



Tufts Health Direct

Effective: 12/01/2019

Key Terms

Formulary

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

Brand-Name Drugs

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

Generic Drugs

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

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

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

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

All covered drugs are placed into one of three tiers. Your physician may have the option to write you a prescription for a Tier 1, Tier 2, or Tier 3 drug (as defined below); however, there may be instances when only a Tier 3 drug is appropriate, which will require a higher copayment.

- **Tier 1:** Medications on this tier have the lowest cost sharing amount
- **Tier 2:** Medications on this tier have a higher cost sharing amount
- **Tier 3:** Medications on this tier have the highest cost sharing amount

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

Copayment

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

Coinsurance

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

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

Medical Review Process

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

Quantity Limitation (QL) Program

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

New-To-Market Drug Evaluation Process (NTM)

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

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

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

Non-Covered Drugs (NC)

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

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

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

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

Prior Authorization (PA) Program

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

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

CM Cancer Mandate	MM Mandatory Mail	NC Non Covered Drugs
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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 be covered without copayment under the Massachusetts oral cancer therapy mandate. Please contact your plan sponsor/employer about applicability and effective date for your group.

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 888.257.1985.

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— 711 or 800.439.2370]
 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
 Phone: 800.368.1019, 800.537.7697 (TDD)

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

tuftshealthplan.com | 888.257.1985

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Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

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

Arabic كتب تصاخلا تيويها لتقاطب على نودملا مقرلا على لاصتلا على جري ، تيبرعلا تغلاب تينا جملا تمجرنلا تمدخ على لوصحلا

Chinese 若需免費的中文版本，請撥打ID卡上的電話號碼。

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

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

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

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

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

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

Khmer (Cambodian) ស្រមាប់េសវប្រែកបេដយគតតិៃថ្មង ភាសាៃខ្មែរ ស្រមទូរស័ព្ទកាន់េលខែដលមនេ្តលើប័ណ្ណសមា្ត ល់សមាជិករបស់អ្នក។

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

Laotian ອໍສາລັ ບການແປພາສາເຢັ ນພາສາລາວີ່ທ່ໍ່ບໄດ້ ເສຍຄ່ າໃຊ້ ຈໍ າຍ, ໃຫ້ ໂທຫາເີບໍ່ີທຍູ່ ເທີ ໘໖ ດປະໍຈາດີ ວຂອງທ່ ານ.

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

Persian دینزب گنز نات ی ناساتش تراک رد جردنم نفلت هرامش هب ی سراف اگیار همجرت ی ارپ

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

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

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

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

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

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

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STPA Step Therapy Prior Authorization

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CURRENT AS OF 12/1/2019

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

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific info

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

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

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

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

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

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Drug	Status	Notes
<i>butalbital compound/asa oral tablet</i>	Tier-1	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier-1	
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	Tier-3	
<i>butalbital-apap-caffeine oral tablet</i>	Tier-3	
<i>butalbital-asa-caffeine oral capsule</i>	Tier-1	
<i>butalbital-aspirin-caffeine oral tablet</i>	Tier-1	
<i>diflunisal oral tablet</i>	Tier-1	
ESGIC ORAL CAPSULE	Tier-3	
ANALGESICS - OPIOID		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	Tier-3	QL (32 TABLETS per 30 Days)
<i>acetaminophen-codeine #2 oral tablet</i>	Tier-1	QL (12 Tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet</i>	Tier-1	QL (12 Tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet</i>	Tier-1	QL (6 Tablets per 1 day)
<i>acetaminophen-codeine oral solution</i>	Tier-1	QL (150 ML per 1 day)
<i>apap-caff-dihydrocodeine oral capsule</i>	Tier-2	QL (10 Capsules per 1 day)
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	Tier-2	QL (10 Tablets per 1 day)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT	Tier-1	QL (90 EA per 30 days)
BELBUCA BUCCAL FILM	Tier-3	PA; QL (60 Films per 30 days)
BUNAVAIL BUCCAL FILM	Tier-3	PA
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier-1	QL (90 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier-1	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	Tier-2	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	Tier-1	
<i>buprenorphine transdermal patch weekly</i>	Tier-2	PA; QL (4 EA per 30 days)
<i>butalbital compound/codeine oral capsule</i>	Tier-1	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Tier-2	QL (360 Capsules per 30 days)
<i>butalbital-asa-caff-codeine oral capsule</i>	Tier-1	
<i>butorphanol tartrate nasal solution</i>	Tier-1	
<i>codeine sulfate oral solution</i>	Tier-1	QL (60 ML per 1 day)
<i>codeine sulfate oral tablet 15 mg</i>	Tier-1	QL (24 tablets per 1 day)

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

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

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

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Drug	Status	Notes
<i>tramadol hcl er oral capsule extended release 24 hour</i>	Tier-1	QL (1 capsule per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	Tier-1	QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet</i>	Tier-1	QL (8 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet</i>	Tier-1	QL (8 Tablets per 1 day)
XARTEMIS XR ORAL TABLET EXTENDED RELEASE	Tier-3	QL (120 TABLETS per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	Tier-3	QL (60 Capsules per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier-3	PA
ANDROGENS-ANABOLIC		
ANADROL-50 ORAL TABLET	Tier-3	
ANDROID ORAL CAPSULE	Tier-1	
ANDROXY ORAL TABLET	Tier-3	
<i>danazol oral capsule</i>	Tier-1	
FIRST-TESTOSTERONE MC TRANSDERMAL CREAM	Tier-3	
FIRST-TESTOSTERONE TRANSDERMAL OINTMENT	Tier-3	
<i>methitest oral tablet</i>	Tier-3	
<i>oxandrolone oral tablet</i>	Tier-1	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier-1	
<i>testosterone enanthate injection solution</i>	Tier-1	
<i>testosterone enanthate intramuscular solution</i>	Tier-1	
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	Tier-2	
<i>testosterone transdermal solution</i>	Tier-2	
ANORECTAL AGENTS		
COLOCORT RECTAL ENEMA	Tier-1	
CORTIFOAM RECTAL FOAM	Tier-2	
<i>hydrocortisone ace-pramoxine rectal kit</i>	Tier-2	
<i>hydrocortisone rectal cream</i>	Tier-1	
<i>hydrocortisone rectal enema</i>	Tier-1	

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

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

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

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Drug	Status	Notes
MAXAIR AUTOHALER INHALATION AEROSOL BREATH ACTIVATED	Tier-3	QL (3 UNITS per 90 Days)
<i>metaproterenol sulfate oral syrup</i>	Tier-1	
<i>metaproterenol sulfate oral tablet</i>	Tier-1	
<i>montelukast sodium oral tablet</i>	Tier-1	
<i>montelukast sodium oral tablet chewable</i>	Tier-1	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	Tier-2	QL (180 VIALS per 90 Days)
PROAIR HFA INHALATION AEROSOL SOLUTION	Tier-2	QL (6 UNITS per 90 Days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (6 UNITS per 90 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (6 UNITS per 90 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	Tier-2	QL (6 EA per 90 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (3 UNITS per 90 Days)
SPIRIVA HANDIHALER INHALATION CAPSULE	Tier-2	QL (3 UNITS per 90 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier-2	QL (3 UNITS per 90 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier-2	QL (6 Inhalers per 90 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	Tier-2	QL (3 UNITS per 90 days)
SYMBICORT INHALATION AEROSOL	Tier-2	QL (6 UNITS per 90 days)
<i>terbutaline sulfate oral tablet</i>	Tier-1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-2	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier-1	
<i>theophylline er oral tablet extended release 12 hour</i>	Tier-1	
<i>theophylline er oral tablet extended release 24 hour</i>	Tier-1	
<i>theophylline oral elixir</i>	Tier-1	

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

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Drug	Status	Notes
<i>carbamazepine er oral tablet extended release 12 hour</i>	Tier-1	
<i>carbamazepine oral suspension</i>	Tier-1	
<i>carbamazepine oral tablet</i>	Tier-1	
<i>carbamazepine oral tablet chewable</i>	Tier-1	
CELONTIN ORAL CAPSULE	Tier-3	
<i>clobazam oral suspension</i>	Tier-2	PA
<i>clobazam oral tablet</i>	Tier-2	PA
<i>clonazepam oral tablet</i>	Tier-1	
<i>clonazepam oral tablet dispersible</i>	Tier-1	
DIACOMIT ORAL CAPSULE	Tier-3	PA
DIACOMIT ORAL PACKET	Tier-3	PA
DIASTAT ACUDIAL RECTAL GEL	Tier-3	QL (1 Kit per 30 Days)
DIASTAT PEDIATRIC RECTAL GEL	Tier-3	QL (1 Kit per 30 Days)
<i>diazepam rectal gel</i>	Tier-1	QL (1 Kit per 30 Days)
DILANTIN ORAL CAPSULE 30 MG	Tier-3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier-1	
<i>divalproex sodium oral capsule sprinkle</i>	Tier-1	
<i>divalproex sodium oral tablet delayed release</i>	Tier-1	
EPIDIOLEX ORAL SOLUTION	Tier-3	PA; SP
EPITOL ORAL TABLET	Tier-1	
<i>ethosuximide oral capsule</i>	Tier-1	
<i>ethosuximide oral solution</i>	Tier-1	
<i>felbamate oral suspension</i>	Tier-1	
<i>felbamate oral tablet</i>	Tier-1	
FYCOMPA ORAL SUSPENSION	Tier-2	
FYCOMPA ORAL TABLET	Tier-2	
<i>gabapentin oral capsule</i>	Tier-1	
<i>gabapentin oral solution 250 mg/5ml</i>	Tier-1	
<i>gabapentin oral tablet</i>	Tier-1	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier-2	QL (90 EA per 90 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	Tier-2	QL (270 EA per 90 days)
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	Tier-2	QL (180 EA per 90 days)

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

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

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Drug	Status	Notes
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Tier-3	STPA; QL (60 capsules per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Tier-3	STPA; QL (90 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	Tier-1	QL (60 EA per 30 Days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	Tier-1	QL (90 EA per 30 Days)
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier-3	PA; STPA; ¥ (PA applies to members 12 and younger)
<i>escitalopram oxalate oral solution</i>	Tier-1	
<i>escitalopram oxalate oral tablet</i>	Tier-1	
<i>fluoxetine hcl oral capsule</i>	Tier-1	
<i>fluoxetine hcl oral solution</i>	Tier-1	
<i>fluoxetine hcl oral tablet</i>	Tier-2	PA
<i>fluvoxamine maleate oral tablet</i>	Tier-1	
<i>imipramine hcl oral tablet</i>	Tier-1	
<i>imipramine pamoate oral capsule</i>	Tier-2	
<i>maprotiline hcl oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 12 and younger)
MARPLAN ORAL TABLET	Tier-3	PA; ¥ (PA applies to members 12 and younger)
<i>mirtazapine oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 12 and younger)
<i>mirtazapine oral tablet dispersible</i>	Tier-1	PA; ¥ (PA applies to members 12 and younger)
<i>nefazodone hcl oral tablet</i>	Tier-2	PA; ¥ (PA applies to members 12 and younger)
<i>nortriptyline hcl oral capsule</i>	Tier-1	PA; ¥ (PA applies to members 12 and younger)
<i>nortriptyline hcl oral solution</i>	Tier-1	PA; ¥ (PA applies to members 12 and younger)
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Tier-2	PA; ¥ (PA applies to members 12 and younger)
<i>paroxetine hcl oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 12 and younger)
PEXEVA ORAL TABLET	Tier-3	PA; STPA; ¥ (PA applies to members 12 and younger)

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

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Drug	Status	Notes
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Tier-2	
GLUCAGON EMERGENCY INJECTION KIT	Tier-2	
<i>glyburide micronized oral tablet</i>	Tier-1	
<i>glyburide oral tablet</i>	Tier-1	
<i>glyburide-metformin oral tablet</i>	Tier-1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier-2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-2	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Tier-2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-2	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier-2	
HUMALOG SUBCUTANEOUS SOLUTION	Tier-2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-2	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier-2	
HUMULIN N SUBCUTANEOUS SUSPENSION	Tier-2	
HUMULIN R INJECTION SOLUTION	Tier-2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Tier-2	
JANUMET ORAL TABLET	Tier-2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
JANUVIA ORAL TABLET	Tier-2	
JARDIANCE ORAL TABLET	Tier-2	
KORLYM ORAL TABLET	Tier-2	PA; QL (120 TABLETS per 30 Days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
LANTUS SUBCUTANEOUS SOLUTION	Tier-2	

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

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Drug	Status	Notes
MYTESI ORAL TABLET DELAYED RELEASE	Tier-2	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
VISTOGARD ORAL PACKET	Tier-2	QL (20 Packets per 30 days)
ANTIDOTES		
CHEMET ORAL CAPSULE	Tier-3	
<i>deferasirox oral tablet soluble</i>	Tier-2	
EVZIO INJECTION SOLUTION AUTO-INJECTOR	Tier-3	PA; ¥ (Max of 2 kits (4 units) per 30 days); QL (1 KIT per 1 Fill)
FERRIPROX ORAL SOLUTION	Tier-2	QL (150 ML per 30 days)
FERRIPROX ORAL TABLET	Tier-2	QL (30 TABLETS per 30 Days)
JADENU ORAL TABLET	Tier-2	SP
JADENU SPRINKLE ORAL PACKET	Tier-2	SP
<i>naloxone hcl injection solution 0.4 mg/ml, 1 mg/ml</i>	No Copayment	
<i>naloxone hcl injection solution cartridge</i>	No Copayment	
<i>naltrexone hcl oral tablet</i>	Tier-1	
NARCAN NASAL LIQUID	No Copayment	¥ (Max of 4 units per 30 days); QL (2 Units per 1 Fill)
VISTOGARD ORAL PACKET	Tier-2	QL (20 Packets per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Medical Benefit	
ANTIEMETICS		
AKYNZEO ORAL CAPSULE	Tier-3	¥ (1 capsule per fill); QL (3 EA per 28 days)
ANZEMET ORAL TABLET	Tier-2	QL (3 TABLETS per 7 Days)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg</i>	Tier-2	QL (1 EA per 7 days)
<i>aprepitant oral capsule 80 mg</i>	Tier-2	QL (2 EA per 7 days)
CESAMET ORAL CAPSULE	Tier-3	QL (18 CAPSULES per 7 Days)
<i>dronabinol oral capsule</i>	Tier-2	
EMEND ORAL SUSPENSION RECONSTITUTED	Tier-3	QL (3 Units per 7 days)
<i>granisetron hcl oral tablet</i>	Tier-1	QL (6 TABLETS per 7 Days)
GRANISOL ORAL SOLUTION	Tier-3	QL (45 ML per 7 Days)
<i>meclizine hcl oral tablet</i>	Tier-1	
<i>ondansetron hcl oral solution</i>	Tier-1	QL (90 ML per 7 Days)

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

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Drug	Status	Notes
ANTIHISTAMINES		
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier-1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	Tier-2	
<i>clemastine fumarate oral syrup</i>	Tier-1	
<i>clemastine fumarate oral tablet</i>	Tier-1	
<i>cyproheptadine hcl oral syrup</i>	Tier-1	
<i>cyproheptadine hcl oral tablet</i>	Tier-1	
<i>desloratadine oral tablet</i>	Tier-1	
<i>dexchlorpheniramine maleate oral syrup</i>	Tier-1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED	Tier-3	
<i>diphenhydramine hcl oral capsule 25 mg</i>	Tier-1	
<i>promethazine hcl oral solution</i>	Tier-1	
<i>promethazine hcl oral syrup</i>	Tier-1	
<i>promethazine hcl oral tablet</i>	Tier-1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier-1	
PROMETHEGAN RECTAL SUPPOSITORY	Tier-1	
ANTIHYPERLIPIDEMICS		
ADVICOR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	Tier-1	^ (ACA); QL (90 EA per 90 days)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	Tier-1	^ (ACA)
<i>colesevelam hcl oral packet</i>	Tier-2	
<i>colesevelam hcl oral tablet</i>	Tier-2	
<i>colestipol hcl oral packet</i>	Tier-1	
<i>colestipol hcl oral tablet</i>	Tier-1	
<i>ezetimibe oral tablet</i>	Tier-2	
<i>ezetimibe-simvastatin oral tablet</i>	Tier-2	
<i>fenofibrate micronized oral capsule 130 mg</i>	Tier-2	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier-1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier-2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier-1	
<i>fenofibric acid oral capsule delayed release</i>	Tier-1	
<i>fenofibric acid oral tablet</i>	Tier-1	

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

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Drug	Status	Notes
<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	
EPANED ORAL SOLUTION RECONSTITUTED	Tier-3	
<i>eplerenone oral tablet</i>	Tier-2	STPA
<i>eprosartan mesylate oral tablet</i>	Tier-1	
<i>fosinopril sodium oral tablet</i>	Tier-1	
<i>fosinopril sodium-hctz oral tablet</i>	Tier-1	
<i>guanfacine hcl oral tablet</i>	Tier-1	
<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	
<i>losartan potassium-hctz oral tablet</i>	Tier-1	
<i>methyldopa oral tablet</i>	Tier-1	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>minoxidil oral tablet</i>	Tier-1	
<i>moexipril hcl oral tablet</i>	Tier-1	
<i>olmesartan medoxomil oral tablet</i>	Tier-2	
<i>olmesartan medoxomil-hctz oral tablet</i>	Tier-2	
<i>olmesartan-amlodipine-hctz oral tablet</i>	Tier-2	
<i>perindopril erbumine oral tablet</i>	Tier-1	
<i>phenoxybenzamine hcl oral capsule</i>	Tier-1	
<i>prazosin hcl oral capsule</i>	Tier-1	
<i>quinapril hcl oral tablet</i>	Tier-1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>ramipril oral capsule</i>	Tier-1	
TARKA ORAL TABLET EXTENDED RELEASE	Tier-3	
TEKAMLO ORAL TABLET	Tier-3	
<i>telmisartan oral tablet</i>	Tier-1	

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Drug	Status	Notes
<i>telmisartan-amlodipine oral tablet</i>	Tier-2	
<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	
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO ORAL TABLET DELAYED RELEASE	Tier-3	QL (12 tablets per 1 Fill)
ALINIA ORAL SUSPENSION RECONSTITUTED	Tier-3	
ALINIA ORAL TABLET	Tier-3	
<i>atovaquone oral suspension</i>	Tier-2	
<i>clindamycin hcl oral capsule</i>	Tier-1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier-1	
<i>dapsone oral tablet</i>	Tier-1	
IMPAVIDO ORAL CAPSULE	Tier-2	
KETEK ORAL TABLET	Tier-2	
<i>linezolid oral suspension reconstituted</i>	Tier-1	
<i>linezolid oral tablet</i>	Tier-1	
<i>metronidazole oral capsule</i>	Tier-1	
<i>metronidazole oral tablet</i>	Tier-1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	Tier-3	
PRIMSOL ORAL SOLUTION	Tier-3	
SIVEXTRO ORAL TABLET	Tier-3	
<i>smz-tmp ds oral tablet</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier-1	
<i>tinidazole oral tablet</i>	Tier-1	
<i>trimethoprim oral tablet</i>	Tier-1	
XIFAXAN ORAL TABLET 200 MG	Tier-3	PA; QL (9 TABLETS per 30 Days)

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

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Drug	Status	Notes
PASER ORAL PACKET	Tier-3	
PRIFTIN ORAL TABLET	Tier-2	
<i>pyrazinamide oral tablet</i>	Tier-1	
<i>rifabutin oral capsule</i>	Tier-1	
<i>rifampin oral capsule</i>	Tier-1	
RIFATER ORAL TABLET	Tier-3	
SIRTURO ORAL TABLET	Tier-2	PA
TRECTOR ORAL TABLET	Tier-3	
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
VENCLEXTA ORAL TABLET	Tier-2	PA; ^ (CM)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier-2	PA; ^ (CM)
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS***		
BALVERSA ORAL TABLET	Tier-2	PA; ^ (CM)
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS***		
ROZLYTREK ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
VITRAKVI ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
VITRAKVI ORAL SOLUTION	Tier-2	PA; SP; ^ (CM)
*ANTINEOPLASTIC - XPO1 INHIBITORS***		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-2	PA; ^ (CM)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-2	PA; ^ (CM)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-2	PA; ^ (CM)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier-2	PA; ^ (CM)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
<i>abiraterone acetate oral tablet</i>	Tier-2	PA; SP; ^ (CM); QL (120 TABLETS per 30 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier-2	SP
AFINITOR DISPERZ ORAL TABLET SOLUBLE	Tier-2	PA; SP; ^ (CM); QL (60 TABLETS per 30 Days)

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

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Drug	Status	Notes
<i>erlotinib hcl oral tablet</i>	Tier-2	SP; ^ (CM)
<i>etoposide oral capsule</i>	Tier-1	^ (CM)
<i>exemestane oral tablet</i>	Tier-1	^ (CM)
FARYDAK ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
<i>flutamide oral capsule</i>	Tier-1	^ (CM)
GILOTRIF ORAL TABLET	Tier-2	PA; ^ (CM)
GLEOSTINE ORAL CAPSULE	Tier-3	^ (CM)
HYCAMTIN ORAL CAPSULE 0.25 MG	Tier-2	PA; SP; ^ (CM); QL (15 CAPSULES per 21 Days)
HYCAMTIN ORAL CAPSULE 1 MG	Tier-2	PA; SP; ^ (CM); QL (25 CAPSULES per 21 Days)
<i>hydroxyurea oral capsule</i>	Tier-1	^ (CM)
ICLUSIG ORAL TABLET 15 MG	Tier-2	PA; ^ (CM); QL (60 EA per 30 Days)
ICLUSIG ORAL TABLET 45 MG	Tier-2	PA; ^ (CM); QL (30 EA per 30 Days)
<i>imatinib mesylate oral tablet</i>	Tier-1	SP; ^ (CM)
IMBRUVICA ORAL CAPSULE 70 MG	Tier-2	PA; ^ (CM)
IMBRUVICA ORAL TABLET	Tier-2	PA; ^ (CM)
INLYTA ORAL TABLET	Tier-2	PA; SP; ^ (CM)
INREBIC ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
INTRON A INJECTION SOLUTION	Tier-2	SP
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier-2	SP
IRESSA ORAL TABLET	Tier-2	PA; ^ (CM)
JAKAFI ORAL TABLET	Tier-2	PA; SP; ^ (CM)
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-2	PA; SP; ^ (CM)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-2	PA; SP; ^ (CM)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-2	PA; SP; ^ (CM)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-2	PA; SP; ^ (CM)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-2	PA; SP; ^ (CM)

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

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

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

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Drug	Status	Notes
<i>tolcapone oral tablet</i>	Tier-1	
<i>trihexyphenidyl hcl oral elixir</i>	Tier-1	
<i>trihexyphenidyl hcl oral tablet</i>	Tier-1	
XADAGO ORAL TABLET	Tier-3	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ABILIFY MYCITE ORAL TABLET	Tier-3	PA; QL (30 tablets per 30 days)
<i>aripiprazole oral solution</i>	Tier-2	STPA; QL (900 ML per 90 days)
<i>aripiprazole oral tablet</i>	Tier-2	STPA; QL (90 EA per 90 days)
<i>aripiprazole oral tablet dispersible</i>	Tier-2	STPA; QL (180 EA per 90 days)
<i>chlorpromazine hcl oral tablet</i>	Tier-1	
<i>clozapine oral tablet</i>	Tier-1	
<i>clozapine oral tablet dispersible</i>	Tier-1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
<i>fluphenazine hcl oral concentrate</i>	Tier-1	
<i>fluphenazine hcl oral elixir</i>	Tier-1	
<i>fluphenazine hcl oral tablet</i>	Tier-1	
<i>haloperidol lactate oral concentrate</i>	Tier-1	
<i>haloperidol oral tablet</i>	Tier-1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier-3	STPA; QL (90 EA per 90 days)
LATUDA ORAL TABLET 80 MG	Tier-3	STPA; QL (180 EA per 90 days)
<i>lithium carbonate er oral tablet extended release</i>	Tier-1	
<i>lithium carbonate oral capsule</i>	Tier-1	
<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-2	PA; SP; QL (30 capsules per 30 days)
NUPLAZID ORAL TABLET	Tier-2	PA; SP; QL (60 Tablets per 30 days)
<i>olanzapine oral tablet</i>	Tier-1	
<i>olanzapine oral tablet dispersible</i>	Tier-1	STPA
<i>paliperidone er oral tablet extended release 24 hour</i>	Tier-2	STPA
<i>perphenazine oral tablet</i>	Tier-1	

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Drug	Status	Notes
<i>prochlorperazine maleate oral tablet</i>	Tier-1	
<i>prochlorperazine rectal suppository</i>	Tier-1	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	Tier-2	STPA
<i>quetiapine fumarate oral tablet</i>	Tier-1	
REXULTI ORAL TABLET	Tier-3	STPA
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE	Tier-1	
<i>risperidone oral solution</i>	Tier-1	
<i>risperidone oral tablet</i>	Tier-1	
<i>risperidone oral tablet dispersible</i>	Tier-1	
<i>thioridazine hcl oral tablet</i>	Tier-1	
<i>thiothixene oral capsule</i>	Tier-1	
<i>trifluoperazine hcl oral tablet</i>	Tier-1	
VERSACLOZ ORAL SUSPENSION	Tier-3	
VRAYLAR ORAL CAPSULE	Tier-3	STPA
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier-3	STPA
<i>ziprasidone hcl oral capsule</i>	Tier-1	STPA
*ANTIRETROVIRALS ADJUVANTS***		
TYBOST ORAL TABLET	Tier-2	
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS***		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; QL (4 syringes per 30 days)
ANTISEPTICS & DISINFECTANTS		
PHISOHEX EXTERNAL LIQUID	Tier-3	
ANTIVIRALS		
<i>abacavir sulfate oral solution</i>	Tier-2	
<i>abacavir sulfate oral tablet</i>	Tier-1	
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier-2	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	Tier-1	
<i>acyclovir oral capsule</i>	Tier-1	
<i>acyclovir oral suspension</i>	Tier-1	
<i>acyclovir oral tablet</i>	Tier-1	
<i>adefovir dipivoxil oral tablet</i>	Tier-1	
APTIVUS ORAL CAPSULE	Tier-2	

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Drug	Status	Notes
APTIVUS ORAL SOLUTION	Tier-2	
<i>atazanavir sulfate oral capsule</i>	Tier-2	
ATRIPLA ORAL TABLET	Tier-2	
BARACLUDE ORAL SOLUTION	Tier-2	
BIKTARVY ORAL TABLET	Tier-2	
CIMDUO ORAL TABLET	Tier-2	
COMPLERA ORAL TABLET	Tier-2	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier-2	
DELSTRIGO ORAL TABLET	Tier-2	
DESCOVY ORAL TABLET	Tier-2	
<i>didanosine oral capsule delayed release</i>	Tier-1	
DOVATO ORAL TABLET	Tier-2	
EDURANT ORAL TABLET	Tier-2	
<i>efavirenz oral capsule</i>	Tier-2	
<i>efavirenz oral tablet</i>	Tier-2	
EMTRIVA ORAL CAPSULE	Tier-2	
EMTRIVA ORAL SOLUTION	Tier-2	
<i>entecavir oral tablet</i>	Tier-2	
EPIVIR HBV ORAL SOLUTION	Tier-2	
EVOTAZ ORAL TABLET	Tier-2	
<i>famciclovir oral tablet</i>	Tier-1	
<i>fosamprenavir calcium oral tablet</i>	Tier-2	
FUZEON SUBCUTANEOUS KIT	Tier-2	SP
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	SP
GENVOYA ORAL TABLET	Tier-2	
INTELENCE ORAL TABLET	Tier-2	
INVIRASE ORAL CAPSULE	Tier-2	
INVIRASE ORAL TABLET	Tier-2	
ISENTRESS HD ORAL TABLET	Tier-2	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	Tier-2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	Tier-2	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier-2	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier-2	QL (720 EA per 30 days)

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Drug	Status	Notes
JULUCA ORAL TABLET	Tier-2	
KALETRA ORAL TABLET	Tier-2	
<i>lamivudine oral solution</i>	Tier-1	
<i>lamivudine oral tablet</i>	Tier-1	
<i>lamivudine-zidovudine oral tablet</i>	Tier-1	
LEXIVA ORAL SUSPENSION	Tier-2	
<i>lopinavir-ritonavir oral solution</i>	Tier-2	
<i>nevirapine er oral tablet extended release 24 hour</i>	Tier-1	
<i>nevirapine oral suspension</i>	Tier-1	
<i>nevirapine oral tablet</i>	Tier-1	
NORVIR ORAL CAPSULE	Tier-2	
NORVIR ORAL PACKET	Tier-2	
NORVIR ORAL SOLUTION	Tier-2	
ODEFSEY ORAL TABLET	Tier-2	
<i>oseltamivir phosphate oral capsule</i>	Tier-2	QL (10 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier-2	¥ (2 fills per 365 days); QL (180 ML per 1 Fill)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	Tier-2	SP; QL (4 PENS per 28 Days)
PEGASYS SUBCUTANEOUS KIT	Tier-2	SP; QL (1 KIT per 28 Days)
PEGASYS SUBCUTANEOUS SOLUTION	Tier-2	SP; QL (4 VIALS per 28 Days)
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT	Tier-3	SP; QL (4 SYRINGES per 28 Days)
PEG-INTRON REDIPEN SUBCUTANEOUS KIT	Tier-3	SP; QL (4 SYRINGES per 28 Days)
PEGINTRON SUBCUTANEOUS KIT	Tier-3	SP; QL (4 EA per 28 days)
PEG-INTRON SUBCUTANEOUS KIT	Tier-3	SP; QL (4 VIALS per 28 Days)
PIFELTRO ORAL TABLET	Tier-2	
PREVYMIS INTRAVENOUS SOLUTION	Medical Benefit	PA
PREVYMIS ORAL TABLET	Tier-3	PA
PREZCOBIX ORAL TABLET	Tier-2	
PREZISTA ORAL SUSPENSION	Tier-2	
PREZISTA ORAL TABLET 150 MG, 400 MG, 600 MG, 75 MG, 800 MG	Tier-2	
REBETOL ORAL SOLUTION	Tier-3	SP; QL (35 ML per 1 day)

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Drug	Status	Notes
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (20 UNITS per 365 Days)
RESCRIPTOR ORAL TABLET	Tier-2	
REYATAZ ORAL PACKET	Tier-2	
RIBASPHERE ORAL CAPSULE	Tier-1	SP; QL (7 EA per 1 day)
RIBASPHERE ORAL TABLET 200 MG	Tier-1	SP; QL (7 EA per 1 day)
<i>ribavirin oral capsule</i>	Tier-1	SP; QL (7 EA per 1 day)
<i>ribavirin oral tablet 200 mg</i>	Tier-1	SP; QL (7 EA per 1 day)
<i>rimantadine hcl oral tablet</i>	Tier-1	
<i>ritonavir oral tablet</i>	Tier-2	
SELZENTRY ORAL SOLUTION	Tier-2	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	Tier-2	QL (60 TABLETS per 30 Days)
SELZENTRY ORAL TABLET 25 MG	Tier-2	QL (120 TABLETS per 30 days)
SELZENTRY ORAL TABLET 300 MG	Tier-2	QL (120 TABLETS per 30 Days)
SELZENTRY ORAL TABLET 75 MG	Tier-2	QL (60 TABLETS per 30 days)
<i>stavudine oral capsule</i>	Tier-1	
<i>stavudine oral solution reconstituted</i>	Tier-1	
STRIBILD ORAL TABLET	Tier-2	
SYMFI LO ORAL TABLET	Tier-2	
SYMFI ORAL TABLET	Tier-2	
SYMTUZA ORAL TABLET	Tier-2	
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier-2	
TIVICAY ORAL TABLET	Tier-2	
TRIUMEQ ORAL TABLET	Tier-2	
TRUVADA ORAL TABLET 200-300 MG	Tier-2	
<i>valacyclovir hcl oral tablet</i>	Tier-1	
VALCYTE ORAL TABLET	Tier-2	
<i>valganciclovir hcl oral solution reconstituted</i>	Tier-2	
<i>valganciclovir hcl oral tablet</i>	Tier-1	
VEMLIDY ORAL TABLET	Tier-2	
VIDEX ORAL SOLUTION RECONSTITUTED	Tier-3	
VIRACEPT ORAL TABLET	Tier-2	
VIREAD ORAL POWDER	Tier-2	
VITEKTA ORAL TABLET	Tier-2	
<i>zidovudine oral capsule</i>	Tier-1	

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Drug	Status	Notes
<i>zidovudine oral syrup</i>	Tier-1	
<i>zidovudine oral tablet</i>	Tier-1	
*ANTI-VON WILLEBRAND FACTOR AGENTS***		
CABLIVI INJECTION KIT	Tier-2	
ASSORTED CLASSES		
AZASAN ORAL TABLET	Tier-2	
<i>azathioprine oral tablet</i>	Tier-1	
<i>azathioprine sodium injection solution reconstituted</i>	Tier-1	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP
<i>cyclosporine modified oral capsule</i>	Tier-1	
<i>cyclosporine modified oral solution</i>	Tier-1	
<i>cyclosporine oral capsule</i>	Tier-1	
DEPEN TITRATABS ORAL TABLET	Tier-2	
KIONEX ORAL SUSPENSION	Tier-1	
LOKELMA ORAL PACKET	Tier-2	
<i>mycophenolate mofetil oral capsule</i>	Tier-1	
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier-2	
<i>mycophenolate mofetil oral tablet</i>	Tier-1	
<i>mycophenolate sodium oral tablet delayed release</i>	Tier-2	
<i>mycophenolic acid oral tablet delayed release</i>	Tier-1	
<i>penicillamine oral capsule</i>	Tier-2	
PROGRAF ORAL PACKET	Tier-3	
REVLIMID ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
<i>sirolimus oral solution</i>	Tier-1	
<i>sirolimus oral tablet</i>	Tier-1	
<i>sodium polystyrene sulfonate oral suspension</i>	Tier-1	
<i>tacrolimus oral capsule</i>	Tier-1	
THALOMID ORAL CAPSULE	Tier-3	SP; ^ (CM)
<i>trientine hcl oral capsule</i>	Tier-2	

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Drug	Status	Notes
VELTASSA ORAL PACKET	Tier-2	
XIAFLEX INJECTION SOLUTION RECONSTITUTED	Medical Benefit	PA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	Tier-2	SP; QL (180 TABLETS per 90 Days)
ZORTRESS ORAL TABLET 1 MG	Tier-2	QL (180 Tablets per 90 days)
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier-2	PA; SP; QL (2 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Tier-2	PA; SP; QL (4 ML per 28 days)
*BACTERIAL MONOCLONAL ANTIBODIES***		
ZINPLAVA INTRAVENOUS SOLUTION	Medical Benefit	PA
BETA BLOCKERS		
<i>acebutolol hcl oral capsule</i>	Tier-1	
<i>atenolol oral tablet</i>	Tier-1	
<i>betaxolol hcl oral tablet</i>	Tier-1	
<i>bisoprolol fumarate oral tablet</i>	Tier-1	
BYSTOLIC ORAL TABLET	Tier-3	
<i>carvedilol oral tablet</i>	Tier-1	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	Tier-2	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	
<i>labetalol hcl oral tablet</i>	Tier-1	
LEVATOL ORAL TABLET	Tier-3	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier-1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier-1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	Tier-3	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier-1	
<i>pindolol oral tablet</i>	Tier-1	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier-1	
<i>propranolol hcl oral solution</i>	Tier-1	

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Drug	Status	Notes
<i>propranolol hcl oral tablet</i>	Tier-1	
<i>sotalol hcl oral tablet</i>	Tier-1	
SOTYLIZE ORAL SOLUTION	Tier-3	
<i>timolol maleate oral tablet</i>	Tier-1	
*BILE ACID SYNTHESIS DISORDER AGENTS***		
CHOLBAM ORAL CAPSULE	Tier-2	PA
BIOLOGICALS MISC		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA; QL (30 EA per 30 days)
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA; QL (30 EA per 30 days)
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***		
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; QL (1 pack per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; QL (1 injector per 30 days)
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate oral tablet</i>	Tier-1	
CARDENE SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-1	
COVERA-HS ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG	Tier-3	
<i>dilt-cd oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl cd oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier-1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier-1	

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Drug	Status	Notes
<i>diltiazem hcl oral tablet</i>	Tier-1	
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier-1	
<i>diltzac oral capsule extended release 24 hour</i>	Tier-1	
DYNACIRC CR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
<i>felodipine er oral tablet extended release 24 hour</i>	Tier-1	
<i>isradipine oral capsule</i>	Tier-1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-1	
<i>nicardipine hcl oral capsule</i>	Tier-1	
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-1	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-1	
<i>nifedipine er oral tablet extended release 24 hour</i>	Tier-1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	Tier-1	
<i>nifedipine oral capsule</i>	Tier-1	
<i>nimodipine oral capsule</i>	Tier-1	
<i>nisoldipine er oral tablet extended release 24 hour</i>	Tier-1	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-1	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier-1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier-1	
<i>verapamil hcl oral tablet</i>	Tier-1	
CARDIOTONICS		
<i>digoxin oral solution</i>	Tier-1	
<i>digoxin oral tablet</i>	Tier-1	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	Tier-3	
CARDIOVASCULAR AGENTS - MISC.		
ADEMPAS ORAL TABLET	Tier-2	PA; SP
<i>ambrisentan oral tablet</i>	Tier-2	PA; SP
<i>amlodipine-atorvastatin oral tablet</i>	Tier-2	
BIDIL ORAL TABLET	Tier-2	

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Drug	Status	Notes
<i>bosentan oral tablet</i>	Tier-1	PA; SP
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	Tier-3	
EDEX INTRACAVERNOSAL KIT	Tier-3	
<i>epoprostenol sodium intravenous solution reconstituted</i>	Medical Benefit	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
MUSE URETHRAL PELLETT	Tier-3	
OPSUMIT ORAL TABLET	Tier-2	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE	Tier-2	PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Medical Benefit	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	Tier-3	PA; SP
<i>sildenafil citrate oral suspension reconstituted</i>	Tier-1	PA; SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier-2	QL (4 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	Tier-1	PA; SP
<i>tadalafil (pah) oral tablet</i>	Tier-2	PA; SP
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg</i>	Tier-3	QL (4 Tablets per 30 days)
<i>tadalafil oral tablet 5 mg</i>	Tier-3	PA; ¥ (PA only applies for diagnosis of Symptomatic Benign Prostatic Hyperplasia (BPH).); QL (30 Tablets per 30 days)
TRACLEER ORAL TABLET	Tier-2	PA; SP
TRACLEER ORAL TABLET SOLUBLE	Tier-2	PA; SP
TYVASO INHALATION SOLUTION	Medical Benefit	PA
TYVASO REFILL INHALATION SOLUTION	Medical Benefit	PA
TYVASO STARTER INHALATION SOLUTION	Medical Benefit	PA
<i>vardenafil hcl oral tablet</i>	Tier-2	QL (4 tablets per 30 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
VENTAVIS INHALATION SOLUTION	Medical Benefit	PA
CEPHALOSPORINS		
<i>cefaclor er oral tablet extended release 12 hour</i>	Tier-2	
<i>cefaclor oral capsule</i>	Tier-1	

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Drug	Status	Notes
<i>cefaclor oral suspension reconstituted</i>	Tier-1	
<i>cefadroxil oral capsule</i>	Tier-1	
<i>cefadroxil oral suspension reconstituted</i>	Tier-1	
<i>cefadroxil oral tablet</i>	Tier-1	
<i>cefdinir oral capsule</i>	Tier-1	
<i>cefdinir oral suspension reconstituted</i>	Tier-1	
<i>cefditoren pivoxil oral tablet</i>	Tier-1	
<i>cefixime oral capsule</i>	Tier-2	
<i>cefixime oral suspension reconstituted</i>	Tier-2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Tier-2	
<i>cefpodoxime proxetil oral tablet</i>	Tier-2	
<i>cefprozil oral suspension reconstituted</i>	Tier-1	
<i>cefprozil oral tablet</i>	Tier-1	
<i>ceftibuten oral capsule</i>	Tier-1	
<i>ceftibuten oral suspension reconstituted</i>	Tier-1	
CEFTIN ORAL SUSPENSION RECONSTITUTED	Tier-3	
<i>cefuroxime axetil oral suspension reconstituted 125 mg/5ml</i>	Tier-1	
<i>cefuroxime axetil oral tablet</i>	Tier-1	
<i>cephalexin oral capsule</i>	Tier-1	
<i>cephalexin oral suspension reconstituted</i>	Tier-1	
<i>cephalexin oral tablet</i>	Tier-1	
Suprax Oral Capsule	Not Covered	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	Tier-3	
SUPRAX ORAL TABLET CHEWABLE	Tier-3	
CONTRACEPTIVES		
AMETHIA LO ORAL TABLET	Tier-1	^ (WH)
AMETHIA ORAL TABLET	Tier-1	^ (WH)
AMETHYST ORAL TABLET	Tier-1	^ (WH)
APRI ORAL TABLET	Tier-1	^ (WH)
ARANELLE ORAL TABLET	Tier-1	^ (WH)
AVIANE ORAL TABLET	Tier-1	^ (WH)
AZURETTE ORAL TABLET	Tier-1	^ (WH)
BALCOLTRA ORAL TABLET	Tier-3	^ (WH)

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Drug	Status	Notes
BALZIVA ORAL TABLET	Tier-1	^ (WH)
BEYAZ ORAL TABLET	Tier-3	PA; ^ (WH)
BREVICON (28) ORAL TABLET	Tier-3	PA; ^ (WH)
CAMILA ORAL TABLET	Tier-1	^ (WH)
CAMRESE LO ORAL TABLET	Tier-1	^ (WH)
CAMRESE ORAL TABLET	Tier-1	^ (WH)
CRYSELLE-28 ORAL TABLET	Tier-1	^ (WH)
CYCLAFEM 1/35 ORAL TABLET	Tier-1	^ (WH)
CYCLAFEM 7/7/7 ORAL TABLET	Tier-1	^ (WH)
CYCLESSA ORAL TABLET	Tier-3	PA; ^ (WH)
DESOGEN ORAL TABLET	Tier-3	PA; ^ (WH)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	Tier-1	^ (WH)
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier-1	^ (WH)
ELLA ORAL TABLET	Tier-3	^ (WH)
ENPRESSE-28 ORAL TABLET	Tier-1	^ (WH)
ERRIN ORAL TABLET	Tier-1	^ (WH)
ESTROSTEP FE ORAL TABLET	Tier-3	PA; ^ (WH)
<i>ethynodiol diac-eth estradiol oral tablet</i>	Tier-1	^ (WH)
FAYOSIM ORAL TABLET	Tier-1	^ (WH)
FEMCON FE ORAL TABLET CHEWABLE	Tier-3	PA; ^ (WH)
GENERESS FE ORAL TABLET CHEWABLE	Tier-3	PA; ^ (WH)
GIANVI ORAL TABLET	Tier-1	^ (WH)
JOLESSA ORAL TABLET	Tier-1	^ (WH)
JOLIVETTE ORAL TABLET	Tier-1	^ (WH)
JUNEL 1.5/30 ORAL TABLET	Tier-1	^ (WH)
JUNEL 1/20 ORAL TABLET	Tier-1	^ (WH)
JUNEL FE 1.5/30 ORAL TABLET	Tier-1	^ (WH)
JUNEL FE 1/20 ORAL TABLET	Tier-1	^ (WH)
KARIVA ORAL TABLET	Tier-1	^ (WH)
KELNOR 1/35 ORAL TABLET	Tier-1	^ (WH)
KELNOR 1/50 ORAL TABLET	Tier-1	^ (WH)
LESSINA ORAL TABLET	Tier-1	^ (WH)
LEVORA 0.15/30 (28) ORAL TABLET	Tier-1	^ (WH)
LO LOESTRIN FE ORAL TABLET	Tier-3	^ (WH)
LOESTRIN 1.5/30 (21) ORAL TABLET	Tier-3	PA; ^ (WH)

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Drug	Status	Notes
LOESTRIN 1/20 (21) ORAL TABLET	Tier-3	PA; ^ (WH)
LOESTRIN 24 FE ORAL TABLET	Tier-3	PA; ^ (WH)
LOESTRIN FE 1.5/30 ORAL TABLET	Tier-3	PA; ^ (WH)
LOESTRIN FE 1/20 ORAL TABLET	Tier-3	PA; ^ (WH)
LOSEASONIQUE ORAL TABLET	Tier-3	PA; ^ (WH)
LOW-OGESTREL ORAL TABLET	Tier-1	^ (WH)
LUTERA ORAL TABLET	Tier-1	^ (WH)
MICROGESTIN 1.5/30 ORAL TABLET	Tier-1	^ (WH)
MICROGESTIN 1/20 ORAL TABLET	Tier-1	^ (WH)
MICROGESTIN FE 1.5/30 ORAL TABLET	Tier-1	^ (WH)
MICROGESTIN FE 1/20 ORAL TABLET	Tier-1	^ (WH)
MINASTRIN 24 FE ORAL TABLET CHEWABLE	Tier-3	PA; ^ (WH)
MIRCETTE ORAL TABLET	Tier-3	PA; ^ (WH)
MODICON (28) ORAL TABLET	Tier-3	PA; ^ (WH)
MONONESSA ORAL TABLET	Tier-1	^ (WH)
NATAZIA ORAL TABLET	Tier-3	^ (WH)
NECON 0.5/35 (28) ORAL TABLET	Tier-3	^ (WH)
NECON 1/35 (28) ORAL TABLET	Tier-1	^ (WH)
NECON 1/50 (28) ORAL TABLET	Tier-1	^ (WH)
NECON 10/11 (28) ORAL TABLET	Tier-3	^ (WH)
NECON 7/7/7 ORAL TABLET	Tier-1	^ (WH)
NEXT CHOICE ONE DOSE ORAL TABLET	Tier-1	^ (WH)
NEXT CHOICE ORAL TABLET	Tier-1	^ (WH)
NORA-BE ORAL TABLET	Tier-1	^ (WH)
NORDETTE (28) ORAL TABLET	Tier-3	^ (WH)
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier-1	^ (WH)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	Tier-1	^ (WH)
NORINYL 1+35 (28) ORAL TABLET	Tier-3	PA; ^ (WH)
NOR-QD ORAL TABLET	Tier-3	PA; ^ (WH)
NORTREL 1/35 (21) ORAL TABLET	Tier-1	^ (WH)
NORTREL 1/35 (28) ORAL TABLET	Tier-1	^ (WH)
NORTREL 7/7/7 ORAL TABLET	Tier-1	^ (WH)
NUVARING VAGINAL RING	Tier-2	^ (WH)
OCELLA ORAL TABLET	Tier-1	^ (WH)

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

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

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

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

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Drug	Status	Notes
<i>betamethasone dipropionate external ointment</i>	Tier-2	PA
<i>betamethasone valerate external cream</i>	Tier-1	
<i>betamethasone valerate external foam</i>	Tier-2	PA
<i>betamethasone valerate external lotion</i>	Tier-1	
<i>betamethasone valerate external ointment</i>	Tier-1	
BIONECT EXTERNAL CREAM	Tier-3	
BIONECT EXTERNAL GEL	Tier-3	
BIONECT EXTERNAL SOLUTION	Tier-3	
<i>bp wash external liquid 2.5 %</i>	Tier-3	
<i>calcipotriene external cream</i>	Tier-2	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	Tier-1	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	Tier-1	QL (120 ML per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	Tier-2	
CALCITRENE EXTERNAL OINTMENT	Tier-3	
<i>calcitriol external ointment</i>	Tier-2	
CAPEX EXTERNAL SHAMPOO	Tier-3	PA
CICLODAN EXTERNAL CREAM	Tier-1	
<i>ciclopirox external gel</i>	Tier-1	
<i>ciclopirox external shampoo</i>	Tier-2	
<i>ciclopirox external solution</i>	Tier-1	QL (1 BOTTLE per 30 Days)
<i>ciclopirox olamine external cream</i>	Tier-1	
<i>ciclopirox olamine external suspension</i>	Tier-1	
<i>ciclopirox treatment external kit</i>	Tier-1	QL (1 BOTTLE per 30 Days)
CLARAVIS ORAL CAPSULE	Tier-3	
CLINDACIN-P EXTERNAL SWAB	Tier-3	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i> , 1.2-5 %	Tier-3	
<i>clindamycin phosphate external foam</i>	Tier-3	
<i>clindamycin phosphate external gel</i>	Tier-2	
<i>clindamycin phosphate external lotion</i>	Tier-2	
<i>clindamycin phosphate external solution</i>	Tier-1	
<i>clindamycin-tretinoin external gel</i>	Tier-3	
<i>clobetasol propionate e external cream</i>	Tier-2	PA
<i>clobetasol propionate emulsion external foam</i>	Tier-2	PA
<i>clobetasol propionate external cream</i>	Tier-2	PA
<i>clobetasol propionate external foam</i>	Tier-2	PA

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Drug	Status	Notes
<i>clobetasol propionate external gel</i>	Tier-2	PA
<i>clobetasol propionate external liquid</i>	Tier-2	PA
<i>clobetasol propionate external lotion</i>	Tier-2	PA
<i>clobetasol propionate external ointment</i>	Tier-2	PA
<i>clobetasol propionate external shampoo</i>	Tier-2	PA
<i>clobetasol propionate external solution</i>	Tier-2	PA
<i>clocortolone pivalate external cream</i>	Tier-2	PA
<i>clocortolone pivalate pump external cream</i>	Tier-2	PA
<i>clotrimazole-betamethasone external cream</i>	Tier-1	
<i>clotrimazole-betamethasone external lotion</i>	Tier-2	
CONDYLOX EXTERNAL GEL	Tier-3	
CORDRAN EXTERNAL TAPE	Tier-3	PA
CORTISPORIN EXTERNAL CREAM	Tier-3	
CORTISPORIN EXTERNAL OINTMENT	Tier-3	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (2 Syringes per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Tier-2	PA; SP; QL (2 Syringes per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	Tier-2	PA; SP; QL (1 Syringe per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (1 Syringe per 28 days)
CROTAN EXTERNAL LOTION	Tier-2	
<i>dapsone external gel</i>	Tier-2	
DENAVIR EXTERNAL CREAM	Tier-3	
<i>desonide external cream</i>	Tier-2	PA
<i>desonide external lotion</i>	Tier-2	PA
<i>desonide external ointment</i>	Tier-2	PA
<i>desoximetasone external cream</i>	Tier-2	PA
<i>desoximetasone external gel</i>	Tier-2	PA
<i>desoximetasone external ointment</i>	Tier-2	PA
<i>diclofenac sodium transdermal gel 1 %</i>	Tier-1	QL (2 Tubes per 1 Fill)
<i>diclofenac sodium transdermal gel 3 %</i>	Tier-3	QL (200 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	Tier-1	QL (1 Bottle per 30 days)

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Drug	Status	Notes
DIFFERIN GEL 0.1 % EXTERNAL (OTC)	Tier-1	PA; # (OTC)
<i>diflorasone diacetate external cream</i>	Tier-2	PA
<i>diflorasone diacetate external ointment</i>	Tier-2	PA
<i>doxepin hcl external cream</i>	Tier-2	QL (90 GM per 30 days)
<i>doxycycline oral capsule delayed release</i>	Tier-2	
DRYSOL EXTERNAL SOLUTION	Tier-1	
<i>econazole nitrate external cream</i>	Tier-1	
ELETONE EXTERNAL CREAM	Tier-3	
ERTACZO EXTERNAL CREAM	Tier-3	
<i>ery external pad</i>	Tier-1	
<i>erythromycin external gel</i>	Tier-1	
<i>erythromycin external pad</i>	Tier-1	
<i>erythromycin external solution</i>	Tier-1	
EURAX EXTERNAL CREAM	Tier-2	
EXELDERM EXTERNAL CREAM	Tier-3	
EXELDERM EXTERNAL SOLUTION	Tier-3	
FABIOR EXTERNAL FOAM	Tier-3	PA
FINACEA EXTERNAL FOAM	Tier-2	
<i>fluocinolone acetonide body external oil</i>	Tier-2	PA
<i>fluocinolone acetonide external cream</i>	Tier-1	
<i>fluocinolone acetonide external ointment</i>	Tier-1	
<i>fluocinolone acetonide external solution</i>	Tier-2	PA
<i>fluocinolone acetonide scalp external oil</i>	Tier-2	PA
<i>fluocinonide external cream 0.05 %</i>	Tier-1	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	Tier-2	PA; QL (240 GM per 30 days)
<i>fluocinonide external gel</i>	Tier-2	PA; QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	Tier-2	PA; QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	Tier-2	PA; QL (60 ML per 30 days)
FLUOROPLEX EXTERNAL CREAM	Tier-2	
<i>fluorouracil external cream</i>	Tier-1	
<i>fluorouracil external solution</i>	Tier-1	
<i>flurandrenolide external cream</i>	Tier-2	PA
<i>flurandrenolide external lotion</i>	Tier-2	PA
<i>flurandrenolide external ointment</i>	Tier-2	PA
<i>fluticasone propionate external cream</i>	Tier-1	
<i>fluticasone propionate external lotion</i>	Tier-2	PA

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Drug	Status	Notes
<i>fluticasone propionate external ointment</i>	Tier-1	
<i>gentamicin sulfate external cream</i>	Tier-1	
<i>gentamicin sulfate external ointment</i>	Tier-1	
<i>halcinonide external cream</i>	Tier-2	PA
<i>halobetasol propionate external cream</i>	Tier-2	PA
<i>halobetasol propionate external ointment</i>	Tier-2	PA
HALOG EXTERNAL CREAM	Tier-3	PA
HALOG EXTERNAL OINTMENT	Tier-3	PA
<i>hydrocortisone butyr lipo base external cream</i>	Tier-2	PA
<i>hydrocortisone butyrate external cream</i>	Tier-2	PA
<i>hydrocortisone butyrate external lotion</i>	Tier-2	PA
<i>hydrocortisone butyrate external ointment</i>	Tier-1	
<i>hydrocortisone butyrate external solution</i>	Tier-2	PA
<i>hydrocortisone external cream 2.5 %</i>	Tier-1	
<i>hydrocortisone external lotion 2.5 %</i>	Tier-1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier-1	
<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</i>	Tier-1	
<i>imiquimod pump external cream</i>	Tier-2	QL (1 BOTTLE per 30 days)
KERALYT EXTERNAL GEL 3 %	Tier-3	
<i>ketoconazole external cream</i>	Tier-1	
<i>ketoconazole external foam</i>	Tier-3	
<i>ketoconazole external shampoo 2 %</i>	Tier-1	
LACLOTION EXTERNAL LOTION	Tier-1	
LAVOCLEN-4 ACNE WASH EXTERNAL KIT	Tier-1	
LAVOCLEN-8 ACNE WASH EXTERNAL KIT	Tier-1	
<i>lidocaine external ointment</i>	Tier-2	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Tier-3	PA; QL (30 PATCHES per 30 days)
<i>lidocaine hcl external gel 2 %</i>	Tier-1	
<i>lidocaine pain relief external patch</i>	Tier-2	# (All lidocaine 4% OTC patches are covered); QL (30 patches per 30 days)
<i>lidocaine-prilocaine external cream</i>	Tier-1	

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Drug	Status	Notes
<i>lidocaine-prilocaine external kit</i>	Tier-1	
<i>lidocaine-tetracaine external cream</i>	Tier-2	
LIDOVIR EXTERNAL OINTMENT	Tier-3	QL (1 KIT per 30 Days)
<i>lindane external lotion</i>	Tier-1	
<i>lindane external shampoo</i>	Tier-1	
<i>luliconazole external cream</i>	Tier-2	
<i>mafenide acetate external packet</i>	Tier-2	
<i>malathion external lotion</i>	Tier-2	
MENTAX EXTERNAL CREAM	Tier-3	
<i>methoxsalen rapid oral capsule</i>	Tier-1	
<i>metronidazole external cream</i>	Tier-1	
<i>metronidazole external gel 0.75 %</i>	Tier-1	
<i>metronidazole external gel 1 %</i>	Tier-2	
<i>metronidazole external lotion</i>	Tier-2	
<i>mometasone furoate external cream</i>	Tier-1	
<i>mometasone furoate external ointment</i>	Tier-1	
<i>mometasone furoate external solution</i>	Tier-1	
<i>mupirocin calcium external cream</i>	Tier-2	
<i>mupirocin external ointment</i>	Tier-1	
<i>naftifine hcl external cream</i>	Tier-2	
NAFTIN EXTERNAL GEL	Tier-3	
NATROBA EXTERNAL SUSPENSION	Tier-3	
NORITATE EXTERNAL CREAM	Tier-3	
NUCORT EXTERNAL LOTION	Tier-3	
<i>nystatin external cream</i>	Tier-1	
<i>nystatin external ointment</i>	Tier-1	
<i>nystatin external powder</i>	Tier-1	
<i>nystatin-triamcinolone external cream</i>	Tier-1	
<i>nystatin-triamcinolone external ointment</i>	Tier-1	
NYSTOP EXTERNAL POWDER	Tier-1	
OPTASE EXTERNAL GEL	Tier-3	
<i>oxiconazole nitrate external cream</i>	Tier-2	
OXISTAT EXTERNAL LOTION	Tier-2	
OXSORALEN EXTERNAL LOTION	Tier-2	
PANDEL EXTERNAL CREAM	Tier-3	PA
PANRETIN EXTERNAL GEL	Tier-3	

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Drug	Status	Notes
<i>permethrin external cream</i>	Tier-1	
PICATO EXTERNAL GEL 0.015 %	Tier-3	QL (1 CARTON per 3 Days)
PICATO EXTERNAL GEL 0.05 %	Tier-3	QL (1 CARTON per 2 Days)
<i>pimecrolimus external cream</i>	Tier-2	STPA
<i>podofilox external solution</i>	Tier-1	
PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID	Tier-2	
<i>prednicarbate external cream</i>	Tier-2	PA
<i>prednicarbate external ointment</i>	Tier-1	
QBREXZA EXTERNAL PAD	Tier-3	PA; QL (30 pads per 30 days)
REGRANEX EXTERNAL GEL	Tier-2	
ROSADAN EXTERNAL CREAM	Tier-1	
ROSADAN EXTERNAL GEL	Tier-1	
SALACYN EXTERNAL CREAM	Tier-1	
SALACYN EXTERNAL LOTION	Tier-1	
<i>salicylic acid external foam</i>	Tier-3	
<i>salicylic acid external liquid 27.5 %</i>	Tier-1	
SANTYL EXTERNAL OINTMENT	Tier-3	
<i>selenium sulfide external lotion</i>	Tier-1	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (2 Syringes per 28 days)
<i>silver sulfadiazine external cream</i>	Tier-1	
SILVRSTAT WOUND DRESSING EXTERNAL GEL	Tier-3	
SKLICE EXTERNAL LOTION	Tier-3	QL (1 Bottle per 1 Fill)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-2	PA; SP; QL (2 syringes per 84 days)
SOOLANTRA EXTERNAL CREAM	Tier-3	
<i>spinosad external suspension</i>	Tier-2	QL (1 Bottle per 1 Fill)
SSD EXTERNAL CREAM	Tier-1	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier-2	PA; SP; QL (1 Syringe per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier-2	PA; SP; ¥ (1 injection every 54 days for Crohn's Disease); QL (1 Syringe per 84 days)
SULFAMYLON EXTERNAL CREAM	Tier-3	
<i>tacrolimus external ointment</i>	Tier-2	STPA

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Drug	Status	Notes
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; SP; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)
TARGRETIN EXTERNAL GEL	Tier-2	SP
<i>tazarotene external cream</i>	Tier-2	PA; ¥ (PA applies to members 26 and older)
TAZORAC EXTERNAL CREAM 0.05 %	Tier-2	PA
TAZORAC EXTERNAL GEL	Tier-2	PA
TEXACORT EXTERNAL SOLUTION	Tier-3	PA
THERMAZENE EXTERNAL CREAM	Tier-1	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	PA; SP; QL (1 Pen per 54 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (1 Syringes per 54 days)
<i>tretinoin external cream</i>	Tier-2	PA
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Tier-1	PA
<i>tretinoin external gel 0.05 %</i>	Tier-3	PA
<i>tretinoin microsphere external gel</i>	Tier-3	PA
<i>tretinoin microsphere pump external gel</i>	Tier-3	PA
<i>triamcinolone acetonide external aerosol solution</i>	Tier-2	PA
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	Tier-1	
<i>triamcinolone acetonide external lotion</i>	Tier-1	
<i>triamcinolone acetonide external ointment</i>	Tier-1	
TRIANEX EXTERNAL OINTMENT	Tier-3	PA
ULESFIA EXTERNAL LOTION	Tier-3	QL (6 Bottles per 7 Days)
<i>urea external cream 10 %, 20 %, 39 %, 40 %, 45 %, 50 %</i>	Tier-2	
<i>urea external gel</i>	Tier-2	
VALCHLOR EXTERNAL GEL	Tier-2	PA
XCLAIR EXTERNAL CREAM	Tier-3	
XEPI EXTERNAL CREAM	Tier-3	
ZYCLARA EXTERNAL CREAM	Tier-3	QL (1 BOX per 30 Days)
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	Tier-3	QL (1 BOTTLE per 30 Days)

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Drug	Status	Notes
DIAGNOSTIC PRODUCTS		
ONETOUCH ULTRA BLUE IN VITRO STRIP	Tier-2	
ONETOUCH VERIO IN VITRO STRIP	Tier-2	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DEPLIN 15 ORAL CAPSULE	Tier-3	
DEPLIN 7.5 ORAL CAPSULE	Tier-3	
DEPLIN ORAL TABLET	Tier-3	
<i>l-methylfolate oral tablet</i>	Tier-3	
DIGESTIVE AIDS		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT	Tier-3	
<i>pancrelipase (lip-prot-amyl) oral capsule delayed release particles</i>	Tier-1	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
SUCRAID ORAL SOLUTION	Tier-3	
ULTRESA ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
VIOKACE ORAL TABLET	Tier-3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
*DIRECT-ACTING P2Y12 INHIBITORS***		
BRILINTA ORAL TABLET	Tier-3	
DIURETICS		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier-1	
<i>acetazolamide oral tablet</i>	Tier-1	
<i>amiloride hcl oral tablet</i>	Tier-1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>bumetanide oral tablet</i>	Tier-1	
<i>chlorothiazide oral tablet</i>	Tier-1	
<i>chlorthalidone oral tablet</i>	Tier-1	
DIURIL ORAL SUSPENSION	Tier-3	

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Drug	Status	Notes
DYRENIUM ORAL CAPSULE	Tier-3	
<i>ethacrynic acid oral tablet</i>	Tier-2	
<i>furosemide oral solution 10 mg/ml, 40 mg/4ml</i>	Tier-1	
<i>furosemide oral solution 8 mg/ml</i>	Tier-3	
<i>furosemide oral tablet</i>	Tier-1	
<i>hydrochlorothiazide oral capsule</i>	Tier-1	
<i>hydrochlorothiazide oral tablet</i>	Tier-1	
<i>indapamide oral tablet</i>	Tier-1	
KEVEYIS ORAL TABLET	Tier-3	PA
<i>methazolamide oral tablet</i>	Tier-1	
<i>methyclothiazide oral tablet</i>	Tier-1	
<i>metolazone oral tablet</i>	Tier-1	
<i>spironolactone oral tablet</i>	Tier-1	
<i>spironolactone-hctz oral tablet</i>	Tier-1	
<i>torseamide oral tablet</i>	Tier-1	
<i>triamterene oral capsule</i>	Tier-2	
<i>triamterene-hctz oral capsule</i>	Tier-1	
<i>triamterene-hctz oral tablet</i>	Tier-1	
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***		
SUNOSI ORAL TABLET	Tier-3	PA; QL (30 tablets per 30 days)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ACTHAR INJECTION GEL	Tier-2	PA; SP
<i>alendronate sodium oral tablet</i>	Tier-1	
BUPHENYL ORAL TABLET	Tier-3	
<i>cabergoline oral tablet</i>	Tier-1	
<i>calcitonin (salmon) nasal solution</i>	Tier-1	
<i>calcitriol oral capsule</i>	Tier-1	
<i>calcitriol oral solution</i>	Tier-1	
CARBAGLU ORAL TABLET	Tier-2	PA
CETROTIDE SUBCUTANEOUS KIT	Tier-2	PA; SP
<i>chorionic gonadotropin intramuscular solution reconstituted</i>	Tier-3	SP
<i>clomiphene citrate oral tablet</i>	Tier-1	
CYSTADANE ORAL POWDER	Tier-3	

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Drug	Status	Notes
<i>desmopressin ace spray refrig nasal solution</i>	Tier-1	
<i>desmopressin acetate oral tablet</i>	Tier-1	
<i>doxercalciferol oral capsule</i>	Tier-2	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP
<i>etidronate disodium oral tablet</i>	Tier-1	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
FOLLISTIM AQ INJECTION SOLUTION	Tier-3	PA; SP
FOLLISTIM AQ SUBCUTANEOUS SOLUTION	Tier-3	PA; SP
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	Tier-2	PA; SP
FORTICAL NASAL SOLUTION	Tier-3	
GALAFOLD ORAL CAPSULE	Tier-2	PA
<i>ganirelix acetate subcutaneous solution</i>	Tier-3	PA; SP; ¥ (Generic Product only. Brand is Non-covered.)
GONAL-F INJECTION SOLUTION RECONSTITUTED	Tier-2	PA; SP
GONAL-F RFF PEN SUBCUTANEOUS SOLUTION	Tier-2	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	PA; SP
<i>ibandronate sodium oral tablet</i>	Tier-1	
INCRELEX SUBCUTANEOUS SOLUTION	Tier-2	PA; SP
JYNARQUE ORAL TABLET THERAPY PACK	Tier-3	
KUVAN ORAL PACKET	Tier-2	PA; SP
KUVAN ORAL TABLET SOLUBLE	Tier-2	PA; SP
<i>levocarnitine oral solution</i>	Tier-1	
<i>levocarnitine oral tablet</i>	Tier-1	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	PA; SP
MIACALCIN INJECTION SOLUTION	Tier-2	
NATPARA SUBCUTANEOUS CARTRIDGE	Tier-2	SP; QL (2 Cartridges per 28 days)
<i>nitisinone oral capsule</i>	Tier-2	PA
NITYR ORAL TABLET	Tier-2	PA

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Drug	Status	Notes
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier-2	PA; SP
NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS SOLUTION 30 MG/3ML	Tier-2	PA; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	Tier-2	PA; SP
ORFADIN ORAL CAPSULE	Tier-2	PA
ORFADIN ORAL SUSPENSION	Tier-2	PA
ORLISSA ORAL TABLET 150 MG	Tier-3	PA; QL (30 tablets per 30 days)
ORLISSA ORAL TABLET 200 MG	Tier-3	PA; QL (60 tablets per 30 days)
OSPHENA ORAL TABLET	Tier-3	
OVIDREL SUBCUTANEOUS INJECTABLE	Tier-2	SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	Tier-2	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier-2	PA; QL (1 syringe per 1 day)
<i>paricalcitol oral capsule</i>	Tier-1	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-2	PA; SP
PROLIA SUBCUTANEOUS SOLUTION	Medical Benefit	PA
<i>raloxifene hcl oral tablet</i>	Tier-1	^ (ACA)
RAVICTI ORAL LIQUID	Tier-3	PA; SP
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	Tier-2	
<i>risedronate sodium oral tablet delayed release</i>	Tier-2	
SAMSCA ORAL TABLET	Tier-3	SP; QL (14 TABLETS per 7 Days)
SENSIPAR ORAL TABLET	Tier-2	SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Tier-2	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED	Medical Benefit	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 30 MG	Medical Benefit	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier-2	PA; QL (60 Ampules per 30 Days)
SKELID ORAL TABLET	Tier-2	
<i>sodium phenylbutyrate oral tablet</i>	Tier-2	

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Drug	Status	Notes
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	Tier-3	PA; SP
SYNAREL NASAL SOLUTION	Tier-2	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	PA; SP
XGEVA SUBCUTANEOUS SOLUTION	Medical Benefit	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	PA; SP
ESTROGENS		
ALORA TRANSDERMAL PATCH TWICE WEEKLY	Tier-3	
ANGELIQ ORAL TABLET	Tier-3	
CENESTIN ORAL TABLET	Tier-3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	Tier-2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Tier-2	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	Tier-3	
DIVIGEL TRANSDERMAL GEL	Tier-3	
ELESTRIN TRANSDERMAL GEL	Tier-3	
ENJUVIA ORAL TABLET	Tier-3	
<i>estradiol oral tablet</i>	Tier-1	
<i>estradiol transdermal patch twice weekly</i>	Tier-2	
<i>estradiol transdermal patch weekly</i>	Tier-1	
<i>estradiol-norethindrone acet oral tablet</i>	Tier-1	
ESTRASORB TRANSDERMAL EMULSION	Tier-3	
ESTROGEL TRANSDERMAL GEL	Tier-3	
EVAMIST TRANSDERMAL SOLUTION	Tier-3	QL (1 Bottle per 1 Fill)
FEMTRACE ORAL TABLET 0.45 MG, 0.9 MG	Tier-3	
JEVANTIQUÉ ORAL TABLET	Tier-1	
JINTELI ORAL TABLET	Tier-1	
MENEST ORAL TABLET	Tier-3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier-3	
MIMVEY LO ORAL TABLET	Tier-1	
MIMVEY ORAL TABLET	Tier-1	

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Drug	Status	Notes
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Tier-1	
PREFEST ORAL TABLET	Tier-2	
PREMARIN INJECTION SOLUTION RECONSTITUTED	Tier-3	
PREMARIN ORAL TABLET	Tier-3	
PREMPHASE ORAL TABLET	Tier-3	
PREMPRO ORAL TABLET	Tier-2	
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
DUAVEE ORAL TABLET	Tier-2	
*FARNESOID X RECEPTOR (FXR) AGONISTS***		
OCALIVA ORAL TABLET	Tier-2	PA; SP; QL (30 TABLETS per 30 days)
FLUOROQUINOLONES		
BAXDELA ORAL TABLET	Tier-3	
<i>ciprofloxacin hcl oral tablet</i>	Tier-1	
<i>levofloxacin oral solution</i>	Tier-1	
<i>levofloxacin oral tablet</i>	Tier-1	
<i>moxifloxacin hcl oral tablet</i>	Tier-2	
NOROXIN ORAL TABLET	Tier-3	
<i>ofloxacin oral tablet</i>	Tier-1	
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID***		
ZULRESSO INTRAVENOUS SOLUTION	Medical Benefit	PA
GASTROINTESTINAL AGENTS - MISC.		
<i>alosetron hcl oral tablet</i>	Tier-1	
AMITIZA ORAL CAPSULE	Tier-2	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-2	
<i>balsalazide disodium oral capsule</i>	Tier-1	
<i>calcium acetate (phos binder) oral capsule</i>	Tier-1	
<i>calcium acetate (phos binder) oral tablet</i>	Tier-1	
CIMZIA PREFILLED SUBCUTANEOUS KIT	Tier-2	PA; SP; QL (2 Injections per 28 Days)
CIMZIA STARTER KIT SUBCUTANEOUS KIT	Tier-2	PA; SP; QL (2 Injections per 28 Days)

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Drug	Status	Notes
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier-2	PA; SP; QL (2 Injections per 28 days)
<i>cromolyn sodium oral concentrate</i>	Tier-1	
DIPENTUM ORAL CAPSULE	Tier-2	
<i>enulose oral solution</i>	Tier-1	
GATTEX SUBCUTANEOUS KIT	Tier-2	SP; QL (30 Vials per 30 Days)
<i>generlac oral solution</i>	Tier-1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>lanthanum carbonate oral tablet chewable</i>	Tier-2	
LINZESS ORAL CAPSULE	Tier-2	QL (30 CAPSULES per 30 Days)
<i>mesalamine oral capsule delayed release</i>	Tier-2	
<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	
<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)
MOVANTI ORAL TABLET	Tier-2	
PENTASA ORAL CAPSULE EXTENDED RELEASE	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	
SFROWASA RECTAL ENEMA	Tier-2	
<i>sulfasalazine oral tablet</i>	Tier-1	
<i>sulfasalazine oral tablet delayed release</i>	Tier-1	
SULFAZINE ORAL TABLET	Tier-1	
<i>ursodiol oral capsule</i>	Tier-1	
<i>ursodiol oral tablet</i>	Tier-1	
GENITOURINARY AGENTS - MISCELLANEOUS		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier-1	
CYSTAGON ORAL CAPSULE	Tier-3	SP

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Drug	Status	Notes
<i>dutasteride oral capsule</i>	Tier-1	
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier-1	
ELMIRON ORAL CAPSULE	Tier-3	
<i>finasteride oral tablet 5 mg</i>	Tier-1	
<i>potassium citrate er oral tablet extended release</i>	Tier-2	
<i>tamsulosin hcl oral capsule</i>	Tier-1	
THIOLA EC ORAL TABLET DELAYED RELEASE	Tier-3	
*GLYCOPEPTIDES***		
FIRST-VANCOMYCIN 25 ORAL SOLUTION	Tier-3	
FIRST-VANCOMYCIN 50 ORAL SOLUTION	Tier-3	
FIRVANQ ORAL SOLUTION RECONSTITUTED	Tier-3	QL (2 ML per 10 days)
<i>vancomycin hcl oral capsule</i>	Tier-2	
GOUT AGENTS		
<i>allopurinol oral tablet</i>	Tier-1	
<i>colchicine oral capsule</i>	Tier-2	QL (180 EA per 90 days)
<i>colchicine oral tablet</i>	Tier-2	QL (180 EA per 90 days)
<i>colchicine-probenecid oral tablet</i>	Tier-1	
<i>febuxostat oral tablet</i>	Tier-2	STPA
KRYSTEXXA INTRAVENOUS SOLUTION	Medical Benefit	PA
<i>probenecid oral tablet</i>	Tier-1	
ULORIC ORAL TABLET	Tier-3	STPA
HEMATOLOGICAL AGENTS - MISC.		
<i>adynovate intravenous solution reconstituted</i>	Medical Benefit	PA
AFSTYLA INTRAVENOUS KIT	Medical Benefit	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Medical Benefit	PA
<i>anagrelide hcl oral capsule</i>	Tier-1	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier-2	
BRILINTA ORAL TABLET	Tier-3	
<i>cilostazol oral tablet</i>	Tier-1	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>clopidogrel bisulfate oral tablet</i>	Tier-1	

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Drug	Status	Notes
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>dipyridamole oral tablet</i>	Tier-1	
FIRAZYR SUBCUTANEOUS SOLUTION	Tier-2	PA; SP; QL (3 ML per 1 Fill)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	PA; SP
<i>icatibant acetate subcutaneous solution</i>	Tier-2	PA; SP; QL (3 ML per 1 Fill)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Medical Benefit	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Medical Benefit	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
NUWIQ INTRAVENOUS KIT	Medical Benefit	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>obizur intravenous solution reconstituted</i>	Medical Benefit	PA
<i>pentoxifylline er oral tablet extended release</i>	Tier-1	
<i>prasugrel hcl oral tablet</i>	Tier-2	
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT	Medical Benefit	
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT	Medical Benefit	
SOLIRIS INTRAVENOUS SOLUTION 10 MG/ML	Medical Benefit	PA
<i>ticlopidine hcl oral tablet</i>	Tier-1	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
HEMATOPOIETIC AGENTS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier-2	SP; QL (4 ML per 30 days)

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Drug	Status	Notes
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Tier-2	SP; QL (4 ML per 30 days)
CERDELGA ORAL CAPSULE	Tier-2	SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
<i>cyanocobalamin injection solution</i>	Tier-1	
DOPTELET ORAL TABLET 20 MG	Tier-3	PA; SP
DROXIA ORAL CAPSULE	Tier-2	^ (CM)
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier-2	SP; QL (10 vials per 14 Days)
FERIVA ORAL CAPSULE	Tier-3	
FERRALET 90 ORAL TABLET	Tier-3	
<i>folic acid oral tablet 1 mg</i>	Tier-1	^ (ACA)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP; QL (1 ML per 14 days)
FUSION PLUS ORAL CAPSULE	Tier-3	
GRANIX SUBCUTANEOUS SOLUTION	Tier-2	PA; SP; QL (10 vials per 14 days)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (10 Syringes per 14 days)
INTEGRA F ORAL CAPSULE	Tier-3	
INTEGRA PLUS ORAL CAPSULE	Tier-3	
IROSPAN 24/6 ORAL	Tier-3	
LEUKINE INJECTION SOLUTION	Tier-2	SP; QL (6 vials per 14 Days)
MAXARON FORTE ORAL CAPSULE	Tier-3	
MAXARON FORTE ORAL TABLET	Tier-3	
<i>miglustat oral capsule</i>	Tier-3	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	Tier-2	QL (2 Syringes per 28 days)
MULPLETA ORAL TABLET	Tier-3	PA; SP
NASCOBAL NASAL SOLUTION	Tier-2	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (1 Syringe per 14 days)

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Drug	Status	Notes
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier-2	PA; SP; QL (10 VIALS per 14 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP; QL (10 Syringes per 14 days)
NIVESTYM INJECTION SOLUTION	Tier-2	PA; SP; QL (10 syringes per 14 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (10 syringes per 14 days)
NOVAFERRUM ORAL SOLUTION RECONSTITUTED	Tier-3	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	Medical Benefit	
PROCRIT INJECTION SOLUTION	Tier-2	SP; QL (10 vials per 14 Days)
PROMACTA ORAL PACKET	Tier-2	SP; QL (60 packets per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 75 MG	Tier-2	SP; QL (30 TABLETS per 30 days)
PROMACTA ORAL TABLET 25 MG	Tier-2	SP; QL (30 TABLETS per 30 Days)
PROMACTA ORAL TABLET 50 MG	Tier-2	SP; QL (60 TABLETS per 30 days)
RETACRIT INJECTION SOLUTION	Tier-2	SP; QL (10 vials per 14 days)
SIKLOS ORAL TABLET	Tier-2	PA; ^ (CM)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; QL (0.6 mL per 14 days)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier-2	SP; QL (10 Syringes per 14 days)
HEMOSTATICS		
AMICAR ORAL SOLUTION	Tier-3	
AMICAR ORAL SYRUP	Tier-3	
<i>aminocaproic acid oral solution</i>	Tier-2	
<i>aminocaproic acid oral tablet</i>	Tier-2	
<i>tranexamic acid oral tablet</i>	Tier-1	QL (30 TABLETS per 28 Days)
*HEPATITIS C AGENT - COMBINATIONS***		
EPCLUSA ORAL TABLET	Tier-2	PA; SP; ¥ (Generic formulations are non-covered)

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Drug	Status	Notes
HARVONI ORAL TABLET 90-400 MG	Tier-2	PA; SP; ¥ (Generic formulations are non-covered)
VOSEVI ORAL TABLET	Tier-2	PA; SP
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**		
XURIDEN ORAL PACKET	Tier-2	PA; QL (120 Packets per 30 days)
HYPNOTICS		
<i>chloral hydrate oral syrup</i>	Tier-1	
<i>estazolam oral tablet</i>	Tier-1	
<i>eszopiclone oral tablet</i>	Tier-1	QL (10 TABLETS per 30 days)
<i>flurazepam hcl oral capsule</i>	Tier-1	
HETLIOZ ORAL CAPSULE	Tier-3	PA; QL (30 EA per 30 days)
<i>phenobarbital oral elixir</i>	Tier-1	
<i>phenobarbital oral solution</i>	Tier-1	
<i>phenobarbital oral tablet</i>	Tier-1	
<i>ramelteon oral tablet</i>	Tier-2	STPA; QL (10 tablets per 30 days)
ROZEREM ORAL TABLET	Tier-3	STPA; QL (10 TABLETS per 30 Days)
<i>temazepam oral capsule</i>	Tier-1	
<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	QL (10 TABLETS per 30 Days)
<i>zolpidem tartrate sublingual tablet sublingual</i>	Tier-2	STPA; QL (10 TABLETS per 30 days)
ZOLPIMIST ORAL SOLUTION	Tier-3	STPA; QL (1 Unit per 30 Days)
*HYPOPHOSPHATASIA (HPP) AGENTS***		
STRENSIQ SUBCUTANEOUS SOLUTION	Tier-2	PA; QL (24 VIALS per 28 days)
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***		
VIBERZI ORAL TABLET	Tier-3	
*INTEGRIN RECEPTOR ANTAGONISTS***		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
*INTERLEUKIN ANTAGONISTS***		
STELARA INTRAVENOUS SOLUTION	Medical Benefit	PA

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

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Drug	Status	Notes
HALFLYTELY WITH FLAVOR PACKS ORAL KIT	Tier-2	
KRISTALOSE ORAL PACKET	Tier-3	
<i>lactulose oral solution</i>	Tier-1	
MOVIPREP ORAL SOLUTION RECONSTITUTED	Tier-3	^ (ACA)
OSMOPREP ORAL TABLET	Tier-3	
<i>peg 3350/electrolytes oral solution reconstituted</i>	Tier-1	^ (ACA)
PLENVU ORAL SOLUTION RECONSTITUTED	Tier-3	^ (May be covered at no copayment for members age 50 through 74)
PREPOPIK ORAL PACKET	Tier-3	^ (ACA)
SUPREP BOWEL PREP KIT ORAL SOLUTION	Tier-3	^ (ACA)
TRILYTE ORAL SOLUTION RECONSTITUTED	Tier-1	^ (May be covered at no copayment for members age 50 through 74)
*LEPTIN ANALOGUES***		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; QL (30 Injections per 30 days)
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
XIIDRA OPHTHALMIC SOLUTION	Tier-2	PA
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***		
KANUMA INTRAVENOUS SOLUTION	Medical Benefit	PA; SP
MACROLIDES		
<i>azithromycin oral packet</i>	Tier-1	
<i>azithromycin oral suspension reconstituted</i>	Tier-1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier-1	
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier-1	
<i>clarithromycin oral suspension reconstituted</i>	Tier-1	
<i>clarithromycin oral tablet</i>	Tier-1	
DIFICID ORAL TABLET	Tier-3	PA
E.E.S. 400 ORAL TABLET	Tier-1	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	Tier-2	

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Drug	Status	Notes
ERY-TAB ORAL TABLET DELAYED RELEASE	Tier-2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier-1	
<i>erythromycin base oral capsule delayed release particles</i>	Tier-1	
<i>erythromycin base oral tablet</i>	Tier-1	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	Tier-2	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier-1	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier-1	
PCE ORAL TABLET DELAYED RELEASE	Tier-3	
ZMAX ORAL SUSPENSION RECONSTITUTED	Tier-3	
MIGRAINE PRODUCTS		
<i>almotriptan malate oral tablet</i>	Tier-2	QL (6 TABLETS per 30 days)
ALSUMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	STPA; QL (4 Vials per 30 days)
<i>dihydroergotamine mesylate nasal solution</i>	Tier-3	QL (1 Box per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	Tier-2	QL (6 EA per 30 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier-3	
<i>ergotamine-caffeine oral tablet</i>	Tier-2	
MIGERGOT RECTAL SUPPOSITORY	Tier-3	
MIGRANAL NASAL SOLUTION	Tier-3	QL (1 Box per 30 Days)
<i>naratriptan hcl oral tablet</i>	Tier-1	QL (9 TABLETS per 30 Days)
ONZETRA XSAIL NASAL EXHALER POWDER	Tier-3	STPA; ¥ (Max of 1 kit (8 units) per 30 days); QL (16 Units per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Tier-1	QL (9 TABLETS per 30 Days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier-1	QL (9 TABLETS per 30 Days)
<i>sumatriptan nasal solution 20 mg/act</i>	Tier-1	QL (1 Box per 30 Days)
<i>sumatriptan nasal solution 5 mg/act</i>	Tier-1	QL (2 Boxes per 30 Days)
<i>sumatriptan succinate oral tablet</i>	Tier-1	QL (9 TABLETS per 30 Days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Tier-1	QL (4 INJECTIONS per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier-1	QL (4 Injections per 30 Days)

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Drug	Status	Notes
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Tier-1	QL (4 INJECTIONS per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	Tier-1	QL (4 INJECTIONS per 30 days)
<i>sumatriptan-naproxen sodium oral tablet</i>	Tier-2	PA; QL (9 EA per 30 days)
<i>zolmitriptan oral tablet</i>	Tier-2	QL (6 TABLETS per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	Tier-2	QL (6 TABLETS per 30 Days)
ZOMIG NASAL SOLUTION	Tier-3	STPA; QL (1 Box per 30 Days)
MINERALS & ELECTROLYTES		
EFFER-K ORAL TABLET EFFERVESCENT	Tier-3	
GALZIN ORAL CAPSULE	Tier-2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	Tier-1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	Tier-1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	Tier-3	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE	Tier-1	
KLOR-CON ORAL TABLET EXTENDED RELEASE	Tier-1	
LURIDE ORAL SOLUTION	Tier-3	^ (ACA)
LURIDE ORAL TABLET CHEWABLE	Tier-3	^ (ACA)
<i>potassium chloride crys er oral tablet extended release</i>	Tier-1	
<i>potassium chloride er oral capsule extended release</i>	Tier-1	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	Tier-1	
<i>potassium chloride oral packet</i>	Tier-2	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier-2	
<i>sodium fluoride oral solution</i>	Tier-1	^ (ACA)
<i>sodium fluoride oral tablet</i>	Tier-1	^ (ACA)
<i>sodium fluoride oral tablet chewable</i>	Tier-1	^ (ACA)
*MIXED ALLERGENIC EXTRACTS***		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA; QL (30 EA per 30 days)

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

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Drug	Status	Notes
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	Tier-3	PA; SP; QL (10 tablets per 30 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	Tier-3	PA; SP; QL (10 tablets per 30 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	Tier-3	PA; SP; QL (10 tablets per 30 days)
MULTIVITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE	Tier-3	
CITRANATAL DHA ORAL	Tier-3	
CITRANATAL RX ORAL TABLET	Tier-3	
GESTICARE DHA ORAL 27-1 & 250 MG	Tier-3	
MARNATAL-F ORAL CAPSULE	Tier-3	
<i>mynephrocaps oral capsule</i>	Tier-1	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	Tier-3	
<i>pnv-dha+docusate oral capsule</i>	Tier-1	
<i>pnv-ob/dha oral</i>	Tier-3	
<i>prenatal plus iron oral tablet</i>	Tier-3	
PREQUE 10 ORAL TABLET	Tier-3	
SELECT-OB+DHA ORAL	Tier-3	
VITAFOL-OB+DHA ORAL	Tier-3	
<i>vol-tab rx oral tablet</i>	Tier-3	
*MUSCULAR DYSTROPHY AGENTS***		
EXONDYS 51 INTRAVENOUS SOLUTION	Medical Benefit	PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen oral tablet</i>	Tier-1	
<i>carisoprodol oral tablet</i>	Tier-1	
<i>carisoprodol-aspirin oral tablet</i>	Tier-1	
<i>carisoprodol-aspirin-codeine oral tablet</i>	Tier-1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier-1	
<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; SP
<i>metaxalone oral tablet 800 mg</i>	Tier-2	
<i>methocarbamol oral tablet</i>	Tier-1	

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Drug	Status	Notes
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Tier-1	
<i>orphenadrine compound-ds oral tablet</i>	Tier-1	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	Tier-1	
OZOBAX ORAL SOLUTION	Tier-3	PA
<i>tizanidine hcl oral capsule</i>	Tier-1	
<i>tizanidine hcl oral tablet</i>	Tier-1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
<i>azelastine hcl nasal solution 0.1 %</i>	Tier-1	QL (3 EA per 90 Days)
<i>azelastine hcl nasal solution 0.15 %</i>	Tier-1	QL (3 EA per 90 days)
BACTROBAN NASAL NASAL OINTMENT	Tier-3	
<i>budesonide nasal suspension</i>	Tier-2	QL (3 EA per 90 days)
<i>flunisolide nasal solution</i>	Tier-1	QL (3 EA per 90 Days)
<i>fluticasone propionate nasal suspension</i>	Tier-1	QL (3 EA per 90 Days)
<i>ipratropium bromide nasal solution</i>	Tier-1	QL (6 EA per 90 Days)
<i>mometasone furoate nasal suspension</i>	Tier-2	QL (6 EA per 90 days)
<i>olopatadine hcl nasal solution</i>	Tier-2	QL (3 EA per 90 days)
<i>triamcinolone acetonide nasal aerosol</i>	Tier-2	QL (3 EA per 90 days)
*NEPRILYSIN INHIB (ARNI)- ANGIOTENSIN II RECEPT ANTAG COMB***		
ENTRESTO ORAL TABLET	Tier-2	
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***		
NORTHERA ORAL CAPSULE	Tier-3	PA
NEUROMUSCULAR AGENTS		
BOTOX INJECTION SOLUTION RECONSTITUTED	Medical Benefit	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	Medical Benefit	PA
MYOBLOC INTRAMUSCULAR SOLUTION	Medical Benefit	PA
<i>riluzole oral tablet</i>	Tier-1	
TIGLUTIK ORAL SUSPENSION	Tier-3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	Medical Benefit	PA

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Drug	Status	Notes
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS***		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	Medical Benefit	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	Medical Benefit	PA
OPHTHALMIC AGENTS		
ACUVAIL OPHTHALMIC SOLUTION	Tier-2	
<i>ak-poly-bac ophthalmic ointment</i>	Tier-1	
ALOCRILOPHTHALMIC SOLUTION	Tier-3	
ALOMIDE OPHTHALMIC SOLUTION	Tier-3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier-2	
ALREX OPHTHALMIC SUSPENSION	Tier-2	
<i>apraclonidine hcl ophthalmic solution</i>	Tier-1	
<i>atropine sulfate ophthalmic solution</i>	Tier-1	
AZASITE OPHTHALMIC SOLUTION	Tier-3	QL (1 Bottle per 7 Days)
<i>azelastine hcl ophthalmic solution</i>	Tier-1	
AZOPT OPHTHALMIC SUSPENSION	Tier-2	
<i>bacitracin ophthalmic ointment</i>	Tier-1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier-1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier-1	
BEPREVE OPHTHALMIC SOLUTION	Tier-2	
BESIVANCE OPHTHALMIC SUSPENSION	Tier-3	QL (1 Bottle per 5 Days)
<i>betaxolol hcl ophthalmic solution</i>	Tier-1	
BETIMOL OPHTHALMIC SOLUTION	Tier-2	
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier-3	
<i>bimatoprost ophthalmic solution</i>	Tier-2	STPA
BLEPHAMIDE OPHTHALMIC SUSPENSION	Tier-3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	Tier-3	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Tier-2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier-1	
BROMDAY OPHTHALMIC SOLUTION	Tier-3	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier-2	

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Drug	Status	Notes
<i>bromfenac sodium ophthalmic solution</i>	Tier-1	
<i>carteolol hcl ophthalmic solution</i>	Tier-1	
CILOXAN OPHTHALMIC OINTMENT	Tier-3	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier-1	
COMBIGAN OPHTHALMIC SOLUTION	Tier-2	QL (30 ML per 90 days)
<i>cromolyn sodium ophthalmic solution</i>	Tier-1	
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>	Tier-1	
CYSTARAN OPHTHALMIC SOLUTION	Tier-2	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier-1	
<i>diclofenac sodium ophthalmic solution</i>	Tier-1	
<i>dorzolamide hcl ophthalmic solution</i>	Tier-1	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier-1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	Tier-2	
EMADINE OPHTHALMIC SOLUTION	Tier-3	
<i>epinastine hcl ophthalmic solution</i>	Tier-1	
<i>erythromycin ophthalmic ointment</i>	Tier-1	
FLAREX OPHTHALMIC SUSPENSION	Tier-3	
<i>fluorometholone ophthalmic suspension</i>	Tier-1	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier-1	
FML FORTE OPHTHALMIC SUSPENSION	Tier-2	
FML OPHTHALMIC OINTMENT	Tier-2	
FRESHKOTE OPHTHALMIC SOLUTION	Tier-3	
GARAMYCIN OPHTHALMIC OINTMENT	Tier-1	
<i>gatifloxacin ophthalmic solution</i>	Tier-2	QL (1 Bottle per 7 Days)
GENTAK OPHTHALMIC OINTMENT	Tier-1	
<i>gentamicin sulfate ophthalmic ointment</i>	Tier-1	
<i>gentamicin sulfate ophthalmic solution</i>	Tier-1	
ILEVRO OPHTHALMIC SUSPENSION	Tier-3	
ILOTYCIN OPHTHALMIC OINTMENT	Tier-1	
INVELTYS OPHTHALMIC SUSPENSION	Tier-3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier-3	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier-1	
LACRISERT OPHTHALMIC INSERT	Tier-3	
LASTACFT OPHTHALMIC SOLUTION	Tier-2	

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Drug	Status	Notes
<i>latanoprost ophthalmic solution</i>	Tier-1	
<i>levobunolol hcl ophthalmic solution</i>	Tier-1	
<i>levofloxacin ophthalmic solution</i>	Tier-1	
LOTEMAX OPHTHALMIC GEL	Tier-3	
LOTEMAX OPHTHALMIC OINTMENT	Tier-3	
LOTEMAX OPHTHALMIC SUSPENSION	Tier-3	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier-2	
LUMIGAN OPHTHALMIC SOLUTION	Tier-2	STPA
MAXIDEX OPHTHALMIC SUSPENSION	Tier-3	
<i>metipranolol ophthalmic solution</i>	Tier-1	
MOXEZA OPHTHALMIC SOLUTION	Tier-3	QL (1 BOTTLE per 10 Days)
<i>moxifloxacin hcl ophthalmic solution</i>	Tier-2	QL (1 ML per 10 days)
<i>naphazoline hcl ophthalmic solution</i>	Tier-1	
NATACYN OPHTHALMIC SUSPENSION	Tier-3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier-1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier-1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier-1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier-1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier-2	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	Tier-1	
NEO-POLYCIN OPHTHALMIC OINTMENT	Tier-1	
NEVANAC OPHTHALMIC SUSPENSION	Tier-3	
<i>ofloxacin ophthalmic solution</i>	Tier-1	
<i>olopatadine hcl ophthalmic solution</i>	Tier-2	
<i>parcaine ophthalmic solution</i>	Tier-1	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	Tier-3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier-1	
PILOPINE HS OPHTHALMIC GEL	Tier-2	
<i>polycin b ophthalmic ointment</i>	Tier-1	
POLYCIN OPHTHALMIC OINTMENT	Tier-1	

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Drug	Status	Notes
<i>poly-dex ophthalmic ointment</i>	Tier-1	
PRED MILD OPHTHALMIC SUSPENSION	Tier-2	
PRED-G OPHTHALMIC SUSPENSION	Tier-2	
PRED-G S.O.P. OPHTHALMIC OINTMENT	Tier-2	
<i>prednisolone acetate ophthalmic suspension</i>	Tier-1	
<i>prednisolone sodium phosphate ophthalmic solution</i>	Tier-3	
PROLENSA OPHTHALMIC SOLUTION	Tier-3	
<i>proparacaine hcl ophthalmic solution</i>	Tier-1	
RESCULA OPHTHALMIC SOLUTION	Tier-3	
RESTASIS OPHTHALMIC EMULSION	Tier-2	PA
SIMBRINZA OPHTHALMIC SUSPENSION	Tier-2	
<i>sulfacetamide sodium ophthalmic ointment</i>	Tier-1	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier-1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier-1	
<i>sulfacetamide-prednisolone ophthalmic suspension</i>	Tier-3	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier-1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier-1	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	Tier-2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	Tier-3	
TOBRADEX OPHTHALMIC OINTMENT	Tier-3	
<i>tobramycin ophthalmic solution</i>	Tier-1	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier-2	
TOBEX OPHTHALMIC OINTMENT	Tier-3	
TRAVATAN Z OPHTHALMIC SOLUTION	Tier-3	STPA
<i>trifluridine ophthalmic solution</i>	Tier-2	
<i>triple antibiotic ophthalmic ointment 5-400-10000</i>	Tier-1	
<i>tropicamide ophthalmic solution</i>	Tier-1	
VEXOL OPHTHALMIC SUSPENSION	Tier-2	
VYZULTA OPHTHALMIC SOLUTION	Tier-2	STPA
XELPROS OPHTHALMIC EMULSION	Tier-3	STPA
ZIOPTAN OPHTHALMIC SOLUTION	Tier-3	STPA; QL (90 EA per 90 Days)

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Drug	Status	Notes
ZIRGAN OPHTHALMIC GEL	Tier-3	
ZYLET OPHTHALMIC SUSPENSION	Tier-3	
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS***		
ROCKLATAN OPHTHALMIC SOLUTION	Tier-3	STPA
*OPHTHALMIC NERVE GROWTH FACTORS***		
OXERVATE OPHTHALMIC SOLUTION	Tier-3	PA
*OPHTHALMIC RHO KINASE INHIBITORS***		
RHOPRESSA OPHTHALMIC SOLUTION	Tier-3	STPA
*OREXIN RECEPTOR ANTAGONISTS***		
BELSOMRA ORAL TABLET	Tier-3	STPA; QL (10 EA per 30 days)
OTIC AGENTS		
ACETASOL HC OTIC SOLUTION	Tier-1	
<i>acetic acid otic solution</i>	Tier-1	
<i>antibiotic ear otic solution</i>	Tier-1	
CIPRO HC OTIC SUSPENSION	Tier-3	
CIPRODEX OTIC SUSPENSION	Tier-2	
<i>ciprofloxacin hcl otic solution</i>	Tier-1	
COLY-MYCIN S OTIC SUSPENSION	Tier-3	
CORTISPORIN OTIC SOLUTION	Tier-1	
CORTISPORIN-TC OTIC SUSPENSION	Tier-3	
<i>fluocinolone acetonide otic oil</i>	Tier-1	
<i>hydrocortisone-acetic acid otic solution</i>	Tier-1	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	Tier-1	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier-1	
<i>ofloxacin otic solution</i>	Tier-1	
OTOZIN OTIC LIQUID	Tier-3	
OXYTOCICS		
<i>methylergonovine maleate oral tablet</i>	Tier-1	
*PA ENDONUCLEASE INHIBITORS***		
XOFLUZA ORAL TABLET THERAPY PACK	Tier-3	¥ (2 fills per 365 days); QL (2 tablets Max Qty Per Fill Retail)
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
HYQVIA SUBCUTANEOUS KIT	Medical Benefit	PA

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Drug	Status	Notes
PASSIVE IMMUNIZING AGENTS		
CUTAQUIG SUBCUTANEOUS SOLUTION	Medical Benefit	PA
PANZYGA INTRAVENOUS SOLUTION	Medical Benefit	PA; SP
SYNAGIS INTRAMUSCULAR SOLUTION	Medical Benefit	PA
XEMBIFY SUBCUTANEOUS SOLUTION	Medical Benefit	PA; SP
*PCSK9 INHIBITORS***		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-2	PA; SP; # (Preferred product); QL (1 System per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; SP; # (Preferred product); QL (2 Syringes per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; SP; # (Preferred product); QL (2 Autoinjectors per 28 days)
PENICILLINS		
<i>amoxicillin er oral tablet extended release 24 hour</i>	Tier-2	
<i>amoxicillin oral capsule</i>	Tier-1	
<i>amoxicillin oral suspension reconstituted</i>	Tier-1	
<i>amoxicillin oral tablet</i>	Tier-1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier-1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier-1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier-1	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier-1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier-1	
<i>ampicillin oral capsule</i>	Tier-1	
<i>ampicillin oral suspension reconstituted</i>	Tier-1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	Tier-3	
<i>dicloxacillin sodium oral capsule</i>	Tier-1	
<i>penicillin v potassium oral solution reconstituted</i>	Tier-1	
<i>penicillin v potassium oral tablet</i>	Tier-1	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	Medical Benefit	PA
COPIKTRA ORAL CAPSULE	Tier-2	PA; ^ (CM)

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Drug	Status	Notes
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-2	PA; SP; ^ (CM)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-2	PA; SP; ^ (CM)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-2	PA; SP; ^ (CM)
ZYDELIG ORAL TABLET	Tier-2	PA; SP; ^ (CM)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***		
EUCRISA EXTERNAL OINTMENT	Tier-3	PA
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
OTEZLA ORAL TABLET	Tier-2	PA; SP; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	Tier-2	PA; SP; ¥ (1 FILL PER LIFE OF PLAN)
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***		
TAKHZYRO SUBCUTANEOUS SOLUTION	Tier-2	PA; SP
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
LYNPARZA ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
LYNPARZA ORAL TABLET	Tier-2	PA; SP; ^ (CM)
RUBRACA ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
ZEJULA ORAL CAPSULE	Tier-2	PA; ^ (CM)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***		
LYNPARZA ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
LYNPARZA ORAL TABLET	Tier-2	PA; SP; ^ (CM)
RUBRACA ORAL TABLET	Tier-2	PA; SP; ^ (CM); QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE	Tier-2	PA; SP; ^ (CM)
ZEJULA ORAL CAPSULE	Tier-2	PA; ^ (CM)
*POTASSIUM REMOVING AGENTS***		
KIONEX ORAL SUSPENSION	Tier-1	
LOKELMA ORAL PACKET	Tier-2	
<i>sodium polystyrene sulfonate oral suspension</i>	Tier-1	

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Drug	Status	Notes
VELTASSA ORAL PACKET	Tier-2	
PROGESTINS		
<i>medroxyprogesterone acetate oral tablet</i>	Tier-1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier-2	
<i>norethindrone acetate oral tablet</i>	Tier-1	
<i>progesterone micronized oral capsule</i>	Tier-1	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***		
ZONTIVITY ORAL TABLET	Tier-3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>acamprosate calcium oral tablet delayed release</i>	Tier-1	
AUBAGIO ORAL TABLET	Tier-2	SP; QL (30 tablets per 30 Days)
AUSTEDO ORAL TABLET 12 MG	Tier-2	PA; SP; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG, 9 MG	Tier-2	PA; SP; QL (60 EA per 30 days)
AVONEX INTRAMUSCULAR KIT	Tier-3	SP; QL (4 VIALS per 28 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier-3	SP; QL (4 Pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier-3	SP; QL (4 Syringes per 28 days)
BETASERON SUBCUTANEOUS KIT	Tier-2	SP; QL (15 Vials per 30 Days)
BUPROBAN ORAL TABLET EXTENDED RELEASE 12 HOUR	No Copayment	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	No Copayment	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	No Copayment	
CHANTIX ORAL TABLET	No Copayment	
CHANTIX STARTING MONTH PAK ORAL TABLET	No Copayment	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	Tier-1	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier-2	SP; QL (30 Syringes per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier-2	SP; QL (12 Syringes per 30 days)
<i>cvs nicotine polacrilex mouth/throat gum</i>	No Copayment	
<i>cvs nicotine polacrilex mouth/throat lozenge</i>	No Copayment	

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Drug	Status	Notes
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	No Copayment	
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier-2	PA; SP; QL (60 Tablets per 30 days)
<i>disulfiram oral tablet</i>	Tier-1	
<i>donepezil hcl oral tablet</i>	Tier-1	
<i>donepezil hcl oral tablet dispersible</i>	Tier-1	
<i>eq nicotine mouth/throat gum 4 mg</i>	No Copayment	
<i>eq nicotine mouth/throat lozenge</i>	No Copayment	
<i>eq nicotine polacrilex mouth/throat gum</i>	No Copayment	
<i>eq nicotine polacrilex mouth/throat lozenge</i>	No Copayment	
<i>eq nicotine step 3 transdermal patch 24 hour</i>	No Copayment	
<i>eq nicotine transdermal patch 24 hour</i>	No Copayment	
<i>eql nicotine polacrilex mouth/throat gum</i>	No Copayment	
<i>eql nicotine polacrilex mouth/throat lozenge</i>	No Copayment	
<i>eql nicotine transdermal patch 24 hour</i>	No Copayment	
<i>ergoloid mesylates oral tablet</i>	Tier-1	
EXELON ORAL SOLUTION	Tier-3	
<i>fluoxetine hcl (pmdd) oral capsule</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	
<i>galantamine hydrobromide oral tablet</i>	Tier-1	
GILENYA ORAL CAPSULE 0.5 MG	Tier-2	SP; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Tier-2	SP; QL (12 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier-2	SP; QL (30 Syringes per 30 days)
<i>gnp nicotine mini mouth/throat lozenge</i>	No Copayment	
<i>gnp nicotine polacrilex mouth/throat gum</i>	No Copayment	
<i>gnp nicotine polacrilex mouth/throat lozenge</i>	No Copayment	
<i>hm nicotine polacrilex mouth/throat gum</i>	No Copayment	
<i>hm nicotine polacrilex mouth/throat lozenge</i>	No Copayment	
<i>hm nicotine transdermal patch 24 hour</i>	No Copayment	
HORIZANT ORAL TABLET EXTENDED RELEASE	Tier-3	QL (60 EA per 30 days)

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Drug	Status	Notes
INGREZZA ORAL CAPSULE	Tier-2	PA; QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	Tier-2	PA
LEMTRADA INTRAVENOUS SOLUTION	Medical Benefit	PA
MAYZENT ORAL TABLET 0.25 MG	Tier-2	SP; QL (120 Tablets per 30 days)
MAYZENT ORAL TABLET 2 MG	Tier-2	SP; QL (30 Tablets per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	Tier-2	SP; QL (120 Tablets per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour</i>	Tier-2	
<i>memantine hcl oral solution 2 mg/ml</i>	Tier-2	
<i>memantine hcl oral tablet</i>	Tier-2	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-2	
<i>nicotine mini mouth/throat lozenge 2 mg</i>	No Copayment	
<i>nicotine polacrilex mouth/throat gum</i>	No Copayment	
<i>nicotine polacrilex mouth/throat lozenge</i>	No Copayment	
<i>nicotine step 1 transdermal patch 24 hour</i>	No Copayment	
<i>nicotine step 2 transdermal patch 24 hour</i>	No Copayment	
<i>nicotine step 3 transdermal patch 24 hour</i>	No Copayment	
<i>nicotine transdermal kit</i>	No Copayment	
<i>nicotine transdermal patch 24 hour</i>	No Copayment	
NICOTROL INHALATION INHALER	No Copayment	
NICOTROL NS NASAL SOLUTION	No Copayment	
NUEDEXTA ORAL CAPSULE	Tier-2	PA
OCREVUS INTRAVENOUS SOLUTION	Medical Benefit	PA
<i>olanzapine-fluoxetine hcl oral capsule</i>	Tier-1	STPA
<i>paroxetine mesylate oral capsule</i>	Tier-2	
<i>perphenazine-amitriptyline oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 12 and younger)
<i>pimozide oral tablet</i>	Tier-1	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	SP; ¥ (1 time fill only); QL (1 Pack per 1 Fill)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	SP; ¥ (1 time fill only); QL (1 Pack per 1 Fill)

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Drug	Status	Notes
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	SP; QL (2 Syringes per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	SP; QL (2 Syringes per 28 days)
<i>qc nicotine polacrilex mouth/throat gum</i>	No Copayment	
<i>ra mini nicotine mouth/throat lozenge</i>	No Copayment	
<i>ra nicotine mouth/throat gum</i>	No Copayment	
<i>ra nicotine polacrilex mouth/throat gum</i>	No Copayment	
<i>ra nicotine polacrilex mouth/throat lozenge</i>	No Copayment	
<i>ra nicotine transdermal patch 24 hour</i>	No Copayment	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	SP; QL (12 Syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	SP; QL (12 Syringes per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	SP; QL (12 Syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	SP; QL (12 Syringes per 28 days)
<i>rivastigmine tartrate oral capsule</i>	Tier-1	
<i>rivastigmine transdermal patch 24 hour</i>	Tier-2	
SAVELLA ORAL TABLET	Tier-2	STPA; QL (180 TABLETS per 90 Days)
<i>sm nicotine mouth/throat gum</i>	No Copayment	
<i>sm nicotine mouth/throat lozenge</i>	No Copayment	
<i>sm nicotine polacrilex mouth/throat gum</i>	No Copayment	
<i>sm nicotine polacrilex mouth/throat lozenge</i>	No Copayment	
<i>sm nicotine transdermal patch 24 hour</i>	No Copayment	
<i>sr nicotine mouth/throat gum</i>	No Copayment	
<i>sw nicotine polacrilex mouth/throat gum</i>	No Copayment	
<i>sw nicotine polacrilex mouth/throat lozenge</i>	No Copayment	
TECFIDERA ORAL	Tier-2	SP; QL (60 CAPSULES per 30 Days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Tier-2	SP; QL (60 CAPSULES per 30 Days)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier-1	SP; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier-1	SP; QL (120 EA per 30 days)

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Drug	Status	Notes
<i>tgt nicotine mouth/throat gum</i>	No Copayment	
<i>tgt nicotine polacrilex mouth/throat gum</i>	No Copayment	
<i>tgt nicotine polacrilex mouth/throat lozenge</i>	No Copayment	
<i>tgt nicotine step one transdermal patch 24 hour</i>	No Copayment	
<i>tgt nicotine step three transdermal patch 24 hour</i>	No Copayment	
<i>tgt nicotine step two transdermal patch 24 hour</i>	No Copayment	
TYSABRI INTRAVENOUS CONCENTRATE	Medical Benefit	PA
XYREM ORAL SOLUTION	Tier-3	
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR	No Copayment	
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
OFEV ORAL CAPSULE	Tier-3	SP; QL (60 EA per 30 days)
*PULMONARY FIBROSIS AGENTS***		
ESBRIET ORAL CAPSULE	Tier-3	SP; QL (270 EA per 30 days)
ESBRIET ORAL TABLET	Tier-3	SP; QL (270 EA per 30 days)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
UPTRAVI ORAL TABLET	Tier-3	PA; SP
UPTRAVI ORAL TABLET THERAPY PACK	Tier-3	PA; SP
RESPIRATORY AGENTS - MISC.		
KALYDECO ORAL PACKET 25 MG	Tier-2	PA
KALYDECO ORAL PACKET 50 MG, 75 MG	Tier-2	PA; SP; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	Tier-2	PA; SP; QL (60 TABLETS per 30 Days)
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	No Copayment	
PULMOZYME INHALATION SOLUTION	Tier-2	SP
*SCLEROSTIN INHIBITORS***		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Medical Benefit	PA
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***		
ADDYI ORAL TABLET	Tier-3	PA

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Drug	Status	Notes
*SEROTONIN MODULATORS***		
<i>nefazodone hcl oral tablet</i>	Tier-2	PA; ¥ (PA applies to members 12 and younger)
<i>trazodone hcl oral tablet</i>	Tier-1	PA; ¥ (PA applies to members 12 and younger)
TRINTELLIX ORAL TABLET	Tier-3	PA; STPA; ¥ (PA applies to members 12 and younger)
VIIBRYD ORAL KIT	Tier-3	PA; STPA; ¥ (PA applies to members 12 and younger)
VIIBRYD ORAL TABLET	Tier-3	PA; STPA; ¥ (PA applies to members 12 and younger)
VIIBRYD STARTER PACK ORAL KIT	Tier-3	PA; STPA; ¥ (PA applies to members 12 and younger)
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***		
GLYXAMBI ORAL TABLET	Tier-3	
*SINUS NODE INHIBITORS**		
CORLANOR ORAL TABLET	Tier-2	
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS***		
ONPATTRO INTRAVENOUS SOLUTION	Medical Benefit	PA
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
SYNJARDY ORAL TABLET	Tier-2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
*SPINAL MUSCULAR ATROPHY- ANTISENSE OLIGONUCLEOTIDES***		
SPINRAZA INTRATHECAL SOLUTION	Medical Benefit	PA
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***		
TAVALISSE ORAL TABLET	Tier-3	QL (60 tablets per 30 days)
*STEROIDS - MOUTH/THROAT/DENTAL***		
ORALONE MOUTH/THROAT PASTE	Tier-1	
<i>triamcinolone acetonide mouth/throat paste</i>	Tier-1	
SULFONAMIDES		
<i>sulfadiazine oral tablet</i>	Tier-3	

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Drug	Status	Notes
TETRACYCLINES		
<i>demeclocycline hcl oral tablet</i>	Tier-1	
<i>doxycycline hyclate oral capsule</i>	Tier-1	
<i>doxycycline hyclate oral capsule delayed release particles 100 mg</i>	Tier-1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier-1	
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier-2	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg, 80 mg</i>	Tier-3	
<i>doxycycline monohydrate oral capsule</i>	Tier-1	
<i>doxycycline monohydrate oral tablet</i>	Tier-1	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 80 mg, 90 mg</i>	Tier-3	
<i>minocycline hcl oral capsule</i>	Tier-1	
<i>minocycline hcl oral tablet</i>	Tier-2	
<i>tetracycline hcl oral capsule</i>	Tier-3	
VIBRAMYCIN ORAL SYRUP	Tier-3	
THYROID AGENTS		
ARMOUR THYROID ORAL TABLET	Tier-2	
LEVOTHROID ORAL TABLET	Tier-1	
<i>levothyroxine sodium oral tablet</i>	Tier-1	
LEVOXYL ORAL TABLET	Tier-1	
<i>liothyronine sodium oral tablet</i>	Tier-1	
<i>methimazole oral tablet</i>	Tier-1	
NATURE-THROID ORAL TABLET	Tier-2	
<i>propylthiouracil oral tablet</i>	Tier-1	
SYNTHROID ORAL TABLET	Tier-3	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	Tier-3	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	Tier-3	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	Tier-3	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	Tier-3	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	Tier-3	

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Drug	Status	Notes
TIROSINT ORAL CAPSULE	Tier-3	
TIROSINT-SOL ORAL SOLUTION	Tier-3	
UNITHROID DIRECT ORAL TABLET	Tier-1	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG	Tier-1	
*TRANSTHYRETIN STABILIZERS***		
VYNDAMAX ORAL CAPSULE	Tier-2	PA; SP; QL (30 capsules per 30 days)
VYNDAQEL ORAL CAPSULE	Tier-2	PA; SP; QL (120 capsules per 30 days)
*TRIPLEPTIDYL PEPTIDASE 1 DEFICIENCY TREATMENT - AGENTS***		
BRINEURA SOLUTION	Medical Benefit	PA
*TRYPTOPHAN HYDROXYLASE INHIBITORS***		
XERMELO ORAL TABLET	Tier-3	PA
ULCER DRUGS		
<i>amoxicill-clarithro-lansopraz oral</i>	Tier-1	
CANTIL ORAL TABLET	Tier-3	
CARAFATE ORAL SUSPENSION	Tier-3	Age Limit (Max 12 Years)
<i>chlordiazepoxide-clidinium oral capsule</i>	Tier-3	
<i>cimetidine hcl oral solution</i>	Tier-2	
<i>cimetidine oral tablet</i>	Tier-2	
DEPRIZINE FUSEPAQ ORAL SUSPENSION RECONSTITUTED	Tier-3	
DEXILANT ORAL CAPSULE DELAYED RELEASE	Tier-3	PA; QL (90 EA per 90 days)
<i>dicyclomine hcl oral capsule</i>	Tier-1	
<i>dicyclomine hcl oral solution</i>	Tier-1	
<i>dicyclomine hcl oral tablet</i>	Tier-1	
DONNATAL EXTENTABS ORAL TABLET EXTENDED RELEASE	Tier-3	
<i>ed-spaz oral tablet dispersible</i>	Tier-1	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	Tier-2	¥ (Only OTC esomeprazole products are covered)
<i>famotidine oral suspension reconstituted</i>	Tier-3	

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Drug	Status	Notes
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier-1	
FIRST-LANSOPRAZOLE ORAL SUSPENSION	Tier-3	QL (300 ML per 30 days)
FIRST-OMEPRAZOLE ORAL SUSPENSION	Tier-3	QL (300 ML per 30 days)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier-1	
HYOMAX-SL SUBLINGUAL TABLET SUBLINGUAL	Tier-1	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	Tier-1	
<i>hyoscyamine sulfate oral elixir</i>	Tier-1	
<i>hyoscyamine sulfate oral solution</i>	Tier-1	
<i>hyoscyamine sulfate oral tablet</i>	Tier-1	
<i>hyoscyamine sulfate oral tablet dispersible</i>	Tier-1	
<i>hyoscyamine sulfate sublingual tablet sublingual</i>	Tier-1	
<i>lansoprazole oral capsule delayed release</i>	Tier-3	
<i>lansoprazole oral tablet dispersible</i>	Tier-3	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)
<i>methscopolamine bromide oral tablet</i>	Tier-1	
<i>misoprostol oral tablet</i>	Tier-1	
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE	Tier-3	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	Tier-3	
NEXIUM ORAL PACKET	Tier-3	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)
<i>nizatidine oral capsule</i>	Tier-2	
<i>nizatidine oral solution</i>	Tier-2	
<i>omeprazole oral capsule delayed release</i>	Tier-2	
<i>omeprazole-sodium bicarbonate oral capsule</i>	Tier-3	¥ (Only these two NDCs are covered: 68682-0102-30 or 68682-0104-30); QL (90 capsules per 90 days)
<i>omeprazole-sodium bicarbonate oral packet</i>	Tier-2	PA
<i>pantoprazole sodium oral tablet delayed release</i>	Tier-2	
PRILOSEC ORAL PACKET	Tier-3	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)

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Drug	Status	Notes
PROTONIX ORAL PACKET	Tier-3	PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)
PYLERA ORAL CAPSULE	Tier-2	
<i>rabeprazole sodium oral tablet delayed release</i>	Tier-3	
<i>ranitidine hcl oral capsule</i>	Tier-1	
<i>ranitidine hcl oral syrup</i>	Tier-1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier-1	
<i>sucralfate oral suspension</i>	Tier-3	Age Limit (Max 12 Years)
<i>sucralfate oral tablet</i>	Tier-1	
URINARY ANTI-INFECTIVES		
MACRODANTIN ORAL CAPSULE 25 MG	Tier-3	
<i>methenamine hippurate oral tablet</i>	Tier-1	
MONUROL ORAL PACKET	Tier-3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier-1	
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier-1	
<i>nitrofurantoin oral suspension</i>	Tier-1	
URIBEL ORAL CAPSULE	Tier-1	
URINARY ANTISPASMODICS		
<i>bethanechol chloride oral tablet</i>	Tier-1	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	Tier-2	
<i>flavoxate hcl oral tablet</i>	Tier-1	
GELNIQUE TRANSDERMAL GEL	Tier-3	STPA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	STPA
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier-1	
<i>oxybutynin chloride oral syrup</i>	Tier-1	
<i>oxybutynin chloride oral tablet</i>	Tier-1	
<i>solifenacin succinate oral tablet</i>	Tier-2	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier-2	
<i>tolterodine tartrate oral tablet</i>	Tier-1	
<i>trospium chloride er oral capsule extended release 24 hour</i>	Tier-2	

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Drug	Status	Notes
VAGINAL PRODUCTS		
CLEOCIN VAGINAL SUPPOSITORY	Tier-3	
<i>clindamycin phosphate vaginal cream</i>	Tier-1	
CLINDESSE VAGINAL CREAM	Tier-3	
CRINONE VAGINAL GEL	Tier-3	
ENDOMETRIN VAGINAL INSERT	Tier-3	
<i>estradiol vaginal cream</i>	Tier-2	
<i>estradiol vaginal tablet</i>	Tier-1	
ESTRING VAGINAL RING	Tier-2	
FEMRING VAGINAL RING	Tier-2	
FIRST-PROGESTERONE VGS 100 VAGINAL SUPPOSITORY	Tier-2	
FIRST-PROGESTERONE VGS 200 VAGINAL SUPPOSITORY	Tier-2	
FIRST-PROGESTERONE VGS 25 VAGINAL SUPPOSITORY	Tier-2	
FIRST-PROGESTERONE VGS 400 VAGINAL SUPPOSITORY	Tier-2	
FIRST-PROGESTERONE VGS 50 VAGINAL SUPPOSITORY	Tier-2	
GYNAZOLE-1 VAGINAL CREAM	Tier-3	
INTRAROSA VAGINAL INSERT	Tier-3	
<i>metronidazole vaginal gel</i>	Tier-2	
NUVESSA VAGINAL GEL	Tier-3	
PREMARIN VAGINAL CREAM	Tier-3	
<i>terconazole vaginal cream</i>	Tier-1	
<i>terconazole vaginal suppository</i>	Tier-1	
VANDAZOLE VAGINAL GEL	Tier-1	
VASOPRESSORS		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	Tier-1	¥ (Generic Adrenaclick); QL (2 Injectors per 1 Fill)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i>	Tier-1	¥ (Generic Adrenaclick); QL (2 INJECTORS per 1 Fill)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	Tier-2	¥ (Generic Epipen Jr); QL (2 INJECTORS per 1 Fill)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	Tier-1	¥ (Generic Adrenaclick); QL (2 INJECTORS per 1 Fill)

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Drug	Status	Notes
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	Tier-2	¥ (Generic Epipen); QL (2 INJECTORS per 1 Fill)
<i>midodrine hcl oral tablet</i>	Tier-1	
VITAMINS		
<i>ergocalciferol oral capsule</i>	Tier-1	
<i>ergocalciferol oral solution 8000 unit/ml</i>	Tier-1	
<i>phytonadione oral tablet</i>	Tier-2	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Tier-1	
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	Tier-1	
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS***		
CRYSVITA SUBCUTANEOUS SOLUTION	Medical Benefit	PA

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<i>hydroxyurea</i>	37	<i>irbesartan</i>	32	<i>ketoprofen er</i>	9
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LENVIMA (10 MG DAILY DOSE)	37	<i>lithium</i>	41	MAVENCLAD (8 TABS).....	82
LENVIMA (12 MG DAILY DOSE)	37	<i>lithium carbonate</i>	41	MAVENCLAD (9 TABS).....	82
LENVIMA (14 MG DAILY DOSE)	37	<i>lithium carbonate er</i>	41	MAXAIR AUTOHALER.....	19
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<i>levetiracetam</i>	22	LORAZEPAM INTENSOL.....	17	<i>melfhalan</i>	38
<i>levetiracetam er</i>	22	LORBRENA	38	<i>memantine hcl</i>	93
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<i>levocarnitine</i>	67	<i>losartan potassium-hctz</i>	32	MENEST.....	69
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<i>levothyroxine sodium</i>	97	<i>lovastatin</i>	31	<i>meperidine hcl</i>	12
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<i>lidocaine hcl</i>	61, 81	<i>luliconazole</i>	62	MESTINON.....	34
<i>lidocaine pain relief</i>	61	LUMIGAN	86	METADATE ER.....	6
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<i>lidocaine-prilocaine</i>	61, 62	LUTERA.....	53	<i>metaxalone</i>	82
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<i>lindane</i>	62	LYSODREN	38	<i>metformin hcl er (mod)</i>	27
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		MARPLAN.....	24	<i>methazolamide</i>	66
		MATULANE	38	<i>methenamine hippurate</i>	100
		MATZIM LA.....	49	<i>methimazole</i>	97
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		MAVENCLAD (4 TABS).....	81	<i>methocarbamol</i>	82
		MAVENCLAD (5 TABS).....	81	<i>methotrexate</i>	38
		MAVENCLAD (6 TABS).....	81		
		MAVENCLAD (7 TABS).....	82		

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<i>methylprednisolone (pak)</i>	55	MULTAQ.....	17	<i>neomycin sulfate</i>	8
<i>metipranolol</i>	86	<i>mupirocin</i>	62	<i>neomycin-bacitracin zn-</i>	
<i>metoclopramide hcl</i>	71	<i>mupirocin calcium</i>	62	<i>polymyx</i>	86
<i>metolazone</i>	66	MUSE.....	50	<i>neomycin-polymyxin-dexameth</i> ... 86	
<i>metoprolol succinate er</i>	47	MYALEPT.....	78	<i>neomycin-polymyxin-gramicidin</i> 86	
<i>metoprolol tartrate</i>	47	<i>mycophenolate mofetil</i>	46	<i>neomycin-polymyxin-hc</i>	86, 88
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MICROGESTIN FE 1/20.....	53	MYTESI	28	NEVANAC.....	86
<i>midodrine hcl</i>	102	<i>mytussin dac</i>	56	<i>nevirapine</i>	44
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<i>miglitol</i>	27	<i>nadolol</i>	47	NEXAVAR	38
<i>miglustat</i>	74	<i>naftifine hcl</i>	62	NEXIUM.....	99
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<i>minocycline hcl er</i>	97	<i>naproxen</i>	10	<i>nicardipine hcl</i>	49
<i>minoxidil</i>	32	<i>naproxen dr</i>	10	<i>nicotine</i>	93
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MIRCETTE.....	53	<i>naproxen sodium er</i>	10	<i>nicotine polacrilex</i>	93
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<i>misoprostol</i>	99	NARCAN.....	28	<i>nicotine step 2</i>	93
<i>modafinil</i>	7	NASCOBAL	74	<i>nicotine step 3</i>	93
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NITRO-DUR	16	OCELLA	53	OSPHENA	68
<i>nitrofurantoin</i>	100	OCREVUS	93	OTEZLA	90
<i>nitrofurantoin macrocrystal</i>	100	ODACTRA	80	OTOZIN	88
<i>nitrofurantoin monohyd macro</i>	100	ODEFSEY	44	OVCON-35 (28)	54
<i>nitroglycerin</i>	16	ODOMZO	38	OVIDREL	68
<i>nitroglycerin er</i>	16	OFEV	95	<i>oxandrolone</i>	15
NITYR	67	<i>ofloxacin</i>	70, 86, 88	<i>oxaprozin</i>	10
NIVESTYM	75	OGESTREL	54	OXAYDO	13
<i>nizatidine</i>	99	<i>olanzapine</i>	41	<i>oxazepam</i>	17
NORA-BE	53	<i>olanzapine-fluoxetine hcl</i>	93	<i>oxcarbazepine</i>	22
NORDETTE (28)	53	<i>olmesartan medoxomil</i>	32	OXERVATE	88
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NORDIFLEX PEN	68	<i>olopatadine hcl</i>	83, 86	OXSORALEN	62
<i>norethin ace-eth estrad-fe</i>	53	OLUMIANT	10	OXTELLAR XR	22
<i>norethindrone acetate</i>	91	<i>omega-3-acid ethyl esters</i>	31	<i>oxybutynin chloride</i>	100
<i>norethindrone-eth estradiol</i>	70	<i>omeprazole</i>	99	<i>oxybutynin chloride er</i>	100
<i>norethin-eth estradiol-fe</i>	53	<i>omeprazole-sodium bicarbonate</i>	99	<i>oxycodone hcl</i>	13, 14
NORINYL 1+35 (28)	53	<i>ondansetron</i>	29	<i>oxycodone hcl er</i>	13
NORITATE	62	<i>ondansetron hcl</i>	28, 29	<i>oxycodone-acetaminophen</i>	14
NOROXIN	70	ONETOUCH ULTRA BLUE .. 65		<i>oxycodone-aspirin</i>	14
NORPACE CR	17	ONETOUCH VERIO	65	<i>oxycodone-ibuprofen</i>	14
NOR-QD	53	ONMEL	29	OXYCONTIN	14
NORTHERA	83	ONPATTRO	96	<i>oxymorphone hcl</i>	14
NORTREL 1/35 (21)	53	ONZETRA XSAIL	79	<i>oxymorphone hcl er</i>	14
NORTREL 1/35 (28)	53	OPSUMIT	50	OZEMPIC (0.25 OR 0.5	
NORTREL 7/7/7	53	OPTASE	62	MG/DOSE)	27
<i>nortriptyline hcl</i>	24	ORALAIR	81	OZEMPIC (1 MG/DOSE)	27
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NOVAFERRUM	75	ORENCIA	10	PACERONE	17
NOVAREL	68	ORENCIA CLICKJECT	10	PACERONE	17
NOVOEIGHT	73	ORENITRAM	50	<i>paliperidone er</i>	41
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NUCALA	77	ORILISSA	68	PANCREAZE	65
NUCALA	77	ORKAMBI	56	<i>pancrelipase (lip-prot-amyl)</i>	65
NUCORT	62	<i>orphenadrine citrate er</i>	83	PANDEL	62
NUCYNTA ER	13	<i>orphenadrine compound-ds</i>	83	PANRETIN	62
NUDEXTA	93	<i>orphenadrine-aspirin-caffeine</i>	83	<i>pantoprazole sodium</i>	99
NUMOISYN	81	ORSYTHIA	54	PANZYGA	89
NUPLAZID	41	ORTHO EVRA	54	<i>parcaine</i>	86
NUVARING	53	ORTHO MICRONOR	54	<i>paricalcitol</i>	68
NUVESSA	101	ORTHO TRI-CYCLLEN (28)	54	<i>paromomycin sulfate</i>	8
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<i>paroxetine hcl er</i>	24	PIQRAY (200 MG DAILY DOSE)	90	PREMPRO	70
<i>paroxetine mesylate</i>	93	PIQRAY (250 MG DAILY DOSE)	90	<i>prenatal plus iron</i>	82
PASER.....	35	PIQRAY (300 MG DAILY DOSE)	90	PREPOPIK.....	78
PCE.....	79	<i>piroxicam</i>	10	PREQUE 10.....	82
<i>peg 3350/electrolytes</i>	78	PLAN B ONE-STEP.....	54	PREVALITE.....	31
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<i>penicillamine</i>	46	<i>polycin b</i>	86	<i>primidone</i>	22
<i>penicillin v potassium</i>	89	<i>poly-dex</i>	87	PRIMLEV.....	14
PENTASA	71	POMALYST	38	PRIMSOL.....	33
<i>pentazocine-acetaminophen</i>	14	PORTIA-28.....	54	PROAIR HFA	19
<i>pentazocine-naloxone hcl</i>	14	<i>potassium chloride</i>	80	PROAIR RESPICLICK	19
<i>pentoxifylline er</i>	73	<i>potassium chloride crys er</i>	80	<i>probenecid</i>	72
PERFOROMIST	19	<i>potassium chloride er</i>	80	PROBUPHINE IMPLANT KIT.....	14
<i>perindopril erbumine</i>	32	<i>potassium citrate er</i>	72	<i>prochlorperazine</i>	42
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<i>permethrin</i>	63	PR BENZOYL PEROXIDE WASH	63	PROCTOCREAM HC.....	16
<i>perphenazine</i>	41	<i>pramipexole dihydrochloride</i>	40	PROCTOFOAM HC.....	16
<i>perphenazine-amitriptyline</i>	93	<i>pramipexole dihydrochloride er</i>	40	PROCTOZONE-HC.....	16
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