 | |
| *VAGINAL PRODUCTS* | | |
| CLEOCIN VAGINAL SUPPOSITORY | Tier-3 | |
| <i>clindamycin phosphate vaginal cream</i> | Tier-1 | |
| CLINDESSE VAGINAL CREAM | Tier-3 | |
| CRINONE VAGINAL GEL | Tier-3 | |
| ENDOMETRIN VAGINAL INSERT | Tier-3 | |
| <i>estradiol vaginal cream</i> | Tier-2 | |
| <i>estradiol vaginal tablet</i> | Tier-1 | |
| ESTRING VAGINAL RING | Tier-2 | |
| FEMRING VAGINAL RING | Tier-2 | |
| FIRST-PROGESTERONE VGS 100 VAGINAL SUPPOSITORY | Tier-2 | |
| FIRST-PROGESTERONE VGS 200 VAGINAL SUPPOSITORY | Tier-2 | |
| FIRST-PROGESTERONE VGS 25 VAGINAL SUPPOSITORY | Tier-2 | |
| FIRST-PROGESTERONE VGS 400 VAGINAL SUPPOSITORY | Tier-2 | |
| FIRST-PROGESTERONE VGS 50 VAGINAL SUPPOSITORY | Tier-2 | |
| GYNAZOLE-1 VAGINAL CREAM | Tier-3 | |
| INTRAROSA VAGINAL INSERT | Tier-3 | |
| <i>metronidazole vaginal gel</i> | Tier-2 | |
| NUVESSA VAGINAL GEL | Tier-3 | |

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| Drug | Status | Notes |
|--|-----------------|--|
| PREMARIN VAGINAL CREAM | Tier-3 | |
| <i>terconazole vaginal cream</i> | Tier-1 | |
| <i>terconazole vaginal suppository</i> | Tier-1 | |
| VANZOLE VAGINAL GEL | Tier-1 | |
| *VASOPRESSORS* | | |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i> | Tier-1 | ¥ (Generic Adrenaclick); QL (2 Injectors per 1 Fill) |
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i> | Tier-1 | ¥ (Generic Adrenaclick); QL (2 INJECTORS per 1 Fill) |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i> | Tier-2 | ¥ (Generic Epipen Jr); QL (2 INJECTORS per 1 Fill) |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i> | Tier-1 | ¥ (Generic Adrenaclick); QL (2 INJECTORS per 1 Fill) |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i> | Tier-2 | ¥ (Generic Epipen); QL (2 INJECTORS per 1 Fill) |
| <i>midodrine hcl oral tablet</i> | Tier-1 | |
| *VITAMINS* | | |
| <i>ergocalciferol oral capsule</i> | Tier-1 | |
| <i>ergocalciferol oral solution 8000 unit/ml</i> | Tier-1 | ^ (LCG) |
| <i>phytonadione oral tablet</i> | Tier-2 | |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i> | Tier-1 | |
| <i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i> | Tier-1 | |
| *X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS*** | | |
| CRYSVITA SUBCUTANEOUS SOLUTION | Medical Benefit | PA |

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| VIMIZIM..... | 84 | XOSPATA | 40 | ZYFLO..... | 20 |
| VIMPAT | 23 | XPOVIO (100 MG ONCE | | ZYKADIA | 40 |
| VIOKACE..... | 66 | WEEKLY) | 35 | ZYLET..... | 90 |
| VIRACEPT | 46 | XPOVIO (60 MG ONCE | | | |
| VIREAD | 46 | WEEKLY) | 35 | | |
| VISTOGARD | 28 | XPOVIO (80 MG ONCE | | | |
| VITAFOL-OB+DHA..... | 85 | WEEKLY) | 35 | | |
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| VITEKTA | 46 | XTAMPZA ER..... | 15 | | |
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| WILATE..... | 75 | <i>zileuton er</i> | 20 | | |

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info