



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

Effective: 03/01/2021

## Key Terms

### Formulary

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

### Brand-Name Drugs

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

### Generic Drugs

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

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

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

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

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

- **Tier 1:** Medications on this tier have the lowest cost sharing amount
- **Tier 2:** Medications on this tier have a higher cost sharing amount
- **Tier 3:** Medications on this tier have a higher cost sharing amount
- **Tier 4:** Medications on this tier have the highest cost sharing amount; limited to a 30- day supply

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

### Copayment

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

### Coinsurance

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

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

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

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

## Medical Review Process

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

## Quantity Limitation (QL) Program

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

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

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

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

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

## Non-Covered Drugs (NC)

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

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

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

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

## Prior Authorization (PA) Program

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

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

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

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

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

## Designated Specialty Pharmacy Program (SP)

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

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

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

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

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

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

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

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

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

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

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

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

Oral Cancer medications may have a cost share of \$0 for up to a 30 day supply under the Rhode Island oral cancer therapy mandate. Please check your benefit document.

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

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

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

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

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

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

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

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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>.

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tuftshealthplan.com | 800.462.0224

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

Arabic كذب تصاخلا تيوهلا تقاطبى لعدن ودملا مقرلا لى لاصتلاا لى جريد ،تبيرعلا تغلابا تينا جملا تمجرتلا تمدخ لى لوصحلا

Chinese 若需免費的中文版本，請撥打ID卡上的電話號碼。

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

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

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

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

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

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

Khmer (Cambodian) ស្រមាប់សេវាប្រែកម្របដយភកភិភៃថ្កជ ភាសាខ្មែរ សូមទូរស័ព្ទលេខនៃដលមនេខ្មែរលើប័ណ្ណសមាម លំសមាជិករបស់អ្នក។

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

Laotian ອໍສາວໍ ບການແປພາສາຕໍ່ ນພາສາລາວ ວີ່ ທໍ່ ບໄດ້ ເສຍຄ່າ າໃຊ້ ຈໍ າຍ, ໃຫ້ ໂທຫາ ວີ່ ບໍ່ ີ ທຍູ່ ຈໍ ື ງຸ້ ວປະໍ ຈາຕີ ວຂອງທໍ ານ.

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

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

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

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

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

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

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

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

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**CURRENT AS OF 4/1/2021**

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier-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)
<i>benzphetamine hcl oral tablet</i>	Tier-1	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	Tier-2	
<b>CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	Tier-3	PA
<b>DAYTRANA TRANSDERMAL PATCH</b>	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</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)
<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)

^ = Mandates May Apply

¥ = Additional Limits May Apply

# = Drug specific info

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>dextroamphetamine sulfate oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 25 and older)
<i>diethylpropion hcl oral tablet</i>	Tier-1	
DYANA VEL 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)
IMCIVREE SUBCUTANEOUS SOLUTION	Tier 4	PA
LOMAIRA ORAL TABLET	Tier-3	PA
<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</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, 20 mg, 40 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 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)
<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)

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<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
<b>SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier-2	PA
SUNOSI ORAL TABLET	Tier-3	PA; QL (30 tablets per 30 days)
VYVANSE ORAL CAPSULE	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)
VYVANSE ORAL TABLET CHEWABLE	Tier-3	PA; STPA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days)
WAKIX ORAL TABLET	Tier-3	PA; QL (60 tablets per 30 days)
XENICAL ORAL CAPSULE	Tier-3	PA
<b>*ALLERGENIC EXTRACTS/BIOLOGICALS MISC*</b>		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA; QL (30 EA per 30 days)
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)
PALFORZIA (12 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (120 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (160 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (20 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (200 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (240 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (3 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	Tier-3	PA
PALFORZIA (300 MG TITRATION) ORAL PACKET	Tier-3	PA
PALFORZIA (40 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (6 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA (80 MG DAILY DOSE) ORAL	Tier-3	PA
PALFORZIA INITIAL ESCALATION ORAL	Tier-3	PA

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA; QL (30 EA per 30 days)
<b>*ALTERNATIVE MEDICINES*</b>		
<i>coenzyme q10 oral tablet 100 mg, 200 mg, 50 mg</i>	Tier-3	PA
<b>*AMEBICIDES*</b>		
SOLOSEC ORAL PACKET	Tier-3	
<b>*AMINOGLYCOSIDES*</b>		
ARIKAYCE INHALATION SUSPENSION	Tier 4	
<i>neomycin sulfate oral tablet</i>	Tier-1	
<i>paromomycin sulfate oral capsule</i>	Tier-2	
TOBI PODHALER INHALATION CAPSULE	Tier 4	
<i>tobramycin inhalation nebulization solution</i>	Tier 4	
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 4	PA; QL (4 syringes per 28 days)
ACTEMRA INTRAVENOUS SOLUTION	Medical Benefit	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (4 Syringes per 28 Days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 4	PA; QL (4 VIALS per 28 Days)
<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	
<i>diclofenac-misoprostol oral tablet delayed release</i>	Tier-2	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 4	PA; QL (4 Syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 4	PA; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 4	PA; QL (8 Syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier 4	PA; QL (4 Syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 4	PA; QL (8 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 4	PA; QL (4 Syringes per 28 days)

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<i>etodolac er oral tablet extended release 24 hour</i>	Tier-2	
<i>etodolac oral capsule</i>	Tier-1	
<i>etodolac oral tablet</i>	Tier-1	
<i>fenoprofen calcium oral tablet</i>	Tier-3	
<i>flurbiprofen oral tablet</i>	Tier-1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier 4	PA; ¥ (1 FILL PER LIFE OF PLAN)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 4	PA; QL (2 Syringes per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier 4	PA; ¥ (1 FILL PER LIFE OF PLAN)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 4	PA; ¥ (1 FILL PER LIFE OF PLAN)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 4	PA; QL (2 Syringes per 28 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier-1	^ (LCG)
INDOCIN ORAL SUSPENSION	Tier-3	
INDOCIN RECTAL SUPPOSITORY	Tier-3	
<i>indomethacin er oral capsule extended release</i>	Tier-2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier-1	
<i>ketorolac tromethamine oral tablet</i>	Tier-1	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 4	PA; QL (2 auto-injectors per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (2 syringes per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (28 Syringes per 28 days)
<i>leflunomide oral tablet</i>	Tier-2	
<i>meclofenamate sodium oral capsule</i>	Tier-3	
<i>mefenamic acid oral capsule</i>	Tier-3	
<i>meloxicam oral tablet</i>	Tier-1	^ (LCG)
<i>nabumetone oral tablet</i>	Tier-1	
<i>naproxen oral suspension</i>	Tier-3	
<i>naproxen oral tablet</i>	Tier-1	^ (LCG)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier-2	

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OLUMIANT ORAL TABLET	Tier 4	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 4	PA; QL (4 Syringes per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (4 Syringes per 28 days)
OTEZLA ORAL TABLET	Tier 4	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	Tier 4	PA; ¥ (1 FILL PER LIFE OF PLAN)
<i>oxaprozin oral tablet</i>	Tier-3	
<i>piroxicam oral capsule</i>	Tier-1	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	Tier-3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	PA; QL (30 Tablets per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION	Medical Benefit	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 4	PA; QL (1 Syringe per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (1 Syringe per 28 days)
<i>sulindac oral tablet</i>	Tier-1	
<i>tolmetin sodium oral capsule</i>	Tier-1	
<i>tolmetin sodium oral tablet 600 mg</i>	Tier-1	
XELJANZ ORAL TABLET	Tier 4	PA; QL (60 TABLETS per 30 Days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	PA; QL (30 Tablets per 30 days)
<b>*ANALGESICS - NONNARCOTIC*</b>		
BUPAP ORAL TABLET 50-300 MG	Tier-3	
<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 50-325-40 mg</i>	Tier-3	
<i>butalbital-asa-caffeine oral capsule</i>	Tier-1	
<i>butalbital-aspirin-caffeine oral tablet</i>	Tier-1	

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<i>diflunisal oral tablet</i>	Tier-1	
ESGIC ORAL CAPSULE	Tier-3	
<b>*ANALGESICS - OPIOID*</b>		
<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)
BELBUCA BUCCAL FILM	Tier-3	PA; QL (60 Films per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	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-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	
<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)
<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	PA; 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	PA; 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)

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<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	Tier-1	QL (6 Tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	Tier-1	QL (8 Tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier-1	QL (5 Tablets per 1 day)
<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)
<i>meperidine hcl oral solution</i>	Tier-1	QL (90 ML per 1 day)
<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)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	Tier-1	QL (4.5 ML per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	Tier-1	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	Tier-1	PA; QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release</i>	Tier-1	PA; 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)

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<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	Tier-2	PA; QL (2 tablets per 1 day)
<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 tablet 10-325 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</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)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>	Tier-2	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	Tier-2	PA; 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-naloxone hcl oral tablet</i>	Tier-1	QL (4 tablets per 1 day)
<b>SUBSYS SUBLINGUAL LIQUID</b>	Tier-3	QL (30 Bottles per 30 Days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Tier-1	QL (1 tablet per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	Tier-1	PA; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	Tier-1	QL (4 tablets per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	Tier-1	QL (8 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet</i>	Tier-1	QL (8 Tablets per 1 day)
<b>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</b>	Tier-3	PA
<b>*ANDROGENS-ANABOLIC*</b>		
<i>danazol oral capsule</i>	Tier-1	
<b>JATENZO ORAL CAPSULE 158 MG, 237 MG</b>	Tier-3	PA; QL (2 capsules per 1 day)
<b>JATENZO ORAL CAPSULE 198 MG</b>	Tier-3	PA; QL (4 capsules per 1 day)
<i>methitest oral tablet</i>	Tier-3	

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<i>oxandrolone oral tablet</i>	Tier-2	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier-1	
<i>testosterone enanthate intramuscular solution</i>	Tier-1	
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%)</i>	Tier-2	
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	Tier-3	
<i>testosterone transdermal solution</i>	Tier-2	
<b>*ANORECTAL AND RELATED PRODUCTS*</b>		
<i>hydrocortisone rectal enema</i>	Tier-1	
RECTIV RECTAL OINTMENT	Tier-3	QL (1 TUBE per 30 Days)
UCERIS RECTAL FOAM	Tier-2	
<b>*ANTHELMINTICS*</b>		
<i>albendazole oral tablet</i>	Tier-2	
<i>benznidazole oral tablet</i>	Tier-2	
EMVERM ORAL TABLET CHEWABLE	Tier-3	
<i>ivermectin oral tablet</i>	Tier-1	
<i>praziquantel oral tablet</i>	Tier-2	
<b>*ANTIANGINAL AGENTS*</b>		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	Tier-3	
ISORDIL TITRADOSE ORAL TABLET 40 MG	Tier-3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</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 2.5 mg</i>	Tier-1	
<i>nitroglycerin sublingual tablet sublingual</i>	Tier-1	

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<i>nitroglycerin transdermal patch 24 hour</i>	Tier-1	
<i>nitroglycerin translingual solution</i>	Tier-1	
<i>ranolazine er oral tablet extended release 12 hour</i>	Tier-2	
<b>*ANTI ANXIETY AGENTS*</b>		
<i>alprazolam oral tablet</i>	Tier-1	^ (LCG)
<i>alprazolam oral tablet dispersible</i>	Tier-1	
<i>buspirone hcl oral tablet</i>	Tier-1	
<i>chlordiazepoxide hcl oral capsule</i>	Tier-1	^ (LCG)
<i>clorazepate dipotassium oral tablet</i>	Tier-2	
<i>diazepam oral tablet</i>	Tier-1	^ (LCG)
<i>hydroxyzine hcl oral syrup</i>	Tier-1	
<i>hydroxyzine hcl oral tablet</i>	Tier-1	
<i>hydroxyzine pamoate oral capsule</i>	Tier-1	
<b>LORAZEPAM INTENSOL ORAL CONCENTRATE</b>	Tier-1	
<i>lorazepam oral concentrate 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	
<b>*ANTIARRHYTHMICS*</b>		
<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	
<b>MULTAQ ORAL TABLET</b>	Tier-3	
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	Tier-3	
<b>PACERONE ORAL TABLET 100 MG</b>	Tier-2	
<b>PACERONE ORAL TABLET 200 MG, 400 MG</b>	Tier-1	
<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 oral tablet</i>	Tier-1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>ADVAIR HFA INHALATION AEROSOL</b>	Tier-2	QL (6 UNITS per 90 Days)
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	Tier-1	
<i>albuterol sulfate 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 (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier-1	QL (360 vials per 90 Days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</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	
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier-2	QL (1 INHALER per 30 days)
<b>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier-2	QL (3 Inhalers per 90 days)
<b>ATROVENT HFA INHALATION AEROSOL SOLUTION</b>	Tier-2	QL (6 EA per 90 Days)
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier-2	QL (3 Inhalers per 90 days)
<b>BROVANA INHALATION NEBULIZATION SOLUTION</b>	Tier-3	QL (180 vials per 90 Days)
<i>budesonide inhalation suspension</i>	Tier-1	QL (180 VIALS per 90 days)
<b>CINQAIR INTRAVENOUS SOLUTION</b>	Medical Benefit	PA
<b>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION</b>	Tier-2	QL (6 EA per 90 Days)
<i>cromolyn sodium inhalation nebulization solution</i>	Tier-1	QL (360 Vials per 90 Days)
<b>DALIRESP ORAL TABLET</b>	Tier-3	
<b>ELIXOPHYLLIN ORAL ELIXIR</b>	Tier-2	
<b>FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 4	PA
<b>FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Medical Benefit	PA

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier-2	QL (6 UNITS per 90 Days)
<b>FLOVENT HFA INHALATION AEROSOL</b>	Tier-2	QL (6 UNITS per 90 Days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	Tier-1	QL (3 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 inhalation aerosol</i>	Tier-1	QL (6 inhalers per 90 days)
<i>montelukast sodium oral tablet</i>	Tier-1	^ (LCG)
<i>montelukast sodium oral tablet chewable</i>	Tier-1	^ (LCG)
<b>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 4	PA
<b>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	PA
<b>NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Medical Benefit	PA
<b>PERFORMIST INHALATION NEBULIZATION SOLUTION</b>	Tier-2	QL (180 VIALS per 90 Days)
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier-2	QL (6 UNITS per 90 days)
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier-2	QL (3 UNITS per 90 days)
<b>SPIRIVA HANDIHALER INHALATION CAPSULE</b>	Tier-2	QL (3 UNITS per 90 Days)
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</b>	Tier-2	QL (3 UNITS per 90 days)
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT</b>	Tier-2	QL (6 Inhalers per 90 days)
<b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION</b>	Tier-2	QL (3 UNITS per 90 days)
<b>SYMBICORT INHALATION AEROSOL</b>	Tier-2	QL (6 UNITS per 90 days)
<i>terbutaline sulfate oral tablet</i>	Tier-1	
<b>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier-2	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	Tier-1	
<i>theophylline er oral tablet extended release 24 hour</i>	Tier-1	
<i>theophylline oral solution</i>	Tier-1	
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH</b>	Tier-2	QL (3 inhalers per 90 days)
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH</b>	Tier-2	
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	
<b>*ANTICOAGULANTS*</b>		
<b>ELIQUIS ORAL TABLET</b>	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, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	Tier-3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml</i>	Tier-1	
JANTOVEN ORAL TABLET	Tier-1	
<i>warfarin sodium oral tablet</i>	Tier-1	
<b>XARELTO ORAL TABLET</b>	Tier-2	
<b>XARELTO STARTER PACK ORAL TABLET THERAPY PACK</b>	Tier-2	¥ (1 FILL PER LIFE OF PLAN)
<b>*ANTICONVULSANTS*</b>		
<b>APTIOM ORAL TABLET</b>	Tier-2	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>BANZEL ORAL TABLET 200 MG</b>	Tier-2	QL (1440 TABLETS per 90 Days)
<b>BANZEL ORAL TABLET 400 MG</b>	Tier-2	QL (720 TABLETS per 90 Days)
BRIVIACT ORAL SOLUTION	Tier-3	
BRIVIACT ORAL TABLET	Tier-3	
<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	
<i>clobazam oral tablet</i>	Tier-2	
<i>clonazepam oral tablet</i>	Tier-1	^ (LCG)
<i>clonazepam oral tablet dispersible</i>	Tier-1	
DIACOMIT ORAL CAPSULE	Tier 4	PA
DIACOMIT ORAL PACKET	Tier 4	PA
DIASTAT ACUDIAL RECTAL GEL	Tier-3	QL (1 kit per 1 fill)
DIASTAT PEDIATRIC RECTAL GEL	Tier-3	QL (1 kit per 1 fill)
<i>diazepam rectal gel</i>	Tier-2	QL (1 kit per 1 fill)
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 delayed release sprinkle</i>	Tier-2	
<i>divalproex sodium oral tablet delayed release</i>	Tier-1	
EPIDIOLEX ORAL SOLUTION	Tier 4	PA
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	
FINTEPLA ORAL SOLUTION	Tier-3	PA
<b>FYCOMPA ORAL SUSPENSION</b>	Tier-2	
<b>FYCOMPA ORAL TABLET</b>	Tier-2	
<i>gabapentin oral capsule</i>	Tier-1	

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<i>gabapentin oral solution 250 mg/5ml</i>	Tier-1	
<i>gabapentin oral tablet</i>	Tier-1	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier-2	QL (90 EA per 90 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	Tier-2	QL (270 EA per 90 days)
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	Tier-2	QL (180 EA per 90 days)
<i>lamotrigine oral tablet</i>	Tier-1	^ (LCG)
<i>lamotrigine oral tablet chewable</i>	Tier-1	
<i>lamotrigine oral tablet dispersible</i>	Tier-2	
<i>lamotrigine starter kit-blue oral kit</i>	Tier-2	
<i>lamotrigine starter kit-green oral kit</i>	Tier-2	
<i>lamotrigine starter kit-orange oral kit</i>	Tier-2	
<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	
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)
<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	
<i>pregabalin oral capsule</i>	Tier-1	STPA
<i>pregabalin oral solution</i>	Tier-1	STPA
<i>primidone oral tablet</i>	Tier-1	
<i>rufinamide oral suspension</i>	Tier-2	QL (4 bottles per 30 days)
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	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier-2	
<i>topiramate oral capsule sprinkle</i>	Tier-1	
<i>topiramate oral tablet</i>	Tier-1	^ (LCG)
<i>valproic acid oral capsule</i>	Tier-1	
<b>VALTOCO 10 MG DOSE NASAL LIQUID</b>	Tier-3	PA; QL (2 blister packs per 1 fill)
<b>VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK</b>	Tier-3	PA; QL (2 blister packs per 1 fill)
<b>VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK</b>	Tier-3	PA; QL (2 blister packs per 1 fill)
<b>VALTOCO 5 MG DOSE NASAL LIQUID</b>	Tier-3	PA; QL (2 blister packs per 1 fill)
<i>vigabatrin oral packet</i>	Tier-2	
<i>vigabatrin oral tablet</i>	Tier 4	
<b>VIMPAT ORAL SOLUTION</b>	Tier-2	
<b>VIMPAT ORAL TABLET</b>	Tier-2	
<b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	Tier-2	
<b>XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	Tier-2	
<b>XCOPRI ORAL TABLET</b>	Tier-2	
<b>XCOPRI ORAL TABLET THERAPY PACK</b>	Tier-2	
<i>zonisamide oral capsule</i>	Tier-1	
<b>*ANTIDEPRESSANTS*</b>		
<i>amitriptyline hcl oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 12 and younger)
<i>amoxapine oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 12 and younger)
<b>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier-3	PA; STPA; ¥ (PA applies to members 12 and younger)
<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)

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<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 100 mg</i>	Tier-3	PA; STPA; ¥ (PA applies to members 12 and younger); MM
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	Tier-2	PA; STPA; ¥ (PA applies to members 12 and younger); MM
<i>doxepin hcl oral capsule</i>	Tier-1	PA; ¥ (PA applies to members 12 and younger)
<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	^ (LCG)
<i>fluoxetine hcl oral capsule</i>	Tier-1	^ (LCG)
<i>fluoxetine hcl oral solution</i>	Tier-1	^ (LCG)
<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)
<i>mirtazapine oral tablet dispersible</i>	Tier-1	PA; ¥ (PA applies to members 12 and younger)

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<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)
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)
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	Medical Benefit	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	Medical Benefit	PA
<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	
<i>venlafaxine hcl oral tablet</i>	Tier-1	
VIIBRYD ORAL TABLET	Tier-3	PA; STPA; ¥ (PA applies to members 12 and younger)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
VIIBRYD STARTER PACK ORAL KIT	Tier-3	PA; STPA; ¥ (PA applies to members 12 and younger)
ZULRESSO INTRAVENOUS SOLUTION	Medical Benefit	PA
<b>*ANTIDIABETICS*</b>		
<i>acarbose oral tablet</i>	Tier-1	
<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	
<b>BAQSIMI ONE PACK NASAL POWDER</b>	Tier-2	QL (2 devices per 1 fill)
<b>BAQSIMI TWO PACK NASAL POWDER</b>	Tier-2	QL (2 devices per 1 fill)
<b>CYCLOSET ORAL TABLET</b>	Tier-2	
<i>diazoxide oral suspension</i>	Tier-2	
<b>FARXIGA ORAL TABLET</b>	Tier-2	
<i>glimepiride oral tablet</i>	Tier-1	^ (LCG)
<i>glipizide er oral tablet extended release 24 hour</i>	Tier-1	
<i>glipizide oral tablet</i>	Tier-1	^ (LCG)
<i>glipizide xl oral tablet extended release 24 hour</i>	Tier-1	
<i>glipizide-metformin hcl oral tablet</i>	Tier-1	
<b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED</b>	Tier-2	
<i>glucagon emergency injection kit</i>	Tier-2	
<i>glucagon emergency injection solution reconstituted</i>	Tier-2	
<i>glyburide micronized oral tablet</i>	Tier-1	^ (LCG)
<i>glyburide oral tablet</i>	Tier-1	^ (LCG)
<i>glyburide-metformin oral tablet</i>	Tier-1	
<b>GLYXAMBI ORAL TABLET</b>	Tier-2	
<b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML</b>	Tier-2	
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	Tier-2	
<b>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION</b>	Tier-2	
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	Tier-2	

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<b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION</b>	Tier-2	
<b>HUMALOG SUBCUTANEOUS SOLUTION</b>	Tier-2	
<b>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier-2	
<b>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION</b>	Tier-2	
<b>HUMULIN N SUBCUTANEOUS SUSPENSION</b>	Tier-2	
<b>HUMULIN R INJECTION SOLUTION</b>	Tier-2	
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION</b>	Tier-2	
<b>JANUMET ORAL TABLET</b>	Tier-2	
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier-2	
<b>JANUVIA ORAL TABLET</b>	Tier-2	
<b>JARDIANCE ORAL TABLET</b>	Tier-2	
<b>KORLYM ORAL TABLET</b>	Tier 4	PA; QL (120 TABLETS per 30 Days)
<b>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier-2	
<b>LANTUS SUBCUTANEOUS SOLUTION</b>	Tier-2	
<i>metformin hcl er (mod) oral tablet extended release 24 hour</i>	Tier-3	PA
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	Tier-3	PA
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier-1	
<i>metformin hcl oral solution</i>	Tier-2	
<i>metformin hcl oral tablet</i>	Tier-1	^ (LCG)
<i>miglitol oral tablet</i>	Tier-2	
<i>nateglinide oral tablet</i>	Tier-1	
<b>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier-2	
<b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML</b>	Tier-2	
<i>pioglitazone hcl oral tablet</i>	Tier-1	^ (LCG)
<i>pioglitazone hcl-glimepiride oral tablet</i>	Tier-1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Tier-1	
<i>repaglinide oral tablet</i>	Tier-1	
<b>RYBELSUS ORAL TABLET</b>	Tier-2	QL (30 tablets per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
<b>SYNJARDY ORAL TABLET</b>	Tier-2	
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier-2	
<i>tolbutamide oral tablet</i>	Tier-1	
<b>TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier-2	
<b>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML</b>	Tier-2	
<b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier-2	
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier-2	
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>		
<i>diphenoxylate-atropine oral liquid</i>	Tier-1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier-1	
<i>loperamide hcl oral capsule</i>	Tier-1	
MOTOFEN ORAL TABLET	Tier-3	
<b>MYTESI ORAL TABLET DELAYED RELEASE</b>	Tier-2	PA
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>		
CHEMET ORAL CAPSULE	Tier-3	
<i>deferasirox granules oral packet</i>	Tier-2	
<i>deferasirox oral tablet</i>	Tier-2	
<i>deferasirox oral tablet soluble</i>	Tier 4	
<b>FERRIPROX ORAL SOLUTION</b>	Tier-2	QL (150 ML per 30 days)
<b>FERRIPROX ORAL TABLET</b>	Tier-2	QL (30 tablets per 30 days)
JADENU SPRINKLE ORAL PACKET 360 MG, 90 MG	Tier 4	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	No Copayment	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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 EA per 1 Fill)
<b>VISTOGARD ORAL PACKET</b>	Tier-2	QL (20 Packets per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Medical Benefit	
<b>*ANTIEMETICS*</b>		
AKYNZEO ORAL CAPSULE	Tier-3	¥ (1 capsule per fill); QL (3 EA per 28 days)
<b>ANZEMET ORAL TABLET</b>	Tier-2	QL (3 TABLETS per 7 Days)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg</i>	Tier-2	QL (1 EA per 7 days)
<i>aprepitant oral capsule 80 mg</i>	Tier-2	QL (2 EA per 7 days)
<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-2	QL (6 TABLETS per 7 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</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 4	QL (1 PATCH per 7 days)
<i>scopolamine transdermal patch 72 hour</i>	Tier-2	
<i>trimethobenzamide hcl oral capsule</i>	Tier-1	
ZUPLENZ ORAL FILM	Tier-3	QL (10 FILMS per 7 Days)
<b>*ANTIFUNGALS*</b>		
CRESEMBA ORAL CAPSULE	Tier-3	
<i>fluconazole oral suspension reconstituted</i>	Tier-1	
<i>fluconazole oral tablet</i>	Tier-1	
<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	

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<i>ketoconazole oral tablet</i>	Tier-1	
<i>nystatin oral tablet</i>	Tier-1	
<i>terbinafine hcl oral tablet</i>	Tier-1	¥ (90 DAYS PER YEAR); QL (30 TABLETS per 30 Days)
<i>voriconazole oral suspension reconstituted</i>	Tier-1	QL (150 ML per 14 Days)
<i>voriconazole oral tablet 200 mg</i>	Tier-2	QL (28 TABLETS per 14 days)
<i>voriconazole oral tablet 50 mg</i>	Tier-2	QL (56 TABLETS per 14 days)
<b>*ANTIHISTAMINES*</b>		
<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>diphenhydramine hcl oral capsule</i>	Tier-1	
<i>promethazine hcl oral solution</i>	Tier-1	^ (LCG)
<i>promethazine hcl oral syrup</i>	Tier-1	^ (LCG)
<i>promethazine hcl oral tablet</i>	Tier-1	^ (LCG)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier-2	
PROMETHEGAN RECTAL SUPPOSITORY	Tier-1	
<b>*ANTHYPERLIPIDEMICS*</b>		
<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-1	
<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	
<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 105 mg</i>	Tier-1	

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<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 10 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA; QL (30 Capsules per 30 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	
<b>REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier-2	PA; # (Preferred product); QL (1 System per 28 days)
<b>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier-2	PA; # (Preferred product); QL (2 Syringes per 28 days)
<b>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier-2	PA; # (Preferred product); QL (2 Autoinjectors per 28 days)
<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)
<b>VASCEPA ORAL CAPSULE</b>	Tier-2	PA
<b>*ANTIHYPERTENSIVES*</b>		
<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 cilexetil oral tablet</i>	Tier-2	
<i>candesartan cilexetil-hctz oral tablet</i>	Tier-2	
<i>captopril oral tablet</i>	Tier-2	

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<i>captopril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>clonidine hcl oral tablet</i>	Tier-1	^ (LCG)
<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	
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>eplerenone oral tablet</i>	Tier-2	
<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>metyrosine oral capsule</i>	Tier-2	
<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	^ (LCG)
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>ramipril oral capsule</i>	Tier-1	^ (LCG)
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	Tier-3	
<i>telmisartan oral tablet</i>	Tier-1	
<i>telmisartan-amlodipine oral tablet</i>	Tier-2	

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<i>telmisartan-hctz oral tablet</i>	Tier-2	
<i>terazosin hcl oral capsule</i>	Tier-1	
<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	
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
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	
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier 4	
<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	
FIRVANQ ORAL SOLUTION RECONSTITUTED	Tier-3	QL (2 ML per 10 days)
<i>fosfomycin tromethamine oral packet</i>	Tier-2	
<b>IMPAVIDO ORAL CAPSULE</b>	Tier-2	
LAMPIT ORAL TABLET	Tier-3	
<i>linezolid oral suspension reconstituted</i>	Tier-3	
<i>linezolid oral tablet</i>	Tier-1	
MACRODANTIN ORAL CAPSULE 25 MG	Tier-3	
<i>methenamine hippurate oral tablet</i>	Tier-1	
<i>metronidazole oral capsule</i>	Tier-3	
<i>metronidazole oral tablet</i>	Tier-1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	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-3	

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PRIMSOL ORAL SOLUTION	Tier-3	
SIVEXTRO ORAL TABLET	Tier-3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier-1	^ (LCG)
<i>tinidazole oral tablet</i>	Tier-1	
<i>trimethoprim oral tablet</i>	Tier-1	
URIBEL ORAL CAPSULE	Tier-1	
<i>vancomycin hcl oral capsule</i>	Tier-2	
XENLETA INTRAVENOUS SOLUTION	Medical Benefit	
XENLETA ORAL TABLET	Tier-3	
<b>XIFAXAN ORAL TABLET 200 MG</b>	Tier-2	PA; QL (9 TABLETS per 30 days)
<b>XIFAXAN ORAL TABLET 550 MG</b>	Tier-2	PA; QL (60 TABLETS per 30 days)
<b>*ANTIMALARIALS*</b>		
<i>atovaquone-proguanil hcl oral tablet</i>	Tier-2	
<i>chloroquine phosphate oral tablet</i>	Tier-1	PA; ¥ (Coverage is limited to 28 tablets when used for treatment of COVID infection)
<b>COARTEM ORAL TABLET</b>	Tier-2	QL (24 TABLETS per 180 Days)
<i>hydroxychloroquine sulfate oral tablet</i>	Tier-1	PA; ¥ (Coverage is limited to 28 tablets when used for treatment of COVID infection)
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	
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>		
FIRDAPSE ORAL TABLET	Tier 4	PA
<i>guanidine hcl oral tablet</i>	Tier-1	
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier-2	
<i>pyridostigmine bromide oral tablet</i>	Tier-1	
RUZURGI ORAL TABLET	Tier 4	PA
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<i>cycloserine oral capsule</i>	Tier-1	
<i>ethambutol hcl oral tablet</i>	Tier-1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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)
<b>PASER ORAL PACKET</b>	Tier-3	
<i>pretomanid oral tablet</i>	Tier-3	
<b>PRIFTIN ORAL TABLET</b>	Tier-2	
<i>pyrazinamide oral tablet</i>	Tier-1	
<i>rifabutin oral capsule</i>	Tier-2	
<i>rifampin oral capsule</i>	Tier-1	
<b>SIRTURO ORAL TABLET</b>	Tier-2	PA
<b>TRECTOR ORAL TABLET</b>	Tier-3	
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 4	PA; ^ (CM); QL (120 TABLETS per 30 days)
<b>ACTIMMUNE SUBCUTANEOUS SOLUTION</b>	Tier-2	
<b>AFINITOR DISPERZ ORAL TABLET SOLUBLE</b>	Tier 4	PA; ^ (CM); QL (60 TABLETS per 30 Days)
<b>AFINITOR ORAL TABLET 10 MG</b>	Tier 4	PA; ^ (CM); QL (30 TABLETS per 30 Days)
<b>ALECENSA ORAL CAPSULE</b>	Tier 4	PA; ^ (CM)
<b>ALUNBRIG ORAL TABLET</b>	Tier 4	PA; ^ (CM)
<b>ALUNBRIG ORAL TABLET THERAPY PACK</b>	Tier 4	PA; ^ (CM)
<i>anastrozole oral tablet</i>	Tier-1	^ (CM); MM
<b>AYVAKIT ORAL TABLET</b>	Tier 4	PA; ^ (CM); QL (30 units per 30 days)
<b>BALVERSA ORAL TABLET</b>	Tier 4	PA; ^ (CM)
<i>bexarotene oral capsule</i>	Tier 4	^ (CM)
<i>bicalutamide oral tablet</i>	Tier-1	^ (CM)
<b>BOSULIF ORAL TABLET 100 MG</b>	Tier 4	PA; ^ (CM); QL (120 TABLETS per 30 Days)
<b>BOSULIF ORAL TABLET 400 MG</b>	Tier 4	PA; ^ (CM); QL (30 TABLETS per 30 days)
<b>BOSULIF ORAL TABLET 500 MG</b>	Tier 4	PA; ^ (CM); QL (30 TABLETS per 30 Days)
<b>BRAFTOVI ORAL CAPSULE 75 MG</b>	Tier 4	PA; ^ (CM)
<b>BRUKINSA ORAL CAPSULE</b>	Tier 4	PA; ^ (CM)

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CABOMETYX ORAL TABLET	Tier 4	PA; ^ (CM)
CALQUENCE ORAL CAPSULE	Tier 4	PA; ^ (CM)
<i>capecitabine oral tablet 150 mg</i>	Tier-1	^ (CM); QL (84 TABLETS per 14 days)
<i>capecitabine oral tablet 500 mg</i>	Tier-1	^ (CM); QL (168 TABLETS per 14 days)
CAPRELSA ORAL TABLET 100 MG	Tier 4	PA; ^ (CM); QL (60 TABLETS per 30 Days)
CAPRELSA ORAL TABLET 300 MG	Tier 4	PA; ^ (CM); QL (30 TABLETS per 30 Days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier 4	PA; ^ (CM)
COPIKTRA ORAL CAPSULE	Tier 4	PA; ^ (CM)
COTELLIC ORAL TABLET	Tier 4	PA; ^ (CM)
<i>cyclophosphamide oral capsule</i>	Tier-2	^ (CM)
DAURISMO ORAL TABLET	Tier 4	PA; ^ (CM)
EMCYT ORAL CAPSULE	Tier 4	^ (CM)
ERIVEDGE ORAL CAPSULE	Tier 4	PA; ^ (CM)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 4	^ (CM); QL (30 Tablets per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 4	^ (CM); QL (90 Tablets per 30 days)
<i>etoposide oral capsule</i>	Tier 4	^ (CM)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	Tier 4	PA; ^ (CM); QL (30 tablets per 30 days)
<i>exemestane oral tablet</i>	Tier-1	^ (CM)
FARYDAK ORAL CAPSULE 10 MG, 20 MG	Tier 4	PA; ^ (CM)
<i>flutamide oral capsule</i>	Tier-1	^ (CM)
GILOTRIF ORAL TABLET	Tier 4	PA; ^ (CM)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier-3	^ (CM)
HYCAMTIN ORAL CAPSULE 0.25 MG	Tier 4	PA; ^ (CM); QL (15 CAPSULES per 21 Days)
HYCAMTIN ORAL CAPSULE 1 MG	Tier 4	PA; ^ (CM); QL (25 CAPSULES per 21 Days)
<i>hydroxyurea oral capsule</i>	Tier-1	^ (CM)
IBRANCE ORAL CAPSULE	Tier 4	PA; ^ (CM)
<b>IBRANCE ORAL TABLET</b>	Tier-2	PA; ^ (CM)

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ICLUSIG ORAL TABLET 15 MG	Tier 4	PA; ^ (CM); QL (60 EA per 30 Days)
ICLUSIG ORAL TABLET 45 MG	Tier 4	PA; ^ (CM); QL (30 EA per 30 Days)
IDHIFA ORAL TABLET	Tier 4	PA; ^ (CM); QL (30 Tablets per 30 days)
<i>imatinib mesylate oral tablet</i>	Tier-1	^ (CM)
IMBRUVICA ORAL CAPSULE	Tier 4	PA; ^ (CM)
IMBRUVICA ORAL TABLET	Tier 4	PA; ^ (CM)
INLYTA ORAL TABLET	Tier 4	PA; ^ (CM)
INQOVI ORAL TABLET	Tier 4	PA; ^ (CM)
INREBIC ORAL CAPSULE	Tier 4	PA; ^ (CM)
INTRON A INJECTION SOLUTION	Tier 4	
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier 4	
<b>IRESSA ORAL TABLET</b>	Tier-2	PA; ^ (CM)
JAKAFI ORAL TABLET	Tier 4	PA; ^ (CM)
KOSELUGO ORAL CAPSULE	Tier 4	PA; ^ (CM)
<i>lapatinib ditosylate oral tablet</i>	Tier 4	PA; ^ (CM); QL (6 EA per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4	PA; ^ (CM)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4	PA; ^ (CM)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4	PA; ^ (CM)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4	PA; ^ (CM)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4	PA; ^ (CM)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4	PA; ^ (CM)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4	PA; ^ (CM)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4	PA; ^ (CM)
<i>letrozole oral tablet</i>	Tier-1	^ (CM)
<i>leucovorin calcium oral tablet</i>	Tier-1	^ (CM)
LEUKERAN ORAL TABLET	Tier-3	^ (CM)

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<i>leuprolide acetate injection kit</i>	Tier-1	# (Lupron Depot and Lupron Depot-Ped are covered under the medical benefit)
LONSURF ORAL TABLET	Tier 4	PA; ^ (CM)
LORBRENA ORAL TABLET	Tier 4	PA; ^ (CM)
LYNPARZA ORAL TABLET	Tier 4	PA; ^ (CM)
<b>LYSODREN ORAL TABLET</b>	Tier-2	^ (CM)
MATULANE ORAL CAPSULE	Tier 4	^ (CM)
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier-1	
<i>megestrol acetate oral tablet</i>	Tier-1	^ (CM)
MEKINIST ORAL TABLET	Tier 4	PA; ^ (CM)
MEKTOVI ORAL TABLET	Tier 4	PA; ^ (CM)
<i>melphalan oral tablet</i>	Tier-2	^ (CM)
<i>mercaptopurine oral tablet</i>	Tier-1	
MESNEX ORAL TABLET	Tier 4	^ (CM)
<i>methotrexate oral tablet</i>	Tier-1	
MYLERAN ORAL TABLET	Tier 4	^ (CM)
NERLYNX ORAL TABLET	Tier 4	PA; ^ (CM)
NEXAVAR ORAL TABLET	Tier 4	PA; ^ (CM); QL (120 TABLETS per 30 Days)
<i>nilutamide oral tablet</i>	Tier 4	^ (CM)
NINLARO ORAL CAPSULE	Tier 4	PA; ^ (CM)
ODOMZO ORAL CAPSULE	Tier 4	PA; ^ (CM)
ORGOVYX ORAL TABLET	Tier 4	PA
PEMAZYRE ORAL TABLET	Tier 4	PA; ^ (CM)
PHESGO SUBCUTANEOUS SOLUTION	Medical Benefit	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 4	PA; ^ (CM)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 4	PA; ^ (CM)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 4	PA; ^ (CM)
POMALYST ORAL CAPSULE	Tier 4	PA; ^ (CM); Males Only
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
PURIXAN ORAL SUSPENSION	Tier-3	
QINLOCK ORAL TABLET	Tier 4	PA; ^ (CM)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
RETEVMO ORAL CAPSULE 40 MG	Tier 4	PA; ^ (CM); QL (180 capsules per 30 days)
RETEVMO ORAL CAPSULE 80 MG	Tier 4	PA; ^ (CM); QL (120 capsules per 30 days)
RIABNI INTRAVENOUS SOLUTION	Medical Benefit	PA
RITUXAN INTRAVENOUS SOLUTION	Medical Benefit	PA
ROZLYTREK ORAL CAPSULE	Tier 4	PA; ^ (CM)
RUBRACA ORAL TABLET	Tier 4	PA; ^ (CM); QL (120 EA per 30 days)
RUXIENCE INTRAVENOUS SOLUTION	Medical Benefit	PA
RYDAPT ORAL CAPSULE	Tier 4	PA; ^ (CM)
<b>SOLTAMOX ORAL SOLUTION</b>	Tier-2	^ (CM)
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier 4	PA; ^ (CM); QL (30 TABLETS per 30 Days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier 4	PA; ^ (CM); QL (60 TABLETS per 30 Days)
STIVARGA ORAL TABLET	Tier 4	PA; ^ (CM); QL (84 TABLETS per 28 Days)
SUTENT ORAL CAPSULE	Tier 4	PA; ^ (CM)
<b>TABLOID ORAL TABLET</b>	Tier-2	^ (CM)
TABRECTA ORAL TABLET	Tier 4	PA; ^ (CM)
TAFINLAR ORAL CAPSULE	Tier 4	PA; ^ (CM)
TAGRISSE ORAL TABLET 40 MG	Tier 4	PA; ^ (CM); QL (30 EA per 30 days)
TAGRISSE ORAL TABLET 80 MG	Tier 4	PA; ^ (CM)
TALZENNA ORAL CAPSULE	Tier 4	PA; ^ (CM)
<i>tamoxifen citrate oral tablet</i>	Tier-1	^ (CM)
TASIGNA ORAL CAPSULE	Tier 4	PA; ^ (CM)
TAZVERIK ORAL TABLET	Tier 4	PA; ^ (CM)
<i>temozolomide oral capsule</i>	Tier-2	^ (CM)
TIBSOVO ORAL TABLET	Tier 4	PA; ^ (CM)
<i>toremifene citrate oral tablet</i>	Tier-2	^ (CM)
<i>tretinoin oral capsule</i>	Tier 4	^ (CM)
<b>TREXALL ORAL TABLET</b>	Tier-2	
TRUXIMA INTRAVENOUS SOLUTION	Medical Benefit	PA
TUKYSA ORAL TABLET	Tier 4	PA; ^ (CM)
TURALIO ORAL CAPSULE	Tier 4	PA; ^ (CM)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
VENCLEXTA ORAL TABLET	Tier 4	PA; ^ (CM)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier 4	PA; ^ (CM)
VERZENIO ORAL TABLET	Tier 4	PA; ^ (CM)
VITRAKVI ORAL CAPSULE	Tier 4	PA; ^ (CM)
VITRAKVI ORAL SOLUTION	Tier 4	PA; ^ (CM)
VIZIMPRO ORAL TABLET	Tier 4	PA; ^ (CM)
VOTRIENT ORAL TABLET	Tier 4	PA; ^ (CM); QL (120 TABLETS per 30 Days)
XALKORI ORAL CAPSULE	Tier 4	PA; ^ (CM)
XATMEP ORAL SOLUTION	Tier-3	PA; ^ (CM)
XOSPATA ORAL TABLET	Tier 4	PA; ^ (CM)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4	PA; ^ (CM)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4	PA; ^ (CM)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4	PA; ^ (CM)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4	PA; ^ (CM)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4	PA; ^ (CM)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4	PA; ^ (CM)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4	PA; ^ (CM)
XTANDI ORAL CAPSULE	Tier 4	PA; ^ (CM); QL (120 CAPSULES per 30 Days)
ZEJULA ORAL CAPSULE	Tier 4	PA; ^ (CM)
ZELBORAF ORAL TABLET	Tier 4	PA; ^ (CM)
ZOLINZA ORAL CAPSULE	Tier 4	PA; ^ (CM)
ZYDELIG ORAL TABLET	Tier 4	PA; ^ (CM)
ZYKADIA ORAL TABLET	Tier 4	PA
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS*</b>		
<i>amantadine hcl oral capsule</i>	Tier-1	
<i>amantadine hcl oral syrup</i>	Tier-1	
<i>amantadine hcl oral tablet</i>	Tier-1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier-2	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg</i>	Tier-1	^ (LCG)
<i>benztropine mesylate oral tablet 2 mg</i>	Tier-1	
<i>bromocriptine mesylate oral capsule</i>	Tier-1	
<i>bromocriptine mesylate oral tablet</i>	Tier-1	
<i>carbidopa oral tablet</i>	Tier-1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier-1	
<i>carbidopa-levodopa oral tablet</i>	Tier-1	
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier-1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	Tier-2	
<b>DUOPA ENTERAL SUSPENSION</b>	Tier-2	
<i>entacapone oral tablet</i>	Tier-1	
<b>INBRIJA INHALATION CAPSULE</b>	Tier-3	PA
<b>NEUPRO TRANSDERMAL PATCH 24 HOUR</b>	Tier-3	QL (30 PATCHES per 30 Days)
<b>NOURIANZ ORAL TABLET</b>	Tier-3	PA; QL (30 tablets per 30 days)
<b>ONGENTYS ORAL CAPSULE</b>	Tier-3	PA; QL (30 EA per 30 days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	Tier-2	
<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 tablet</i>	Tier-1	
<b>XADAGO ORAL TABLET</b>	Tier-3	PA
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>		
<b>ABILIFY MYCITE ORAL TABLET</b>	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-1	STPA; QL (90 EA per 90 days)
<i>aripiprazole oral tablet dispersible</i>	Tier-2	STPA; QL (180 EA per 90 days)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CAPLYTA ORAL CAPSULE	Tier-3	STPA; QL (30 capsules per 30 days)
<i>chlorpromazine hcl oral tablet</i>	Tier-2	
<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-2	
<i>haloperidol lactate oral concentrate</i>	Tier-1	
<i>haloperidol oral tablet</i>	Tier-1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier-3	STPA; QL (90 EA per 90 days)
LATUDA ORAL TABLET 80 MG	Tier-3	STPA; QL (180 EA per 90 days)
<i>lithium carbonate er oral tablet extended release</i>	Tier-1	
<i>lithium carbonate oral capsule</i>	Tier-1	^ (LCG)
<i>lithium carbonate oral tablet</i>	Tier-1	
<i>lithium oral solution</i>	Tier-2	
<i>loxapine succinate oral capsule</i>	Tier-1	
NUPLAZID ORAL CAPSULE	Tier 4	PA; QL (30 capsules per 30 days)
NUPLAZID ORAL TABLET 10 MG	Tier 4	PA; QL (60 tablets per 30 days)
<i>olanzapine oral tablet</i>	Tier-1	
<i>olanzapine oral tablet dispersible</i>	Tier-1	STPA
<i>paliperidone er oral tablet extended release 24 hour</i>	Tier-2	STPA
<i>perphenazine oral tablet</i>	Tier-1	
<i>prochlorperazine maleate oral tablet</i>	Tier-1	^ (LCG)
<i>prochlorperazine rectal suppository</i>	Tier-1	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	Tier-2	STPA
<i>quetiapine fumarate oral tablet</i>	Tier-1	
REXULTI ORAL TABLET	Tier-3	STPA; QL (1 tablet per 1 day)
<i>risperidone oral solution</i>	Tier-1	
<i>risperidone oral tablet</i>	Tier-1	
<i>risperidone oral tablet dispersible</i>	Tier-1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
SECUADO TRANSDERMAL PATCH 24 HOUR	Tier-3	STPA
<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	
<b>*ANTIVIRALS*</b>		
<i>abacavir sulfate oral solution</i>	Tier-2	
<i>abacavir sulfate oral tablet</i>	Tier-1	
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier-2	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	Tier-1	
<i>acyclovir oral capsule</i>	Tier-1	^ (LCG)
<i>acyclovir oral suspension</i>	Tier-2	
<i>acyclovir oral tablet</i>	Tier-1	^ (LCG)
<i>adefovir dipivoxil oral tablet</i>	Tier-1	
<b>APTIVUS ORAL CAPSULE</b>	Tier-2	
<b>APTIVUS ORAL SOLUTION</b>	Tier-2	
<i>atazanavir sulfate oral capsule</i>	Tier-2	
<b>BARACLUDE ORAL SOLUTION</b>	Tier-2	
<b>BIKTARVY ORAL TABLET</b>	Tier-2	
<b>CIMDUO ORAL TABLET</b>	Tier-2	
<b>COMPLERA ORAL TABLET</b>	Tier-2	
<b>CRIXIVAN ORAL CAPSULE 400 MG</b>	Tier-2	
<b>DELSTRIGO ORAL TABLET</b>	Tier-2	
<b>DESCOVY ORAL TABLET</b>	Tier-2	PA; ^ (ACA)
<b>DOVATO ORAL TABLET</b>	Tier-2	
<b>EDURANT ORAL TABLET</b>	Tier-2	
<i>efavirenz oral capsule</i>	Tier-2	
<i>efavirenz oral tablet</i>	Tier-2	
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	Tier-2	
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Tier-2	
<i>emtricitabine oral capsule</i>	Tier-2	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>emtricitabine-tenofovir df oral tablet</i>	Tier-2	^ (ACA)
<b>EMTRIVA ORAL SOLUTION</b>	Tier-2	
<i>entecavir oral tablet</i>	Tier-2	
EPCLUSA ORAL TABLET 200-50 MG	Tier 4	PA; QL (30 EA per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	Tier 4	PA; ¥ (Generic formulations are non-covered)
<b>EPIVIR HBV ORAL SOLUTION</b>	Tier-2	
<b>EVOTAZ ORAL TABLET</b>	Tier-2	
<i>famciclovir oral tablet</i>	Tier-1	
<i>fosamprenavir calcium oral tablet</i>	Tier-2	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 4	
<b>GENVOYA ORAL TABLET</b>	Tier-2	
HARVONI ORAL PACKET	Tier 4	PA; ¥ (Generic formulations are non-covered)
HARVONI ORAL TABLET	Tier 4	PA; ¥ (Generic formulations are non-covered)
<b>INTELENCE ORAL TABLET</b>	Tier-2	
<b>INVIRASE ORAL TABLET</b>	Tier-2	
<b>ISENTRESS HD ORAL TABLET</b>	Tier-2	QL (60 EA per 30 days)
<b>ISENTRESS ORAL PACKET</b>	Tier-2	QL (60 EA per 30 days)
<b>ISENTRESS ORAL TABLET</b>	Tier-2	QL (120 EA per 30 days)
<b>ISENTRESS ORAL TABLET CHEWABLE 100 MG</b>	Tier-2	QL (180 EA per 30 days)
<b>ISENTRESS ORAL TABLET CHEWABLE 25 MG</b>	Tier-2	QL (720 EA per 30 days)
<b>JULUCA ORAL TABLET</b>	Tier-2	
<b>KALETRA ORAL TABLET</b>	Tier-2	
<i>lamivudine oral solution</i>	Tier-1	
<i>lamivudine oral tablet</i>	Tier-1	
<i>lamivudine-zidovudine oral tablet</i>	Tier-1	
<b>LEXIVA ORAL SUSPENSION</b>	Tier-2	
<i>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	
<b>NORVIR ORAL PACKET</b>	Tier-2	

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<b>NORVIR ORAL SOLUTION</b>	Tier-2	
<b>ODEFSEY ORAL TABLET</b>	Tier-2	
<i>oseltamivir phosphate oral capsule</i>	Tier-2	QL (10 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier-2	¥ (2 fills per 365 days); QL (180 ML per 1 Fill)
<b>PEGASYS SUBCUTANEOUS SOLUTION</b>	Tier 4	QL (4 VIALS per 28 Days)
<b>PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML</b>	Tier 4	QL (4 EA per 28 days)
<b>PIFELTRO ORAL TABLET</b>	Tier-2	
<b>PREVYMIS INTRAVENOUS SOLUTION</b>	Medical Benefit	PA
<b>PREVYMIS ORAL TABLET</b>	Tier 4	PA
<b>PREZCOBIX ORAL TABLET</b>	Tier-2	
<b>PREZISTA ORAL SUSPENSION</b>	Tier-2	
<b>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</b>	Tier-2	
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier-2	QL (20 UNITS per 365 Days)
<b>REYATAZ ORAL PACKET</b>	Tier-2	
<i>ribavirin oral capsule</i>	Tier-1	QL (7 EA per 1 day)
<i>ribavirin oral tablet 200 mg</i>	Tier-1	QL (7 EA per 1 day)
<i>rimantadine hcl oral tablet</i>	Tier-1	
<i>ritonavir oral tablet</i>	Tier-2	
<i>rukobia oral tablet extended release 12 hour</i>	Tier-2	
<b>SELZENTRY ORAL SOLUTION</b>	Tier-2	QL (1800 ML per 30 days)
<b>SELZENTRY ORAL TABLET 150 MG</b>	Tier-2	QL (60 TABLETS per 30 Days)
<b>SELZENTRY ORAL TABLET 25 MG</b>	Tier-2	QL (120 TABLETS per 30 days)
<b>SELZENTRY ORAL TABLET 300 MG</b>	Tier-2	QL (120 TABLETS per 30 Days)
<b>SELZENTRY ORAL TABLET 75 MG</b>	Tier-2	QL (60 TABLETS per 30 days)
<i>stavudine oral capsule</i>	Tier-1	
<b>STRIBILD ORAL TABLET</b>	Tier-2	
<b>SYMTUZA ORAL TABLET</b>	Tier-2	
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier-2	
<b>TIVICAY ORAL TABLET</b>	Tier-2	
<b>TIVICAY PD ORAL TABLET SOLUBLE</b>	Tier-2	
<b>TRIUMEQ ORAL TABLET</b>	Tier-2	
<b>TYBOST ORAL TABLET</b>	Tier-2	

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

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>propranolol hcl oral tablet</i>	Tier-1	^ (LCG)
<i>sotalol hcl oral tablet</i>	Tier-1	
SOTYLIZE ORAL SOLUTION	Tier-3	
<i>timolol maleate oral tablet</i>	Tier-1	
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<i>amlodipine besylate oral tablet</i>	Tier-1	^ (LCG)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier-1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	Tier-1	
<i>diltiazem hcl oral tablet</i>	Tier-1	
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier-1	
<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	
<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	
NYMALIZE ORAL SOLUTION 6 MG/ML	Tier-3	
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	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>verapamil hcl oral tablet</i>	Tier-1	
<b>*CARDIOTONICS*</b>		
<i>digoxin oral solution</i>	Tier-1	
<i>digoxin oral tablet</i>	Tier-1	
LANOXIN ORAL TABLET 62.5 MCG	Tier-3	
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
ADEMPAS ORAL TABLET	Tier 4	PA
<i>ambriesentan oral tablet</i>	Tier 4	PA
<i>amlodipine-atorvastatin oral tablet</i>	Tier-2	
<b>BIDIL ORAL TABLET</b>	Tier-2	
<i>bosentan oral tablet</i>	Tier 4	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG	Tier-3	
<b>CORLANOR ORAL TABLET</b>	Tier-2	
EDEX INTRACAVERNOSAL KIT	Tier-3	
<b>ENTRESTO ORAL TABLET</b>	Tier-2	
<i>epoprostenol sodium intravenous solution reconstituted</i>	Medical Benefit	PA; SI
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
MUSE URETHRAL PELLET	Tier-3	
OPSUMIT ORAL TABLET	Tier 4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE	Tier 4	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	Medical Benefit	PA; SI
<i>sildenafil citrate oral suspension reconstituted</i>	Tier-1	PA
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier-2	QL (4 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	Tier-1	PA
<i>tadalafil (pah) oral tablet</i>	Tier 4	PA
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg</i>	Tier-3	QL (4 Tablets per 30 days)
<i>tadalafil oral tablet 5 mg</i>	Tier-3	PA; ¥ (PA only applies for diagnosis of Symptomatic Benign Prostatic Hyperplasia (BPH).); QL (30 Tablets per 30 days)
TRACLEER ORAL TABLET SOLUBLE	Tier 4	PA

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TYVASO INHALATION SOLUTION	Medical Benefit	PA; SI
TYVASO REFILL INHALATION SOLUTION	Medical Benefit	PA; SI
TYVASO STARTER INHALATION SOLUTION	Medical Benefit	PA; SI
UPTRAVI ORAL TABLET	Tier 4	PA
UPTRAVI ORAL TABLET THERAPY PACK	Tier 4	PA
<i>vardenafil 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
VYNDAMAX ORAL CAPSULE	Tier 4	PA; QL (30 capsules per 30 days)
VYNDAQEL ORAL CAPSULE	Tier 4	PA; QL (120 capsules per 30 days)
<b>*CEPHALOSPORINS*</b>		
<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	^ (LCG)
<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>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>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-2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	Tier-3	
SUPRAX ORAL TABLET CHEWABLE	Tier-3	

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Drug	Status	Notes
<b>*CONTRACEPTIVES*</b>		
AMETHIA ORAL TABLET	Tier-1	^ (WH)
AMETHYST ORAL TABLET	Tier-1	^ (WH)
ANNOVERA VAGINAL RING	Tier-3	^ (WH); QL (1 Ring per 1 Year)
APRI ORAL TABLET	Tier-1	^ (WH)
ARANELLE ORAL TABLET	Tier-1	^ (WH)
AVIANE ORAL TABLET	Tier-1	^ (WH)
AZURETTE ORAL TABLET	Tier-1	^ (WH)
BALCOLTRA ORAL TABLET	Tier-3	^ (WH)
BALZIVA ORAL TABLET	Tier-1	^ (WH)
BEYAZ ORAL TABLET	Tier-3	PA; ^ (WH)
CAMILA ORAL TABLET	Tier-1	^ (WH)
CAMRESE LO ORAL TABLET	Tier-1	^ (WH)
CAMRESE ORAL TABLET	Tier-1	^ (WH)
CRYSSELLE-28 ORAL TABLET	Tier-1	^ (WH)
CYCLAFEM 1/35 ORAL TABLET	Tier-1	^ (WH)
CYCLAFEM 7/7/7 ORAL TABLET	Tier-1	^ (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)
ELURYNG VAGINAL RING	Tier-1	
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)
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier-1	
FAYOSIM ORAL TABLET	Tier-1	^ (WH)
GENERESS FE ORAL TABLET CHEWABLE	Tier-3	PA; ^ (WH)
JOLESSA ORAL TABLET	Tier-1	^ (WH)
JUNEL 1.5/30 ORAL TABLET	Tier-1	^ (WH)
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)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
KELNOR 1/50 ORAL TABLET	Tier-1	^ (WH)
LESSINA ORAL TABLET	Tier-1	^ (WH)
LEVORA 0.15/30 (28) ORAL TABLET	Tier-1	^ (WH)
<b>LO LOESTRIN FE ORAL TABLET</b>	Tier-2	^ (WH)
LOESTRIN 1.5/30 (21) ORAL TABLET	Tier-3	PA; ^ (WH)
LOESTRIN 1/20 (21) 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)
<b>NATAZIA ORAL TABLET</b>	Tier-2	^ (WH)
NECON 0.5/35 (28) ORAL TABLET	Tier-3	^ (WH)
NECON 1/35 (28) ORAL TABLET	Tier-1	^ (WH)
NORA-BE ORAL TABLET	Tier-1	^ (WH)
<i>norethin ace-eth estrad-fe oral capsule</i>	Tier-1	^ (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)
NORTREL 1/35 (21) ORAL TABLET	Tier-1	^ (WH)
NORTREL 1/35 (28) ORAL TABLET	Tier-1	^ (WH)
NORTREL 7/7/7 ORAL TABLET	Tier-1	^ (WH)
NUVARING VAGINAL RING	Tier-3	PA; ^ (WH)
OCELLA ORAL TABLET	Tier-1	^ (WH)
ORSYTHIA ORAL TABLET	Tier-1	^ (WH)
ORTHO MICRONOR ORAL TABLET	Tier-3	PA; ^ (WH)
ORTHO TRI-CYCLEN LO ORAL TABLET	Tier-3	PA; ^ (WH)
PLAN B ONE-STEP ORAL TABLET	Tier-3	^ (WH)
PORTIA-28 ORAL TABLET	Tier-1	^ (WH)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PREVIFEM ORAL TABLET	Tier-1	^ (WH)
QUARTETTE ORAL TABLET	Tier-3	PA; ^ (WH)
RECLIPSEN ORAL TABLET	Tier-1	^ (WH)
SAFYRAL ORAL TABLET	Tier-3	PA; ^ (WH)
SEASONIQUE ORAL TABLET	Tier-3	PA; ^ (WH)
SLYND ORAL TABLET	Tier-3	^ (WH)
SPRINTEC 28 ORAL TABLET	Tier-1	^ (WH)
TAYTULLA ORAL CAPSULE	Tier-3	PA; ^ (WH)
TILIA FE ORAL TABLET	Tier-1	^ (WH)
TRI-ESTARYLLA ORAL TABLET	Tier-1	^ (WH)
TRI-LEGEST FE ORAL TABLET	Tier-1	^ (WH)
TRINESSA (28) ORAL TABLET	Tier-1	^ (WH)
TRI-PREVIFEM ORAL TABLET	Tier-1	^ (WH)
TRI-SPRINTEC ORAL TABLET	Tier-1	^ (WH)
TRIVORA (28) ORAL TABLET	Tier-1	^ (WH)
TWIRLA TRANSDERMAL PATCH WEEKLY	Tier-3	^ (WH)
VELIVET ORAL TABLET	Tier-1	^ (WH)
WYMZYA FE ORAL TABLET CHEWABLE	Tier-1	^ (WH)
YASMIN 28 ORAL TABLET	Tier-3	PA; ^ (WH)
YAZ ORAL TABLET	Tier-3	PA; ^ (WH)
ZOVIA 1/35E (28) ORAL TABLET	Tier-1	^ (WH)
<b>*CORTICOSTEROIDS*</b>		
<i>budesonide er oral tablet extended release 24 hour</i>	Tier-2	
<i>dexamethasone oral elixir</i>	Tier-1	
<i>dexamethasone oral tablet</i>	Tier-1	
<i>dexamethasone oral tablet therapy pack</i>	Tier-1	
EMFLAZA ORAL SUSPENSION	Tier 4	PA; QL (26 ML per 30 days)
EMFLAZA ORAL TABLET	Tier 4	PA; QL (30 tablets per 30 days)
<i>fludrocortisone acetate oral tablet</i>	Tier-1	
<i>hydrocortisone oral tablet</i>	Tier-1	
MEDROL ORAL TABLET 2 MG	Tier-3	
<i>methylprednisolone oral tablet</i>	Tier-1	
MILLIPRED ORAL TABLET	Tier-3	
<i>prednisolone oral syrup 15 mg/5ml</i>	Tier-1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml</i>	Tier-1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	Tier-2	
<b>PREDNISONO INTENSOL ORAL CONCENTRATE</b>	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	
<b>*COUGH/COLD/ALLERGY*</b>		
<i>acetylcysteine inhalation solution</i>	Tier-1	
<i>benzonatate oral capsule 100 mg</i>	Tier-1	^ (LCG)
<i>benzonatate oral capsule 150 mg, 200 mg</i>	Tier-1	
<i>coditussin ac oral liquid</i>	Tier-1	QL (60 ML per 1 day)
<i>coditussin dac oral liquid</i>	Tier-1	QL (40 ML per 1 day)
<i>guaiaatussin ac oral syrup</i>	Tier-1	
<i>guaifenesin ac oral syrup</i>	Tier-1	
<i>guaifenesin-codeine oral solution</i>	Tier-1	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	Tier-1	QL (10 ML per 1 day)
<i>hydrocodone-homatropine oral syrup</i>	Tier-1	
<i>hydrocodone-homatropine oral tablet</i>	Tier-1	
<i>hydromet oral syrup</i>	Tier-1	QL (30 ML per 1 day)
<b>MAR-COF CG EXPECTORANT ORAL LIQUID</b>	Tier-1	QL (45 ML per 1 day)
<i>promethazine vc/codeine oral syrup</i>	Tier-1	QL (30 ML per 1 day)
<i>promethazine-codeine oral solution</i>	Tier-1	QL (30 ML per 1 day)
<i>promethazine-dm oral syrup</i>	Tier-1	^ (LCG)
<b>SSKI ORAL SOLUTION</b>	Tier-3	
<b>TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG</b>	Tier-3	QL (2 capsules per 1 day)
<b>TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE</b>	Tier-3	QL (20 ML per 1 day)
<i>virtussin dac oral solution</i>	Tier-1	QL (40 ML per 1 day)
<b>*DERMATOLOGICALS*</b>		
<i>acitretin oral capsule</i>	Tier-1	
<i>acyclovir external cream</i>	Tier-2	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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-benzoyl peroxide external gel</i>	Tier-2	
<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	
AVITA EXTERNAL CREAM	Tier-1	PA
AVITA EXTERNAL GEL	Tier-1	PA
<i>azelaic acid external gel</i>	Tier-2	
<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-2	
<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

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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	
<i>bimatoprost external solution</i>	Tier-2	STPA
BIONECT EXTERNAL CREAM	Tier-3	
BIONECT EXTERNAL GEL	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
<i>ciclopirox external gel</i>	Tier-1	
<i>ciclopirox external shampoo</i>	Tier-2	
<i>ciclopirox external solution</i>	Tier-1	QL (1 BOTTLE per 30 Days)
<i>ciclopirox olamine external cream</i>	Tier-1	
<i>ciclopirox olamine external suspension</i>	Tier-1	
CLARAVIS ORAL CAPSULE	Tier-3	
CLINDACIN-P EXTERNAL SWAB	Tier-3	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Tier-1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	Tier-3	
<i>clindamycin phosphate external foam</i>	Tier-3	
<i>clindamycin phosphate external gel</i>	Tier-2	
<i>clindamycin phosphate external lotion</i>	Tier-2	
<i>clindamycin phosphate external solution</i>	Tier-1	
<i>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

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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>clotrimazole-betamethasone external cream</i>	Tier-1	
<i>clotrimazole-betamethasone external lotion</i>	Tier-2	
<b>CONDYLOX EXTERNAL GEL</b>	Tier-3	
<b>CORDRAN EXTERNAL TAPE</b>	Tier-3	PA
<b>COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	PA; QL (2 Syringes per 28 days)
<b>COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR</b>	Tier 4	PA; QL (2 Syringes per 28 days)
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML</b>	Tier 4	PA; QL (1 Syringe per 28 days)
<b>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	PA; QL (1 Syringe per 28 days)
<b>CROTAN EXTERNAL LOTION</b>	Tier-2	
<i>dapsone external gel 5 %</i>	Tier-2	
<i>dapsone external gel 7.5 %</i>	Tier-3	
<b>DENAVIR EXTERNAL CREAM</b>	Tier-3	PA
<i>desonide external cream</i>	Tier-2	PA
<i>desonide external gel</i>	Tier-2	
<i>desonide external lotion</i>	Tier-2	PA
<i>desonide external ointment</i>	Tier-2	
<i>desoximetasone external cream</i>	Tier-2	PA
<i>desoximetasone external gel</i>	Tier-2	PA
<i>desoximetasone external ointment</i>	Tier-2	PA
<b>DIFFERIN GEL 0.1 % EXTERNAL (OTC)</b>	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)
<b>DRYSOL EXTERNAL SOLUTION</b>	Tier-1	
<b>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 4	PA; QL (2 pens per 28 days)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier 4	PA; QL (2 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Tier 4	PA; QL (4 ML per 28 days)
<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-2	
<i>erythromycin external solution</i>	Tier-1	
EUCRISA EXTERNAL OINTMENT	Tier-3	PA
EXELDERM EXTERNAL CREAM	Tier-3	
EXELDERM EXTERNAL SOLUTION	Tier-3	
FABIOR EXTERNAL FOAM	Tier-3	PA
<b>FINACEA EXTERNAL FOAM</b>	Tier-2	
<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-3	
<i>fluorouracil external cream 0.5 %</i>	Tier-3	
<i>fluorouracil external cream 5 %</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	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>gentamicin sulfate external ointment</i>	Tier-1	
<i>halcinonide external cream</i>	Tier-2	PA
<i>halobetasol propionate external cream</i>	Tier-2	
<i>halobetasol propionate external ointment</i>	Tier-2	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	PA
<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
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
<i>imiquimod external cream 5 %</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	
<i>lidocaine external ointment 5 %</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 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 7-7 %</i>	Tier-3	QL (1 tube per 1 Fill)
<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	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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	¥ (*This product is a lotion); ^ (LCG)
<i>mupirocin calcium external cream</i>	Tier-2	
<i>mupirocin external ointment</i>	Tier-1	
<i>naftifine hcl external cream</i>	Tier-2	
<i>naftifine hcl external gel</i>	Tier-2	
NAFTIN EXTERNAL GEL 2 %	Tier-3	
NATROBA EXTERNAL SUSPENSION	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	
<i>oxiconazole nitrate external cream</i>	Tier-2	
<b>OXISTAT EXTERNAL LOTION</b>	Tier-2	
PANDEL EXTERNAL CREAM	Tier-3	PA
PANRETIN EXTERNAL GEL	Tier-3	
<i>permethrin external cream</i>	Tier-1	
PICATO EXTERNAL GEL 0.015 %	Tier-3	QL (1 CARTON per 3 Days)
PICATO EXTERNAL GEL 0.05 %	Tier-3	QL (1 CARTON per 2 Days)
<i>pimecrolimus external cream</i>	Tier-2	STPA
<i>podofilox external solution</i>	Tier-1	
<b>PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID</b>	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)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>REGRANEX EXTERNAL GEL</b>	Tier-2	
ROSADAN EXTERNAL CREAM	Tier-1	
ROSADAN EXTERNAL GEL	Tier-1	
<i>salicylic acid external foam</i>	Tier-3	
SANTYL EXTERNAL OINTMENT	Tier-3	
SCENESSE SUBCUTANEOUS IMPLANT	Medical Benefit	PA
<i>selenium sulfide external lotion</i>	Tier-1	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (2 Syringes per 28 days)
<i>silver sulfadiazine external cream</i>	Tier-1	
SILVRSTAT WOUND DRESSING EXTERNAL GEL	Tier-3	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 4	PA; QL (2 syringes per 84 days)
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 4	PA; QL (1 Syringe per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 4	PA; ¥ (1 injection every 54 days for Crohn's Disease); QL (1 Syringe per 84 days)
SULFAMYLON EXTERNAL CREAM	Tier-3	
<i>tacrolimus external ointment</i>	Tier-2	STPA
TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Tier 4	PA; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)
TARGRETIN EXTERNAL GEL	Tier 4	
<i>tazarotene external cream</i>	Tier-2	PA; ¥ (PA applies to members 26 and older)
<b>TAZORAC EXTERNAL CREAM 0.05 %</b>	Tier-2	PA
<b>TAZORAC EXTERNAL GEL</b>	Tier-2	PA
TEXACORT EXTERNAL SOLUTION	Tier-3	PA
THERMAZENE EXTERNAL CREAM	Tier-1	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA; QL (1 Pen per 54 days)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (1 Syringes per 54 days)
<i>tretinoin external cream</i>	Tier-2	PA
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Tier-1	PA
<i>tretinoin external gel 0.05 %</i>	Tier-3	PA
<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 0.025 %, 0.1 %, 0.5 %</i>	Tier-1	
<i>urea external cream 39 %, 40 %, 45 %</i>	Tier-2	
VALCHLOR EXTERNAL GEL	Tier 4	PA
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)
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>ONETOUCH ULTRA IN VITRO STRIP</b>	Tier-2	
<b>ONETOUCH VERIO IN VITRO STRIP</b>	Tier-2	
<b>*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS*</b>		
<i>l-methylfolate oral tablet</i>	Tier-3	
<b>*DIGESTIVE AIDS*</b>		
<b>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES</b>	Tier-2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT	Tier-3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
SUCRAID ORAL SOLUTION	Tier-3	
VIKACE ORAL TABLET	Tier-3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Tier-3	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>*DIURETICS*</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier-1	
<i>acetazolamide oral tablet</i>	Tier-1	
<i>amiloride hcl oral tablet</i>	Tier-1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>bumetanide oral tablet</i>	Tier-1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier-1	
DIURIL ORAL SUSPENSION	Tier-3	
<i>ethacrynic acid oral tablet</i>	Tier-3	
<i>furosemide oral solution 10 mg/ml</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>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 37.5-25 mg</i>	Tier-1	^ (LCG)
<i>triamterene-hctz oral tablet</i>	Tier-1	^ (LCG)
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
ACTHAR INJECTION GEL	Tier 4	PA
ALDURAZYME INTRAVENOUS SOLUTION	Medical Benefit	SI
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</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	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>CARBAGLU ORAL TABLET</b>	Tier-2	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Tier 4	PA
<i>chorionic gonadotropin intramuscular solution reconstituted</i>	Coinsurance	
<i>cinacalcet hcl oral tablet</i>	Tier-2	
<i>clomiphene citrate oral tablet</i>	Tier-1	
CRYSVITA SUBCUTANEOUS SOLUTION	Medical Benefit	PA
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	
ELAPRASE INTRAVENOUS SOLUTION	Medical Benefit	SI
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
FOLLISTIM AQ SUBCUTANEOUS SOLUTION	Coinsurance	PA
GALAFOLD ORAL CAPSULE	Tier 4	PA
GONAL-F INJECTION SOLUTION RECONSTITUTED	Coinsurance	PA
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED	Coinsurance	PA
<i>ibandronate sodium oral tablet</i>	Tier-1	
INCRELEX SUBCUTANEOUS SOLUTION	Tier 4	PA
ISTURISA ORAL TABLET	Tier-3	PA
JYNARQUE ORAL TABLET	Tier 4	
JYNARQUE ORAL TABLET THERAPY PACK	Tier 4	
KANUMA INTRAVENOUS SOLUTION	Medical Benefit	PA; SI
<i>levocarnitine oral solution</i>	Tier-1	
<i>levocarnitine oral tablet</i>	Tier-1	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	SI
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED	Coinsurance	PA
<b>MIACALCIN INJECTION SOLUTION</b>	Tier-2	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; QL (30 Injections per 30 days)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	Tier 4	PA
NAGLAZYME INTRAVENOUS SOLUTION	Medical Benefit	SI
NATPARA SUBCUTANEOUS CARTRIDGE	Tier 4	QL (2 Cartridges per 28 days)
<i>nitisinone oral capsule</i>	Tier 4	
NITYR ORAL TABLET	Tier 4	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA; ¥ (Coverage applies to all Norditropin products including Norditropin Flexpro and Norditropin Nordiflex.)
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	Coinsurance	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier-2	¥ (Covered under the Prescription Drug Benefit when self-administered); ^ (CM)
ORFADIN ORAL CAPSULE 20 MG	Tier 4	
ORFADIN ORAL SUSPENSION	Tier 4	
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	Coinsurance	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	Tier 4	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier 4	PA; QL (1 syringe per 1 day)
<i>paricalcitol oral capsule</i>	Tier-1	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	Coinsurance	PA
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
<i>raloxifene hcl oral tablet</i>	Tier-1	^ (ACA)
RAVICTI ORAL LIQUID	Tier 4	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	Tier-2	
<i>risedronate sodium oral tablet delayed release</i>	Tier-2	
<i>sapropterin dihydrochloride oral packet</i>	Tier 4	PA
<i>sapropterin dihydrochloride oral tablet</i>	Tier 4	PA

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Tier 4	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 30 MG	Medical Benefit	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (60 Ampules per 30 Days)
<i>sodium phenylbutyrate oral tablet</i>	Tier-2	
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 4	PA
STIMATE NASAL SOLUTION	Tier-3	
<b>STRENSIQ SUBCUTANEOUS SOLUTION</b>	Tier-2	PA; QL (24 Vials per 28 days)
SYNAREL NASAL SOLUTION	Tier-3	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	Tier 4	PA
<i>tolvaptan oral tablet</i>	Tier-2	QL (14 EA per 7 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
VIMIZIM INTRAVENOUS SOLUTION	Medical Benefit	PA; SI
XGEVA SUBCUTANEOUS SOLUTION	Medical Benefit	PA
<b>XURIDEN ORAL PACKET</b>	Tier-2	QL (120 Packets per 30 days)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 4	PA
<b>*ESTROGENS*</b>		
ALORA TRANSDERMAL PATCH TWICE WEEKLY	Tier-3	
ANGELIQ ORAL TABLET	Tier-3	
<b>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</b>	Tier-2	
<b>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY</b>	Tier-2	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	Tier-3	
DIVIGEL TRANSDERMAL GEL	Tier-3	
<b>DUAVEE ORAL TABLET</b>	Tier-2	
ELESTRIN TRANSDERMAL GEL	Tier-3	
<i>estradiol oral tablet</i>	Tier-1	^ (LCG)
<i>estradiol transdermal patch twice weekly</i>	Tier-2	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>estradiol transdermal patch weekly</i>	Tier-1	
<i>estradiol-norethindrone acet oral tablet</i>	Tier-1	
ESTROGEL TRANSDERMAL GEL	Tier-3	
EVAMIST TRANSDERMAL SOLUTION	Tier-3	QL (1 Bottle per 1 Fill)
JINTELI ORAL TABLET	Tier-1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier-3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier-3	
MIMVEY ORAL TABLET	Tier-1	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Tier-1	
ORIAHNN ORAL CAPSULE THERAPY PACK	Tier-3	PA; QL (4 blister packs per 28 days)
<b>PREFEST ORAL TABLET</b>	Tier-2	
PREMARIN INJECTION SOLUTION RECONSTITUTED	Tier-3	
PREMARIN ORAL TABLET	Tier-3	
PREMPHASE ORAL TABLET	Tier-3	
<b>PREMPRO ORAL TABLET</b>	Tier-2	
<b>*FLUOROQUINOLONES*</b>		
BAXDELA ORAL TABLET	Tier-3	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	Tier-1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier-1	^ (LCG)
<i>levofloxacin oral solution</i>	Tier-1	
<i>levofloxacin oral tablet</i>	Tier-1	^ (LCG)
<i>moxifloxacin hcl oral tablet</i>	Tier-2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier-1	
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<i>alosetron hcl oral tablet</i>	Tier-2	
<b>AMITIZA ORAL CAPSULE</b>	Tier-2	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<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	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>CHOLBAM ORAL CAPSULE</b>	Tier-2	
CIMZIA PREFILLED SUBCUTANEOUS KIT	Tier 4	PA; QL (2 Injections per 28 Days)
CIMZIA STARTER KIT SUBCUTANEOUS KIT	Tier 4	PA; QL (2 Injections per 28 Days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 4	PA; QL (2 Injections per 28 days)
<i>cromolyn sodium oral concentrate</i>	Tier-1	
<b>DIPENTUM ORAL CAPSULE</b>	Tier-2	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>enulose oral solution</i>	Tier-1	
GATTEX SUBCUTANEOUS KIT	Tier 4	QL (30 Vials per 30 Days)
<i>generlac oral solution</i>	Tier-1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>lanthanum carbonate oral tablet chewable</i>	Tier-3	
<b>LINZESS ORAL CAPSULE</b>	Tier-2	QL (30 CAPSULES per 30 Days)
<i>mesalamine er oral capsule extended release 24 hour</i>	Tier-2	
<i>mesalamine oral capsule delayed release</i>	Tier-2	
<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)
<b>MOVANTI ORAL TABLET</b>	Tier-2	
OALIVA ORAL TABLET	Tier 4	PA; QL (30 Tablets per 30 days)
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE</b>	Tier-2	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>sevelamer carbonate oral packet 0.8 gm</i>	Tier-2	
<b>SFROWASA RECTAL ENEMA</b>	Tier-2	
STELARA INTRAVENOUS SOLUTION	Medical Benefit	PA
<i>sulfasalazine oral tablet</i>	Tier-1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>sulfasalazine oral tablet delayed release</i>	Tier-1	
<i>ursodiol oral capsule</i>	Tier-2	
<i>ursodiol oral tablet</i>	Tier-1	
<b>VIBERZI ORAL TABLET</b>	Tier-2	PA; QL (60 tablets per 30 days)
XERMELO ORAL TABLET	Tier 4	
<b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier-1	
CYSTAGON ORAL CAPSULE	Tier-3	
<i>dutasteride oral capsule</i>	Tier-1	
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier-1	
ELMIRON ORAL CAPSULE	Tier-3	
<i>finasteride oral tablet 5 mg</i>	Tier-1	
OXLUMO SUBCUTANEOUS SOLUTION	Medical Benefit	PA
<i>potassium citrate er oral tablet extended release</i>	Tier-2	
<i>tamsulosin hcl oral capsule</i>	Tier-1	^ (LCG)
THIOLA EC ORAL TABLET DELAYED RELEASE	Tier-3	
<b>*GOUT AGENTS*</b>		
<i>allopurinol oral tablet</i>	Tier-1	^ (LCG)
<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	
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
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

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Medical Benefit	PA; SI
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Medical Benefit	PA; SI
<i>anagrelide hcl oral capsule</i>	Tier-1	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier-2	
BENEFIX INTRAVENOUS KIT	Medical Benefit	PA; SI
BERINERT INTRAVENOUS KIT	Medical Benefit	SI
BRILINTA ORAL TABLET	Tier-3	
CABLIVI INJECTION KIT	Tier 4	
<i>cilostazol oral tablet</i>	Tier-1	^ (LCG)
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
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
GIVLAARI SUBCUTANEOUS SOLUTION	Medical Benefit	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 4	PA
HEMLIBRA SUBCUTANEOUS SOLUTION	Tier 4	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Medical Benefit	PA; SI
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Medical Benefit	PA; SI

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>icatibant acetate subcutaneous solution</i>	Tier 4	PA; QL (6 ML per 30 Fills)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Medical Benefit	PA; SI
JIVI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
KOGENATE FS INTRAVENOUS KIT	Medical Benefit	PA; SI
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 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
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
<i>rixubis intravenous solution reconstituted</i>	Medical Benefit	PA; SI
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	SI
TAKHZYRO SUBCUTANEOUS SOLUTION	Tier 4	PA
TAVALISSE ORAL TABLET	Tier-3	QL (60 tablets per 30 days)
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ULTOMIRIS INTRAVENOUS SOLUTION	Medical Benefit	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI
WILATE INTRAVENOUS KIT	Medical Benefit	PA; SI
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Medical Benefit	PA; SI
XYNTHA SOLOFUSE INTRAVENOUS KIT	Medical Benefit	PA; SI
ZONTIVITY ORAL TABLET	Tier-3	
<b>*HEMATOPOIETIC AGENTS*</b>		
ADAKVEO INTRAVENOUS SOLUTION	Medical Benefit	PA
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>	Tier-2	QL (4 ML per 30 days)
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML</b>	Tier-2	QL (4 ML per 30 days)
CERDELGA ORAL CAPSULE	Tier 4	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	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 4	PA
<b>DROXIA ORAL CAPSULE</b>	Tier-2	^ (CM)
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
ENDARI ORAL PACKET	Tier 4	PA
<b>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	Tier-2	QL (10 vials per 14 Days)
FERRALET 90 ORAL TABLET	Tier-3	
<i>folic acid oral tablet 1 mg</i>	Tier-1	^ (ACA)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (1 ML per 14 days)
FUSION PLUS ORAL CAPSULE	Tier-3	
GRANIX SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (10 vials per 14 days)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (10 Syringes per 14 days)
INTEGRA F ORAL CAPSULE	Tier-3	
INTEGRA PLUS ORAL CAPSULE	Tier-3	
IROSPAN 24/6 ORAL	Tier-3	
<i>miglustat oral capsule</i>	Tier-3	PA
<b>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE</b>	Tier-2	QL (2 ML per 28 days)
MULPLETA ORAL TABLET	Tier 4	PA
<b>NASCOBAL NASAL SOLUTION</b>	Tier-2	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (1 Syringe per 14 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 4	PA; QL (10 VIALS per 14 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (10 Syringes per 14 days)
NIVESTYM INJECTION SOLUTION	Tier 4	PA; QL (10 syringes per 14 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (10 syringes per 14 days)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (1 syringe per 14 days)
OXBRYTA ORAL TABLET	Tier 4	PA
<b>PROCRIT INJECTION SOLUTION</b>	Tier-2	QL (10 vials per 14 Days)
PROMACTA ORAL PACKET	Tier 4	QL (60 packets per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 75 MG	Tier 4	QL (30 TABLETS per 30 days)
PROMACTA ORAL TABLET 25 MG	Tier 4	QL (30 TABLETS per 30 Days)
PROMACTA ORAL TABLET 50 MG	Tier 4	QL (60 TABLETS per 30 days)
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<b>RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML</b>	Tier-2	QL (10 vials per 14 days)
<b>SIKLOS ORAL TABLET</b>	Tier-2	PA; ^ (CM)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (0.6 mL per 14 days)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier 4	QL (10 Syringes per 14 days)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (1 syringe per 14 days)
<b>*HEMOSTATICS*</b>		
<i>aminocaproic acid oral solution</i>	Tier-2	
<i>aminocaproic acid oral tablet</i>	Tier-2	
<i>tranexamic acid oral tablet</i>	Tier-1	QL (30 TABLETS per 28 Days)
<b>*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*</b>		
BELSOMRA ORAL TABLET	Tier-3	STPA; QL (10 EA per 30 days)
DAYVIGO ORAL TABLET	Tier-3	STPA; QL (10 EA per 30 days)
<i>estazolam oral tablet</i>	Tier-1	
<i>eszopiclone oral tablet</i>	Tier-1	QL (10 TABLETS per 30 days)
<i>flurazepam hcl oral capsule</i>	Tier-1	^ (LCG)
HETLIOZ ORAL CAPSULE	Tier 4	PA; QL (30 EA per 30 days)
<i>phenobarbital oral elixir</i>	Tier-1	
<i>phenobarbital oral tablet</i>	Tier-1	
<i>ramelteon oral tablet</i>	Tier-2	STPA; QL (10 tablets per 30 days)
<i>temazepam oral capsule</i>	Tier-1	
<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)
<b>*LAXATIVES*</b>		
CLENPIQ ORAL SOLUTION	Tier-3	^ (May be covered at no copayment for members age 50 through 74)
<i>constulose oral solution</i>	Tier-1	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	Tier-1	^ (May be covered at no copayment for members age 50 through 74)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	Tier-1	^ (May be covered at no copayment for members age 50 through 74)
<b>GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM</b>	Tier-2	^ (May be covered at no copayment for members age 50 through 74)
KRISTALOSE ORAL PACKET	Tier-3	
<i>lactulose oral solution</i>	Tier-1	
OSMOPREP ORAL TABLET	Tier-3	
<i>peg-3350/electrolytes/ascorbic acid oral solution reconstituted</i>	Tier-2	^ (ACA)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier-2	^ (ACA)
PLENVU ORAL SOLUTION RECONSTITUTED	Tier-3	^ (May be covered at no copayment for members age 50 through 74)
SUPREP BOWEL PREP KIT ORAL SOLUTION	Tier-3	^ (ACA)
<b>*MACROLIDES*</b>		
<i>azithromycin oral packet</i>	Tier-1	
<i>azithromycin oral suspension reconstituted</i>	Tier-1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier-1	
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier-1	
<i>clarithromycin oral suspension reconstituted</i>	Tier-2	
<i>clarithromycin oral tablet</i>	Tier-1	
DIFICID ORAL SUSPENSION RECONSTITUTED	Tier-3	PA
DIFICID ORAL TABLET	Tier-3	PA
E.E.S. 400 ORAL TABLET	Tier-1	
<b>ERYPED 200 ORAL SUSPENSION RECONSTITUTED</b>	Tier-2	
<b>ERY-TAB ORAL TABLET DELAYED RELEASE</b>	Tier-2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier-1	
<i>erythromycin base oral capsule delayed release particles</i>	Tier-2	
<i>erythromycin base oral tablet</i>	Tier-2	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	Tier-2	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier-2	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier-2	
<b>*MEDICAL DEVICES AND SUPPLIES*</b>		
<b>BD AUTOSHIELD 29G X 5MM , 29G X 8MM</b>	Tier-2	
<b>BD AUTOSHIELD DUO</b>	Tier-2	
<b>BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML</b>	Tier-2	
<b>BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML</b>	Tier-2	
<b>BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML</b>	Tier-2	
<b>BD INSULIN SYRINGE U/F</b>	Tier-2	
<b>BD INSULIN SYRINGE U/F 1/2UNIT</b>	Tier-2	
<b>BD INSULIN SYRINGE U-500</b>	Tier-2	
<b>BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML</b>	Tier-2	
<b>BD PEN NEEDLE MICRO U/F</b>	Tier-2	
<b>BD PEN NEEDLE MINI U/F</b>	Tier-2	
<b>BD PEN NEEDLE NANO 2ND GEN</b>	Tier-2	
<b>BD PEN NEEDLE NANO U/F</b>	Tier-2	
<b>BD PEN NEEDLE ORIGINAL U/F</b>	Tier-2	
<b>BD PEN NEEDLE SHORT U/F</b>	Tier-2	
<b>BD SAFETYGLIDE INSULIN SYRINGE</b>	Tier-2	
<b>BD SAFETY-LOK INSULIN SYRINGE</b>	Tier-2	
<b>BD VEO INSULIN SYR U/F 1/2UNIT</b>	Tier-2	
<b>BD VEO INSULIN SYRINGE U/F</b>	Tier-2	
<b>OMNIPOD DASH 5 PACK PODS</b>	Tier-2	¥ (only Omnipod DASH Pods are covered under the pharmacy benefit); QL (10 pods per 30 days)

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<b>*MIGRAINE PRODUCTS*</b>		
<b>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier-2	PA; QL (1 injector per 30 days)
<b>AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier-2	PA; QL (3 pens per 90 days)
<b>AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier-2	PA; QL (3 pens per 90 days)
<i>almotriptan malate oral tablet</i>	Tier-2	QL (6 TABLETS 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)
<b>EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier-2	PA; QL (3 syringes per 30 days)
<b>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier-2	PA; ¥ ( 2 auto-injectors/ syringes (240 mg) as a single loading dose, followed by 120 mg / 30 days.); QL (1 pen per 30 days)
<b>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier-2	PA; ¥ ( 2 auto-injectors/ syringes (240 mg) as a single loading dose, followed by 120 mg / 30 days.); QL (1 syringe per 30 days)
<b>ERGOMAR SUBLINGUAL TABLET SUBLINGUAL</b>	Tier-3	
<i>ergotamine-caffeine oral tablet</i>	Tier-2	
<i>frovatriptan succinate oral tablet</i>	Tier-3	QL (9 EA per 30 days)
<b>MIGERGOT RECTAL SUPPOSITORY</b>	Tier-3	
<b>MIGRANAL NASAL SOLUTION</b>	Tier-3	QL (1 Box per 30 Days)
<i>naratriptan hcl oral tablet</i>	Tier-1	QL (9 TABLETS per 30 Days)
<b>NURTEC ORAL TABLET DISPERSIBLE</b>	Tier-2	PA; QL (8 tablets per 30 days)
<b>ONZETRA XSAIL NASAL EXHALER POWDER</b>	Tier-3	STPA; ¥ (Max of 1 kit (8 units) per 30 days); QL (16 Units per 30 days)
<b>REYVOW ORAL TABLET 100 MG</b>	Tier-2	PA; QL (8 tablets per 30 days)
<b>REYVOW ORAL TABLET 50 MG</b>	Tier-2	PA; QL (4 tablets 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-2	QL (1 Box per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	Tier-2	QL (2 Boxes per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier-1	QL (9 TABLETS per 30 Days)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Tier-2	QL (4 INJECTIONS per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier-2	QL (4 Injections per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Tier-2	QL (4 INJECTIONS per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	Tier-2	QL (4 INJECTIONS per 30 days)
<i>sumatriptan-naproxen sodium oral tablet</i>	Tier-3	PA; QL (9 EA per 30 days)
<b>VYEPTI INTRAVENOUS SOLUTION</b>	Medical Benefit	PA
<i>zolmitriptan nasal solution</i>	Tier-2	STPA; QL (6 sprays per 30 days)
<i>zolmitriptan oral tablet</i>	Tier-2	QL (6 TABLETS per 30 Days)
<i>zolmitriptan oral tablet dispersible</i>	Tier-2	QL (6 TABLETS per 30 days)
<b>ZOMIG NASAL SOLUTION</b>	Tier-3	STPA; QL (1 Box per 30 Days)
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<b>EFFER-K ORAL TABLET EFFERVESCENT</b>	Tier-3	
<b>GALZIN ORAL CAPSULE</b>	Tier-2	
<b>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE</b>	Tier-1	
<b>KLOR-CON M10 ORAL TABLET EXTENDED RELEASE</b>	Tier-1	
<b>KLOR-CON M15 ORAL TABLET EXTENDED RELEASE</b>	Tier-3	
<b>KLOR-CON M20 ORAL TABLET EXTENDED RELEASE</b>	Tier-1	
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE</b>	Tier-1	
<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)

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<b>*MISCELLANEOUS THERAPEUTIC CLASSES*</b>		
<b>AZASAN ORAL TABLET</b>	Tier-2	
<i>azathioprine oral tablet</i>	Tier-1	
<i>azathioprine sodium injection solution reconstituted</i>	Tier-1	
<b>BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED</b>	Medical Benefit	PA
<b>BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 4	PA
<b>BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	PA
<i>cyclosporine modified oral capsule</i>	Tier-1	
<i>cyclosporine modified oral solution</i>	Tier-1	
<i>cyclosporine oral capsule</i>	Tier-1	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	Tier-2	QL (180 tablets per 90 days)
<b>LOKELMA ORAL PACKET</b>	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	
<b>MYFORTIC ORAL TABLET DELAYED RELEASE</b>	Tier 4	
<i>penicillamine oral capsule</i>	Tier-2	
<i>penicillamine oral tablet</i>	Tier-2	
<b>PROGRAF ORAL PACKET</b>	Tier-3	
<b>RAPAMUNE ORAL TABLET</b>	Tier 4	
<b>REVLIMID ORAL CAPSULE</b>	Tier 4	PA; ^ (CM)
<i>sirolimus oral solution</i>	Tier-1	
<i>sirolimus oral tablet</i>	Tier-1	
<i>tacrolimus oral capsule</i>	Tier-1	
<b>THALOMID ORAL CAPSULE</b>	Tier 4	^ (CM)
<i>trientine hcl oral capsule</i>	Tier-2	
<b>UPLIZNA INTRAVENOUS SOLUTION</b>	Medical Benefit	PA
<b>VELTASSA ORAL PACKET</b>	Tier-2	
<b>XIAFLEX INJECTION SOLUTION RECONSTITUTED</b>	Medical Benefit	PA

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ZOKINVY ORAL CAPSULE	Tier 4	PA
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>		
<i>cevimeline hcl oral capsule</i>	Tier-2	
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier-1	^ (LCG)
<i>clotrimazole mouth/throat troche</i>	Tier-1	
<b>EPISIL MOUTH/THROAT LIQUID</b>	Tier-2	QL (4 Bottles per 30 Days)
<b>GELCLAIR MOUTH/THROAT GEL</b>	Tier-2	
<i>lidocaine hcl 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	
<b>*MULTIVITAMINS*</b>		
ATABEX EC ORAL TABLET DELAYED RELEASE	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>prenatal plus iron oral tablet</i>	Tier-3	
SELECT-OB+DHA ORAL	Tier-3	
VITAFOL-OB+DHA ORAL	Tier-3	
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<i>baclofen oral tablet</i>	Tier-1	
<i>carisprodol oral tablet</i>	Tier-1	
<i>carisprodol-aspirin-codeine oral tablet</i>	Tier-1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	Tier-1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier-1	^ (LCG)
<i>cyclobenzaprine hcl oral tablet</i>	Tier-1	
<i>dantrolene sodium oral capsule</i>	Tier-2	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
<i>metaxalone oral tablet 800 mg</i>	Tier-2	
<i>methocarbamol oral tablet</i>	Tier-1	^ (LCG)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Tier-1	
OZOBAX ORAL SOLUTION	Tier 4	PA
<i>tizanidine hcl oral capsule</i>	Tier-2	
<i>tizanidine hcl oral tablet</i>	Tier-1	
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<i>azelastine hcl nasal solution 0.1 %</i>	Tier-1	QL (3 EA per 90 Days)
<i>azelastine hcl nasal solution 0.15 %</i>	Tier-1	QL (3 EA per 90 days)
<i>budesonide nasal suspension</i>	Tier-2	QL (3 EA per 90 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier-1	QL (3 EA per 90 Days)
<i>fluticasone propionate nasal suspension</i>	Tier-1	QL (3 EA per 90 Days)
<i>ipratropium bromide nasal solution</i>	Tier-1	QL (6 EA per 90 Days)
<i>mometasone furoate nasal suspension</i>	Tier-2	QL (6 BOTTLES per 90 days)
<i>olopatadine hcl nasal solution</i>	Tier-2	QL (3 EA per 90 days)
<i>triamcinolone acetonide nasal aerosol</i>	Tier-2	QL (3 EA per 90 days)
<b>*NEUROMUSCULAR AGENTS*</b>		
BOTOX INJECTION SOLUTION RECONSTITUTED	Medical Benefit	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	Medical Benefit	PA
EXONDYS 51 INTRAVENOUS SOLUTION	Medical Benefit	PA
MYOBLOC INTRAMUSCULAR SOLUTION	Medical Benefit	PA
RADICAVA INTRAVENOUS SOLUTION	Medical Benefit	PA
<i>riluzole oral tablet</i>	Tier-1	
SPINRAZA INTRATHECAL SOLUTION	Medical Benefit	PA
TIGLUTIK ORAL SUSPENSION	Tier 4	
VYONDYS 53 INTRAVENOUS SOLUTION	Medical Benefit	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	Medical Benefit	PA
<b>*NUTRIENTS*</b>		
DOJOLVI ORAL LIQUID	Tier 4	PA
<b>*OPHTHALMIC AGENTS*</b>		
<b>ACUVAIL OPHTHALMIC SOLUTION</b>	Tier-2	
<i>ak-poly-bac ophthalmic ointment</i>	Tier-1	
ALOCRIAL OPHTHALMIC SOLUTION	Tier-3	
ALOMIDE OPHTHALMIC SOLUTION	Tier-3	

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<b>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %</b>	Tier-2	
<b>ALREX OPHTHALMIC SUSPENSION</b>	Tier-2	
<i>apraclonidine hcl ophthalmic solution</i>	Tier-1	
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier-1	
<b>AZASITE OPHTHALMIC SOLUTION</b>	Tier-3	QL (1 Bottle per 7 Days)
<i>azelastine hcl ophthalmic solution</i>	Tier-1	
<b>AZOPT OPHTHALMIC SUSPENSION</b>	Tier-2	
<i>bacitracin ophthalmic ointment</i>	Tier-1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier-1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier-1	
<b>BEPREVE OPHTHALMIC SOLUTION</b>	Tier-2	
<b>BESIVANCE OPHTHALMIC SUSPENSION</b>	Tier-3	QL (1 Bottle per 5 Days)
<i>betaxolol hcl ophthalmic solution</i>	Tier-1	
<b>BETIMOL OPHTHALMIC SOLUTION</b>	Tier-2	
<b>BETOPTIC-S OPHTHALMIC SUSPENSION</b>	Tier-3	
<i>bimatoprost ophthalmic solution</i>	Tier-2	STPA
<b>BLEPHAMIDE OPHTHALMIC SUSPENSION</b>	Tier-3	
<b>BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT</b>	Tier-3	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Tier-2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier-1	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier-2	
<i>carteolol hcl ophthalmic solution</i>	Tier-1	
<b>CEQUA OPHTHALMIC SOLUTION</b>	Tier-3	PA; QL (60 mL per 30 days)
<b>CILOXAN OPHTHALMIC OINTMENT</b>	Tier-3	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier-1	
<b>COMBIGAN OPHTHALMIC SOLUTION</b>	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	
<b>CYSTARANS OPHTHALMIC SOLUTION</b>	Tier 4	
<b>CYSTARAN OPHTHALMIC SOLUTION</b>	Tier 4	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier-1	

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<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>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	
<b>FML FORTE OPHTHALMIC SUSPENSION</b>	Tier-2	
<b>FML OPHTHALMIC OINTMENT</b>	Tier-2	
FRESHKOTE OPHTHALMIC SOLUTION	Tier-3	
<i>gatifloxacin ophthalmic solution</i>	Tier-2	QL (1 Bottle per 7 Days)
GENTAK OPHTHALMIC OINTMENT	Tier-1	
<i>gentamicin sulfate ophthalmic solution</i>	Tier-1	
ILEVRO OPHTHALMIC SUSPENSION	Tier-3	
INVELTYS OPHTHALMIC SUSPENSION	Tier-3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier-3	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier-1	
LACRISERT OPHTHALMIC INSERT	Tier-3	
<b>LASTACFT OPHTHALMIC SOLUTION</b>	Tier-2	
<i>latanoprost ophthalmic solution</i>	Tier-1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier-1	
<i>levofloxacin ophthalmic solution</i>	Tier-1	
LOTEMAX OPHTHALMIC GEL	Tier-3	
LOTEMAX OPHTHALMIC OINTMENT	Tier-3	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier-2	
<b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>	Tier-2	STPA
MAXIDEX OPHTHALMIC SUSPENSION	Tier-3	
<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	Tier-1	QL (1 bottle per 10 days)
<i>moxifloxacin hcl ophthalmic solution</i>	Tier-1	QL (1 Bottle per 10 days)
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	

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<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	
<b>NEO-POLYCIN HC OPHTHALMIC OINTMENT</b>	Tier-1	
<b>NEO-POLYCIN OPHTHALMIC OINTMENT</b>	Tier-1	
<b>NEVANAC OPHTHALMIC SUSPENSION</b>	Tier-3	
<i>ofloxacin ophthalmic solution</i>	Tier-1	
<i>olopatadine hcl ophthalmic solution</i>	Tier-2	
<b>OXERVATE OPHTHALMIC SOLUTION</b>	Tier 4	PA
<b>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED</b>	Tier-3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier-1	
<b>POLYCIN OPHTHALMIC OINTMENT</b>	Tier-1	
<b>PRED MILD OPHTHALMIC SUSPENSION</b>	Tier-2	
<b>PRED-G OPHTHALMIC SUSPENSION</b>	Tier-2	
<b>PRED-G S.O.P. OPHTHALMIC OINTMENT</b>	Tier-2	
<i>prednisolone acetate ophthalmic suspension</i>	Tier-1	
<i>prednisolone sodium phosphate ophthalmic solution</i>	Tier-3	
<b>PROLENSA OPHTHALMIC SOLUTION</b>	Tier-3	
<i>proparacaine hcl ophthalmic solution</i>	Tier-1	
<b>RESTASIS OPHTHALMIC EMULSION</b>	Tier-2	PA
<b>RHOPRESSA OPHTHALMIC SOLUTION</b>	Tier-3	STPA
<b>ROCKLATAN OPHTHALMIC SOLUTION</b>	Tier-3	STPA
<b>SIMBRINZA OPHTHALMIC SUSPENSION</b>	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)

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<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	Tier-2	
<b>TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION</b>	Tier-3	
<b>TOBRADEX OPHTHALMIC OINTMENT</b>	Tier-3	
<i>tobramycin ophthalmic solution</i>	Tier-1	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier-2	
<b>TOBEX OPHTHALMIC OINTMENT</b>	Tier-3	
<i>travoprost (bak free) ophthalmic solution</i>	Tier-2	STPA
<i>trifluridine ophthalmic solution</i>	Tier-2	
<i>tropicamide ophthalmic solution</i>	Tier-1	
<b>VYZULTA OPHTHALMIC SOLUTION</b>	Tier-2	STPA
<b>XELPROS OPHTHALMIC EMULSION</b>	Tier-3	STPA
<b>XIIDRA OPHTHALMIC SOLUTION</b>	Tier-2	PA
<b>ZIOPTAN OPHTHALMIC SOLUTION</b>	Tier-3	STPA; QL (90 EA per 90 Days)
<b>ZIRGAN OPHTHALMIC GEL</b>	Tier-3	
<b>ZYLET OPHTHALMIC SUSPENSION</b>	Tier-3	
<b>*OTIC AGENTS*</b>		
<b>ACETASOL HC OTIC SOLUTION</b>	Tier-1	
<i>acetic acid otic solution</i>	Tier-1	
<i>antibiotic ear otic solution</i>	Tier-1	
<b>CIPRO HC OTIC SUSPENSION</b>	Tier-3	
<i>ciprofloxacin hcl otic solution</i>	Tier-1	
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier-2	
<b>CORTISPORIN-TC OTIC SUSPENSION</b>	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	
<b>*OXYTOCICS*</b>		
<i>methylergonovine maleate oral tablet</i>	Tier-1	
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b>		
<b>ASCENIV INTRAVENOUS SOLUTION</b>	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)

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BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
CUTAQUIG SUBCUTANEOUS SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
CUVITRU SUBCUTANEOUS SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
CYTOGAM INTRAVENOUS INJECTABLE	Medical Benefit	PA; SI
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
GAMMAGARD INJECTION SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
GAMUNEX-C INJECTION SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
HYQVIA SUBCUTANEOUS KIT	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
OCTAGAM INTRAVENOUS SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
PANZYGA INTRAVENOUS SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
PRIVIGEN INTRAVENOUS SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)
SYNAGIS INTRAMUSCULAR SOLUTION	Medical Benefit	PA
XEMBIFY SUBCUTANEOUS SOLUTION	Medical Benefit	PA; SI; ¥ (PA applies to members 18 years of age and older)

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<b>*PENICILLINS*</b>		
<i>amoxicillin oral capsule</i>	Tier-1	^ (LCG)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml</i>	Tier-1	^ (LCG)
<i>amoxicillin oral suspension reconstituted 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier-1	
<i>amoxicillin oral tablet</i>	Tier-1	^ (LCG)
<i>amoxicillin oral tablet chewable 125 mg</i>	Tier-1	
<i>amoxicillin oral tablet chewable 250 mg</i>	Tier-1	^ (LCG)
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier-1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier-1	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier-1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier-1	
<i>ampicillin oral capsule 500 mg</i>	Tier-1	^ (LCG)
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)
<b>*PROGESTINS*</b>		
<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 oral capsule</i>	Tier-1	
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<i>acamprosate calcium oral tablet delayed release</i>	Tier-1	
ADDYI ORAL TABLET	Tier-3	PA
AUBAGIO ORAL TABLET	Tier 4	QL (30 tablets per 30 Days)
AUSTEDO ORAL TABLET 12 MG	Tier 4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG, 9 MG	Tier 4	PA; QL (60 EA per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier 4	QL (4 Pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier 4	QL (4 Syringes per 28 days)

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BAFIERTAM ORAL CAPSULE DELAYED RELEASE	Tier 4	
BETASERON SUBCUTANEOUS KIT	Tier 4	QL (15 Vials per 30 Days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	No Copayment	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	No Copayment	
CHANTIX ORAL TABLET	No Copayment	
CHANTIX STARTING MONTH PAK ORAL TABLET	No Copayment	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	Tier-1	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier 4	QL (30 Syringes per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 4	QL (12 Syringes per 30 days)
<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 4	PA; QL (60 Tablets per 30 days)
<i>dimethyl fumarate oral capsule delayed release</i>	Tier 4	QL (60 capsules per 30 days)
<i>dimethyl fumarate starter pack oral</i>	Tier 4	QL (1 fill per 1 lifetime)
<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 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 14 mg/24hr, 21 mg/24hr</i>	No Copayment	
<i>eql nicotine polacrilex mouth/throat lozenge</i>	No Copayment	
<i>ergoloid mesylates oral tablet</i>	Tier-1	
<i>fluoxetine hcl (pmdd) oral tablet</i>	Tier-1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier-1	
<i>galantamine hydrobromide oral solution</i>	Tier-1	

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<i>galantamine hydrobromide oral tablet</i>	Tier-1	
<b>GILENYA ORAL CAPSULE 0.5 MG</b>	Tier 4	QL (30 EA per 30 days)
<i>gnp nicotine mini mouth/throat lozenge 2 mg</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	
<b>HORIZANT ORAL TABLET EXTENDED RELEASE</b>	Tier-3	QL (60 EA per 30 days)
<b>INGREZZA ORAL CAPSULE</b>	Tier-2	PA; QL (30 capsules per 30 days)
<b>INGREZZA ORAL CAPSULE THERAPY PACK</b>	Tier-2	PA
<b>KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 4	
<b>LUCEMYRA ORAL TABLET</b>	Tier-3	QL (132 Tablets per 1 Fill)
<b>MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK</b>	Tier 4	PA; QL (10 tablets per 30 days)
<b>MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK</b>	Tier 4	PA; QL (10 tablets per 30 days)
<b>MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK</b>	Tier 4	PA; QL (10 tablets per 30 days)
<b>MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK</b>	Tier 4	PA; QL (10 tablets per 30 days)
<b>MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK</b>	Tier 4	PA; QL (10 tablets per 30 days)
<b>MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK</b>	Tier 4	PA; QL (10 tablets per 30 days)
<b>MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK</b>	Tier 4	PA; QL (10 tablets per 30 days)
<b>MAYZENT ORAL TABLET 0.25 MG</b>	Tier 4	QL (120 Tablets per 30 days)
<b>MAYZENT ORAL TABLET 2 MG</b>	Tier 4	QL (30 Tablets per 30 days)
<b>MAYZENT STARTER PACK ORAL TABLET THERAPY PACK</b>	Tier 4	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-1	

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<b>NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	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	
<b>NICOTROL INHALATION INHALER</b>	No Copayment	
<b>NICOTROL NS NASAL SOLUTION</b>	No Copayment	
<b>NUEDEXTA ORAL CAPSULE</b>	Tier-2	PA
<i>olanzapine-fluoxetine hcl oral capsule</i>	Tier-1	STPA
<b>ONPATTRO INTRAVENOUS SOLUTION</b>	Medical Benefit	PA
<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	
<b>PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	Tier 4	QL (2 syringes per 28 days)
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 4	¥ (1 time fill only); QL (1 Pack per 1 Fill)
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	¥ (1 time fill only); QL (1 Pack per 1 Fill)
<b>PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 4	QL (2 Syringes per 28 days)
<b>PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	QL (2 Syringes per 28 days)
<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 lozenge</i>	No Copayment	
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	No Copayment	
<b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 4	QL (12 Syringes per 28 days)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 4	QL (12 Syringes per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	QL (12 Syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	QL (12 Syringes per 28 days)
<i>rivastigmine tartrate oral capsule</i>	Tier-1	
<i>rivastigmine transdermal patch 24 hour</i>	Tier-2	
<b>SAVELLA ORAL TABLET</b>	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	
<i>sm nicotine polacrilex mouth/throat lozenge</i>	No Copayment	
<i>sm nicotine transdermal patch 24 hour</i>	No Copayment	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (4 syringes per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 4	QL (120 EA per 30 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE	Tier 4	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; QL (8 pens per 30 days)
XYREM ORAL SOLUTION	Tier 4	
XYWAV ORAL SOLUTION	Tier-3	QL (18 ML per 1 day)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	Tier 4	
ZEPOSIA ORAL CAPSULE	Tier 4	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	Tier 4	
<b>*RESPIRATORY AGENTS - MISC.*</b>		
ESBRIET ORAL CAPSULE	Tier 4	QL (270 EA per 30 days)
ESBRIET ORAL TABLET	Tier 4	QL (270 EA per 30 days)
KALYDECO ORAL PACKET	Tier 4	PA; QL (56 EA per 28 days)
OFEV ORAL CAPSULE	Tier 4	QL (60 EA per 30 days)
ORKAMBI ORAL PACKET	Tier 4	PA; QL (56 Packets per 28 days)
ORKAMBI ORAL TABLET	Tier 4	PA; QL (112 tablets per 28 days)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PULMOZYME INHALATION SOLUTION	Tier 4	
SYMDEKO ORAL TABLET THERAPY PACK	Tier 4	PA; QL (56 Tablets per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK	Tier 4	PA; QL (48 units per 28 days)
<b>*SULFONAMIDES*</b>		
<i>sulfadiazine oral tablet</i>	Tier-3	
<b>*TETRACYCLINES*</b>		
<i>demeclocycline hcl oral tablet</i>	Tier-1	
<i>doxycycline hyclate oral capsule</i>	Tier-1	
<i>doxycycline hyclate oral 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</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	
NUZYRA ORAL TABLET 150 MG	Tier-3	
<i>tetracycline hcl oral capsule</i>	Tier-3	
VIBRAMYCIN ORAL SYRUP	Tier-3	
<b>*THYROID AGENTS*</b>		
<b>ARMOUR THYROID ORAL TABLET</b>	Tier-2	
<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	^ (LCG)
<b>NATURE-THROID ORAL TABLET</b>	Tier-2	
<i>propylthiouracil oral tablet</i>	Tier-1	
SYNTHROID ORAL TABLET	Tier-3	
TIROSINT ORAL CAPSULE	Tier-3	
TIROSINT-SOL ORAL SOLUTION	Tier-3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG	Tier-1	

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Drug	Status	Notes
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLIN ERGICS*</b>		
ACIPHEX ORAL TABLET DELAYED RELEASE	Tier-3	PA; QL (90 tablets per 90 days)
<i>amoxicill-clarithro-lansopraz oral</i>	Tier-1	
<i>chlordiazepoxide-clidinium oral capsule</i>	Tier-3	
<i>cimetidine hcl oral solution</i>	Tier-2	
<i>cimetidine oral tablet</i>	Tier-2	
<i>cvs omeprazole-sod bicarbonate oral capsule</i>	Tier-2	¥ (All OTC versions of this product are on Tier 2); QL (90 capsules per 90 days)
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	
<i>ed-spaz oral tablet dispersible</i>	Tier-1	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	Tier-1	¥ (Only OTC esomeprazole products are covered)
<i>esomeprazole magnesium oral packet</i>	Tier-2	PA; ¥ (PA applies to members 12 and older); QL (90 packets per 90 days)
<i>famotidine oral suspension reconstituted</i>	Tier-2	
<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	
<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-2	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>lansoprazole oral tablet delayed release dispersible</i>	Tier-3	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days)
<i>methscopolamine bromide oral tablet</i>	Tier-1	
<i>misoprostol oral tablet</i>	Tier-1	
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE	Tier-3	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	Tier-3	
<i>nizatidine oral capsule</i>	Tier-2	
<i>nizatidine oral solution</i>	Tier-2	
<i>omeprazole oral capsule delayed release</i>	Tier-1	
<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 packet</i>	Tier-2	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days)
<i>pantoprazole sodium oral tablet delayed release</i>	Tier-1	
PREVACID ORAL CAPSULE DELAYED RELEASE	Tier-3	PA; QL (90 capsules per 90 days)
PRILOSEC ORAL PACKET	Tier-3	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)
<b>PYLERA ORAL CAPSULE</b>	Tier-2	
<i>rabeprazole sodium oral tablet delayed release</i>	Tier-2	
<i>sucralfate oral suspension</i>	Tier-3	Age Limit (Max 12 Years)
<i>sucralfate oral tablet</i>	Tier-1	
ZEGERID ORAL CAPSULE	Tier-3	PA; QL (90 capsules per 90 days)
ZEGERID ORAL PACKET	Tier-3	PA; QL (90 packets per 90 days)
<b>*URINARY ANTISPASMODICS*</b>		
<i>bethanechol chloride oral tablet</i>	Tier-1	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	Tier-2	
<i>flavoxate hcl oral tablet</i>	Tier-1	
GELNIQUE TRANSDERMAL GEL 10 %	Tier-3	STPA

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>*VAGINAL AND RELATED PRODUCTS*</b>		
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-1	
<i>estradiol vaginal tablet</i>	Tier-1	
<b>ESTRING VAGINAL RING</b>	Tier-2	
<b>FEMRING VAGINAL RING</b>	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	
PHEXXI VAGINAL GEL	Tier-3	^ (WH)
<b>PREMARIN VAGINAL CREAM</b>	Tier-2	
<i>terconazole vaginal cream</i>	Tier-1	
<i>terconazole vaginal suppository</i>	Tier-2	
VANAZOLE VAGINAL GEL	Tier-1	
<b>*VASOPRESSORS*</b>		
<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)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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	
NORTHERA ORAL CAPSULE	Tier 4	PA
<b>*VITAMINS*</b>		
<i>ergocalciferol oral capsule</i>	Tier-1	
<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	

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