



# **Massachusetts Large Group 4-Tier Formulary Prescription Drug List by Therapeutic Categories**

Last Updated: 12/20/2021

## Key Terms

### Formulary

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

### Brand-Name Drugs

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

### Generic Drugs

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

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

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

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

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

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

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

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

## 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.

## 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.

---

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

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.

**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.

---

<b>CM</b> Cancer Mandate	<b>MM</b> Mandatory Mail	<b>NC</b> Non Covered Drugs	3
<b>NTM</b> New-to-Market	<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limitation Program	
<b>SI</b> Specialty Infusion	<b>SP</b> Designated Specialty Pharmacy	<b>STPA</b> Step Therapy Prior Authorization	
<b>WH</b> Women’s Health	<b>ACA</b> Preventive Service	<b>LCG</b> Low Cost Generic	

Medications included in the Specialty Pharmacy Program must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. For questions on the Specialty Pharmacy Program 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.

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

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

**Cancer Mandate (CM)**

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

**Low Cost Generic (LCG)**

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

**Women’s Health (WH)**

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

**Affordable Care Act (ACA)**

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

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

---

<b>CM</b> Cancer Mandate	<b>MM</b> Mandatory Mail	<b>NC</b> Non Covered Drugs	4
<b>NTM</b> New-to-Market	<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limitation Program	
<b>SI</b> Specialty Infusion	<b>SP</b> Designated Specialty Pharmacy	<b>STPA</b> Step Therapy Prior Authorization	
<b>WH</b> Women’s Health	<b>ACA</b> Preventive Service	<b>LCG</b> Low Cost Generic	

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

## Tufts Health Plan:

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

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

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

### Tufts Health Plan, Attention:

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

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

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

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

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

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

tuftshealthplan.com | 800.462.0224

---

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

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

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

**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)** សម្រាប់សេវាកម្រិតដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើកាតសម្គាល់សមាជិករបស់អ្នក។

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

**Navajo** Doo bą́ą́h ilíńí da Diné k'chjí álnéehgo, hodiilnih béesh bee hani'é bee nées ho'dilzingo nantiniígií bikáá'.

**Laotian** ສຳລັບການແປພາສາແບບພາສາລາວທີ່ບໍ່ໄດ້ສອບຮູ້ໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບທີຢີ່ດູ່ທຽບດັດປະຈຳຕົວຂອງທ່ານ.

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

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

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

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

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

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

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

---

<b>CM</b> Cancer Mandate	<b>MM</b> Mandatory Mail	<b>NC</b> Non Covered Drugs	6
<b>NTM</b> New-to-Market	<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limitation Program	
<b>SI</b> Specialty Infusion	<b>SP</b> Designated Specialty Pharmacy	<b>STPA</b> Step Therapy Prior Authorization	
<b>WH</b> Women's Health	<b>ACA</b> Preventive Service	<b>LCG</b> Low Cost Generic	

## ANTI-INFECTIVES AND INFECTIOUS DISEASES

### ANTI-INFECTIVES, MISCELLANEOUS

#### Tier 1

ivermectin (Stromectol) QL  
 ivermectin lotion  
 linezolid 600 mg tablets (Zyvox 600 mg tablets)  
 metronidazole (Flagyl)  
 nitazoxanide (Alinia)  
 nitrofurantoin ext-rel (Macrobid)  
 nitrofurantoin macrocrystals (Macrochantin)  
 tinidazole  
 trimethoprim

#### Tier 2

fosfomycin tromethamine (Monurol NC)  
 Impavido  
 vancomycin (Vancocin)

Xifaxan PA QL

#### Tier 3

Aemcolo QL  
 First-Vancomycin 25 QL  
 Firvanq QL  
 linezolid 100 mg/5 mL oral suspension (Zyvox 100 mg/5 mL oral suspension)  
 nitrofurantoin suspension  
 Primsol  
 Sivextro tablets  
 Xenleta

### ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL

#### Tier 1

clotrimazole troches  
 fluconazole  
 fluconazole (Diflucan)  
 ketoconazole  
 nystatin  
 terbinafine tablets  
 terbinafine tablets (Lamisil tablets)  
 voriconazole suspension 40 mg/mL (Vfend suspension)

#### Tier 2

griseofulvin microsize (Grifulvin V tablets)  
 griseofulvin microsize suspension  
 griseofulvin ultramicrosize  
 itraconazole capsules (Sporanox capsules NC) PA  
 itraconazole solution (Sporanox solution NC)  
 voriconazole tablets 50 mg, 200 mg (Vfend)

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic



**Tier 3**

Cresemba capsule PA  
 Emverm  
 Lamisil oral granules packet QL  
 Noxafil oral suspension PA  
 posaconazole delayed-release tablets (Noxafil tablets NC) PA

**ANTIMALARIALS AND ANTIPROTOZOALS**

**Tier 1**

chloroquine phosphate  
 dapsone  
 doxycycline hyclate (Vibramycin)  
 hydroxychloroquine (Plaquenil)  
 mefloquine  
 metronidazole (Flagyl)  
 pyrimethamine (Daraprim=NC)  
 quinine sulfate (Qualaquin)  
 tafenoquine (Krintafel) QL

**Tier 2**

atovaquone (Mepron suspension)  
 atovaquone/proguanil (Malarone)  
 Benznidazole  
 Coartem QL  
 paromomycin

**Tier 3**

Lampit

**ANTIVIRALS**

**AIDS (adjunctive)**

**Tier 1**

megestrol acetate

**Tier 2**

megestrol acetate 625 mg/5 mL

**Cytomegalovirus**

**Tier 2**

valganciclovir solution (Valcyte Solution)  
 valganciclovir tablets (Valcyte Tablets)

**Tier 4**

Prevymis tablets PA

**Hepatitis B**

**Tier 1**

adefovir dipivoxil (Hepsera)

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

lamivudine tablets (Epivir-HBV tablets)

**Tier 2**

entecavir (Baraclude tablets)

Epivir-HBV solution

Vemlidy

**Tier 4**

Intron A SP

Pegasys/Pegasys ProClick SP

**Hepatitis C**

**Tier 1**

ribavirin 200 mg capsules SP

ribavirin 200 mg tablets SP

**Tier 4**

Epclusa SP PA

Harvoni 45mg/200mg SP PA QL

Harvoni 90mg/400mg SP PA

Harvoni pak SP PA QL

Intron A SP

Pegasys/Pegasys ProClick SP

PegIntron SP

Vosevi SP PA

**Herpes**

**Tier 1**

famciclovir (Famvir)

valacyclovir (Valtrex=NC)

**Tier 2**

acyclovir suspension

**HIV/AIDS**

**Tier 1**

abacavir/lamivudine/zidovudine (Trizivir)

lamivudine (Epivir)

lamivudine/zidovudine (Combivir)

nevirapine (Viramune)

nevirapine ext-rel (Viramune XR)

stavudine

zidovudine (Retrovir)

**Tier 2**

abacavir (Ziagen)

abacavir/lamivudine (Epzicom)

Aptivus

atazanavir (Reyataz)

Biktarvy

Cimduo

Complera

Crixivan

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

Delstrigo  
 Descovy PA  
 Dovato  
 Edurant  
 efavirenz (Sustiva)  
 efavirenz/emtricitabine/tenofovir  
 efavirenz/emtricitabine/tenofovir (Atripla NC)  
 efavirenz/lamivudine/tenofovir disoproxil fumarate (Symfi Lo)  
 efavirenz/lamivudine/tenofovir disoproxil fumarate (Symfi)  
 emtricitabine (Emtriva)  
 emtricitabine/tenofovir  
 emtricitabine/tenofovir (Truvada NC)  
 etravirine (Intencele)  
 Evotaz  
 fosamprenavir tablet 700 mg (Lexiva)  
 Genvoya  
 Invirase  
 Isentress  
 Isentress HD  
 Isentress Oral Suspension  
 Juluca  
 lopinavir/ritonavir solution (Kaletra solution)  
 lopinavir/ritonavir tablets (Kaletra tablets)  
 Norvir Powder Packet  
 Norvir solution  
 Odefsey  
 Pifeltro  
 Prezcobix  
 Prezista  
 Reyataz oral powder  
 ritonavir tablets (Norvir Tablets)  
 Rukobia  
 Selzentry  
 Selzentry solution  
 Stribild  
 Symtuza  
 tenofovir 300 mg (Viread 300 mg)  
 Tivicay  
 Tivicay PD  
 Triumeq  
 Tybost  
 Viracept  
 Viread  
**Tier 4**  
 Fuzeon SP

## Influenza

### Tier 1

amantadine  
 rimantadine

---

<b>CM</b>	Cancer Mandate	<b>MM</b>	Mandatory Mail	<b>NC</b>	Non Covered Drugs	10
<b>NTM</b>	New-to-Market	<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limitation Program	
<b>SI</b>	Specialty Infusion	<b>SP</b>	Designated Specialty Pharmacy	<b>STPA</b>	Step Therapy Prior Authorization	
<b>WH</b>	Women's Health	<b>ACA</b>	Preventive Service	<b>LCG</b>	Low Cost Generic	

**Tier 2**

oseltamivir capsules (Tamiflu capsules NC) QL  
 oseltamivir suspension (Tamiflu suspension NC) QL  
 Relenza QL

**Tier 3**

Xofluza QL

**BETA-LACTAM ANTIBIOTICS**

**Tier 1**

amoxicillin  
 amoxicillin/clavulanate (Augmentin)  
 amoxicillin/clavulanate ext-rel  
 ampicillin  
 cefaclor  
 cefadroxil  
 cefdinir  
 cefprozil  
 cefuroxime axetil (Ceftin)  
 dicloxacillin  
 penicillin VK

**Tier 2**

Cefaclor ER  
 cefixime capsules, suspension (Suprax capsules, suspension)  
 cefpodoxime  
 cephalexin  
 cephalexin (Keflex)

**Tier 3**

Suprax tablets

**IMMUNE GLOBULINS**

**Medical Benefit**

Immune Globulin (IVIG, SCIG) PA SI

**MACROLIDES AND CLINDAMYCIN**

**Tier 1**

azithromycin (Zithromax)  
 clarithromycin (Biaxin)  
 clarithromycin ext-rel  
 clindamycin (Cleocin)  
 clindamycin palmitate oral solution (Cleocin Pediatric)

**Tier 2**

clarithromycin suspension  
 Ery-Tab  
 erythromycin delayed-rel  
 erythromycin ethylsuccinate (E.E.S. 200 suspension)  
 erythromycin ethylsuccinate susp 400 mg/5 mL (Eryped)  
 erythromycin ethylsuccinate tablets  
 erythromycin stearate

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

erythromycin tablets

**Tier 3**

Dificid PA

Dificid suspension PA

PCE

Zmax

**MYCOBACTERIAL INFECTIONS (TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX)**

**Tier 1**

azithromycin (Zithromax)

clarithromycin (Biaxin)

ethambutol (Myambutol)

isoniazid

pyrazinamide

rifampin

**Tier 2**

rifabutin (Mycobutin)

Sirturo PA

**Tier 3**

Pretomanid

**QUINOLONES**

**Tier 1**

ciprofloxacin

ciprofloxacin (Cipro)

levofloxacin

levofloxacin (Levaquin=NC)

ofloxacin

**Tier 2**

moxifloxacin

**Tier 3**

Baxdela

**SULFONAMIDES**

**Tier 1**

sulfamethoxazole/trimethoprim

sulfamethoxazole/trimethoprim (Bactrim/Bactrim DS)

**TETRACYCLINES**

**Tier 1**

doxycycline hyclate (Vibramycin)

doxycycline monohydrate

minocycline capsules (Minocin=NC)

minocycline ext-rel (Ximino=NC)

**Tier 2**

doxycycline hyclate 75 mg tablets (Acticlate NC)

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

minocycline tablets

**Tier 3**

doxycycline hyclate delayed-rel tablets (Doryx NC)

minocycline SR (Solodyn NC)

Nuzyra tablets

tetracycline

**BIOLOGIC AND IMMUNOLOGICAL AGENTS****ALLERGEN EXTRACTS****Tier 3**

Grastek PA

Odactra PA

Oralair PA

Palforzia capsules PA

Palforzia packets PA

Ragwitek PA

**IMMUNOMODULATORS****Medical Benefit**

Actemra vial PA

Inflectra PA

Orencia vial PA

Remicade PA

Renflexis PA

Riabni PA

Rituxan PA

Simponi Aria PA

Truxima PA

**Tier 4**

Actemra prefilled syringe SP PA QL

Cimzia SP PA QL

Dupixent SP PA QL

Dupixent pen SP PA QL

Enbrel SP PA QL

Enbrel Mini SP PA QL

Humira SP PA QL

Kevzara SP PA QL

Kevzara auto-injector SP PA QL

Kineret PA QL

Olumiant SP PA

Orencia auto-injector / prefilled syringe SP PA QL

Rinvoq SP PA QL

Siliq SP PA QL

Simponi SP PA QL

Stelara SP PA QL

Taltz SP PA QL

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**IMMUNOSUPPRESSANT DRUGS**

**Medical Benefit**

Benlysta PA

Saphnelo PA

**Tier 1**

azathioprine (Imuran)

cyclosporine (Sandimmune)

cyclosporine, modified (Neoral)

mycophenolate mofetil (Cellcept)

mycophenolate sodium (Myfortic)

prednisone

sirolimus (Rapamune)

tacrolimus capsules (Prograf)

**Tier 2**

mycophenolate mofetil suspension

mycophenolate sodium delayed-rel tablets

**Tier 3**

Prograf granules

**Tier 4**

Benlysta Sub Q Injection SP PA

Enspryng SP PA

everolimus (Zortress)

Lupkynis PA

Rezurock PA

**BLOOD THINNERS AND BLOOD MODIFYING AGENTS**

**ANTIPLATELET THERAPY**

**Tier 1**

clopidogrel

clopidogrel (Plavix)

dipyridamole (Persantine)

**Tier 2**

dipyridamole ext-rel/aspirin

prasugrel (Effient NC)

**Tier 3**

Brilinta

Zontivity

**BLOOD MODIFYING AGENTS**

**Tier 2**

Aranesp SP QL

Epogen SP QL

Mircera QL

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

Procrit SP QL  
 Retacrit SP QL  
**Tier 4**  
 Cablivi  
 Doptelet SP PA  
 Fulphila SP PA QL  
 Granix prefilled syringe SP PA QL  
 Hemlibra SP PA  
 Leukine SP QL  
 Mulpleta SP PA  
 Neulasta SP PA QL  
 Neupogen SP PA QL  
 Neupogen/Single-Ject SP PA QL  
 Nivestym SP PA QL  
 Nyvepria SP PA QL  
 Promacta SP QL  
 Tavalisse QL  
 Udenyca SP PA QL  
 Zarxio SP QL  
 Ziextenzo SP PA QL

**BLOOD THINNERS**

**Tier 1**  
 enoxaparin (Lovenox=NC)  
 warfarin  
**Tier 2**  
 Eliquis  
 fondaparinux sodium (Arixtra)  
 Xarelto  
 Xarelto starter pack  
**Tier 3**  
 Fragmin

**BLOOD, MISCELLANEOUS**

**Tier 1**  
 anagrelide (Agrylin)  
 cilostazol  
 cilostazol (Pletal)  
 deferiprone (Ferriprox tablets) QL  
 pentoxifylline ext-rel  
**Tier 2**  
 aminocaproic acid oral solution (Amicar oral solution)  
 aminocaproic acid tablets (Amicar tablets)  
 deferasirox 180 mg tablets  
 deferasirox granules  
 deferasirox tablets (Jadenu NC)  
 Ferriprox oral solution QL  
**Tier 3**  
 Chemet

---

<b>CM</b> Cancer Mandate	<b>MM</b> Mandatory Mail	<b>NC</b> Non Covered Drugs	15
<b>NTM</b> New-to-Market	<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limitation Program	
<b>SI</b> Specialty Infusion	<b>SP</b> Designated Specialty Pharmacy	<b>STPA</b> Step Therapy Prior Authorization	
<b>WH</b> Women’s Health	<b>ACA</b> Preventive Service	<b>LCG</b> Low Cost Generic	



**Tier 4**

deferasirox (Exjade NC)

**CANCER DRUGS****Antineoplastic Drugs****Medical Benefit**

Abraxane PA

Proleukin PA

Xgeva PA

**Tier 1**

anastrozole (Arimidex=NC)

bicalutamide (Casodex=NC)

capecitabine (Xeloda=NC) SP

exemestane (Aromasin=NC)

flutamide

hydroxyurea (Hydrea=NC)

imatinib mesylate SP

imatinib mesylate (Gleevec=NC) SP

letrozole (Femara=NC)

leucovorin calcium

megestrol acetate

mercaptopurine

methotrexate

tamoxifen

**Tier 2**

Cyclophosphamide Capsules SP

Droxia

Ibrance SP PA

Iressa PA

Lysodren

melphalan (Alkeran NC)

octreotide SP

Rheumatrex

Siklos PA

Soltamox

Tabloid SP

temozolomide SP

temozolomide (Temodar NC) SP

toremifene (Fareston NC)

Trexall

**Tier 3**

Gleostine SP

Leukeran

Purixan

Xatmep PA

**Tier 4**

abiraterone 250 mg SP PA

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

abiraterone 250 mg (Zytiga 250 mg NC) SP PA  
 abiraterone 500 mg (Zytiga 500 mg NC) SP PA  
 Alecensa SP PA  
 Alunbrig PA  
 Ayvakit PA  
 Balversa PA  
 bexarotene capsules SP  
 bexarotene capsules (Targretin capsules NC) SP  
 Bosulif SP PA  
 Braftovi PA  
 Brukinsa PA  
 Cabometyx SP PA  
 Calquence PA  
 Caprelsa PA  
 Cometriq SP PA  
 Copiktra PA  
 Cotellic SP PA  
 Daurismo SP PA  
 Emcyt SP  
 Erivedge SP PA  
 erlotinib SP  
 erlotinib (Tarceva NC) SP  
 etoposide capsules SP  
 everolimus (Afinitor NC) SP PA  
 everolimus 2, 3, and 5 mg (Afinitor Disperz) SP PA  
 Exkivity PA  
 Farydak SP PA  
 Fotivda PA  
 Gavreto SP PA  
 Gilotrif PA  
 Hycamtin oral capsules SP PA  
 Iclusig PA  
 Idhifa SP PA  
 Imbruvica PA  
 Inlyta SP PA  
 Inqovi SP PA  
 Inrebic SP PA  
 Jakafi SP PA  
 Kisqali SP PA  
 Koselugo PA  
 lapatinib SP PA  
 Lenvima SP PA  
 Lonsurf SP PA  
 Lorbreina SP PA  
 Lumakras SP PA  
 Lynparza SP PA  
 Matulane  
 Mekinist SP PA  
 Mektovi PA  
 Mesnex  
 Myleran tablets

---

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

Nerlynx SP PA  
 Nexavar SP PA  
 nilutamide (Nilandron NC)  
 Ninlaro SP PA  
 Odomzo SP PA  
 Onureg SP PA  
 Orgovyx PA  
 Pemazyre PA  
 Piqray SP PA  
 Pomalyst SP PA  
 Qinlock PA  
 Retevmo SP PA  
 Revlimid SP PA  
 Rozlytrek SP PA  
 Rubraca SP PA  
 Rydapt SP PA  
 Sprycel SP PA  
 Stivarga SP PA  
 sunitinib malate (Sutent) SP PA  
 Tabrecta SP PA  
 Tafinlar SP PA  
 Tagrisso 40 mg PA  
 Tagrisso 80 mg PA  
 Talzenna SP PA  
 Targretin gel SP  
 Tassigna SP PA  
 Tazverik PA  
 Tepmetko PA  
 Thalomid SP  
 Tibsovo PA  
 tretinoin capsules SP  
 Truseltiq PA  
 Tukysa PA  
 Turalio PA  
 Ukoniq PA  
 Valchlor PA  
 Venclexta PA  
 Verzenio SP PA  
 Vistogard  
 Vitrakvi SP PA  
 Vizimpro SP PA  
 Votrient SP PA  
 Welireg PA  
 Xalkori SP PA  
 Xospata PA  
 Xpovio Pak PA  
 Xtandi SP PA  
 Zejula PA  
 Zelboraf SP PA  
 Zolanza SP PA  
 Zydelig SP PA

---

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

## CARDIOVASCULAR AGENTS

### ACE INHIBITORS

#### Tier 1

benazepril  
 benazepril (Lotensin)  
 enalapril  
 enalapril (Vasotec)  
 fosinopril  
 lisinopril (Prinivil)  
 lisinopril (Zestril)  
 moexipril  
 perindopril  
 quinapril  
 quinapril (Accupril)  
 ramipril  
 ramipril (Altace=NC)  
 trandolapril (Mavik)

#### Tier 2

captopril  
 enalapril maleate solution (Epaned)

### ALPHA-1 BLOCKERS

#### Tier 1

doxazosin (Cardura=NC)  
 phenoxybenzamine (Dibenzyline)  
 prazosin (Minipress)  
 terazosin

### ANGINA

#### Tier 1

amlodipine  
 amlodipine (Norvasc=NC)  
 atenolol  
 atenolol (Tenormin=NC)  
 diltiazem (Cardizem=NC)  
 diltiazem ext-rel (Cardizem CD=NC)  
 diltiazem ext-rel (Tiazac=NC)  
 isosorbide mononitrate ext-rel  
 metoprolol succinate ext-rel (Toprol-XL)  
 metoprolol tartrate  
 metoprolol tartrate (Lopressor=NC)  
 nicardipine  
 nifedipine 10 mg

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

nifedipine ext-rel (Procardia XL=NC)  
 nitroglycerin lingual spray (Nitrolingual)  
 nitroglycerin sublingual (Nitrostat)  
 nitroglycerin transdermal (Nitro-Dur)  
 propranolol  
 verapamil

**Tier 2**

Corlanor  
 nadolol (Corgard)  
 Nifedipine 20 mg  
 ranolazine (Ranexa NC)

**Tier 3**

metoprolol tartrate 37.5 mg, 75 mg

**ANGIOTENSIN II RECEPTOR BLOCKERS**

**Tier 1**

irbesartan (Avapro=NC)  
 losartan  
 losartan (Cozaar=NC)  
 telmisartan  
 telmisartan (Micardis=NC)  
 valsartan (Diovan)

**Tier 2**

candesartan (Atacand NC)  
 olmesartan (Benicar NC)

**ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES**

**Tier 1**

amiodarone  
 digoxin (Lanoxin)  
 disopyramide (Norpace)  
 flecainide  
 mexiletine  
 propafenone (Rythmol)  
 sotalol (Betapace)  
 sotalol AF (Betapace AF)

**Tier 2**

dofetilide (Tikosyn)  
 pacerone  
 propafenone ext-rel (Rythmol SR)  
 quinidine gluconate ext-rel

**Tier 3**

Multaq  
 Norpace CR  
 Sotylyze 5 mg/mL

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS**

**Tier 1**

- amlodipine/benazepril (Lotrel=NC)
- amlodipine/valsartan (Exforge)
- amlodipine/valsartan/hydrochlorothiazide (Exforge HCT)
- atenolol/chlorthalidone (Tenoretic=NC)
- benazepril/hydrochlorothiazide (Lotensin HCT=NC)
- bisoprolol/hydrochlorothiazide
- bisoprolol/hydrochlorothiazide (Ziac)
- captopril/hydrochlorothiazide
- enalapril/hydrochlorothiazide (Vaseretic)
- fosinopril/hydrochlorothiazide
- irbesartan/hydrochlorothiazide (Avalide=NC)
- lisinopril/hydrochlorothiazide (Zestoretic)
- losartan/hydrochlorothiazide (Hyzaar=NC)
- metoprolol/hydrochlorothiazide
- quinapril/hydrochlorothiazide (Accuretic=NC)
- trandolapril/verapamil ext-rel (Tarka)
- valsartan/hydrochlorothiazide (Diovan HCT)

**Tier 2**

- amlodipine/olmesartan (Azor NC)
- candesartan/hydrochlorothiazide (Atacand HCT NC)
- olmesartan/amlodipine/hydrochlorothiazide (Tribenzor NC)
- olmesartan/hydrochlorothiazide (Benicar HCT NC)
- telmisartan/amlodipine (Twynsta NC)
- telmisartan/hydrochlorothiazide (Micardis HCT NC)

**Tier 3**

- Dutoprol
- Tekturna HCT

**BETA BLOCKERS**

**Beta And Alpha Blockers**

**Tier 1**

- carvedilol
- carvedilol (Coreg)
- labetalol (Trandate)

**Tier 2**

- carvedilol phosphate ext-rel (Coreg CR NC)

**Beta Blockers**

**Tier 1**

- acebutolol (Sectral=NC)
- atenolol
- atenolol (Tenormin=NC)
- betaxolol

---

<b>CM</b> Cancer Mandate	<b>MM</b> Mandatory Mail	<b>NC</b> Non Covered Drugs
<b>NTM</b> New-to-Market	<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limitation Program
<b>SI</b> Specialty Infusion	<b>SP</b> Designated Specialty Pharmacy	<b>STPA</b> Step Therapy Prior Authorization
<b>WH</b> Women’s Health	<b>ACA</b> Preventive Service	<b>LCG</b> Low Cost Generic

bisoprolol (Zebeta)  
 metoprolol succinate ext-rel (Toprol-XL)  
 metoprolol tartrate  
 metoprolol tartrate (Lopressor=NC)  
 pindolol  
 propranolol  
 propranolol ext-rel (Inderal LA=NC)

**Tier 2**

nadolol (Corgard)  
 nebivolol (Bystolic)

**Tier 3**

Innopran XL  
 Levatol  
 metoprolol tartrate 37.5 mg, 75 mg

**CALCIUM CHANNEL BLOCKER/HMG-CoA REDUCTASE INHIBITOR**

**Tier 2**

amlodipine/atorvastatin (Caduet)

**CALCIUM CHANNEL BLOCKERS**

**Tier 1**

amlodipine  
 amlodipine (Norvasc=NC)  
 diltiazem (Cardizem=NC)  
 diltiazem ext-rel (Cardizem CD=NC)  
 diltiazem ext-rel (Cardizem LA=NC)  
 diltiazem ext-rel (Tiazac=NC)  
 felodipine ext-rel  
 isradipine  
 nicardipine  
 nifedipine 10 mg  
 nifedipine ext-rel  
 nisoldipine ext-rel (Sular=NC)  
 verapamil  
 verapamil ext-rel (Calan SR=NC)  
 verapamil ext-rel (Verelan PM=NC)  
 verapamil ext-rel (Verelan=NC)

**Tier 2**

Nifedipine 20 mg

**Tier 3**

Nymalize

**CARDIOMYOPATHY AGENTS**

**Tier 4**

Vyndamax SP PA QL  
 Vyndaquel SP PA QL

---

<b>CM</b> Cancer Mandate	<b>MM</b> Mandatory Mail	<b>NC</b> Non Covered Drugs
<b>NTM</b> New-to-Market	<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limitation Program
<b>SI</b> Specialty Infusion	<b>SP</b> Designated Specialty Pharmacy	<b>STPA</b> Step Therapy Prior Authorization
<b>WH</b> Women’s Health	<b>ACA</b> Preventive Service	<b>LCG</b> Low Cost Generic

**CENTRALLY ACTING AGENTS****Tier 1**

clonidine  
 guanfacine  
 guanfacine (Tenex=NC)  
 methyl dopa

**Tier 2**

clonidine transdermal (Catapres-TTS NC)

**DIRECT RENIN INHIBITORS****Tier 2**

aliskiren (Tekturna)

**DIURETICS****Tier 1**

amiloride  
 amiloride/hydrochlorothiazide  
 bumetanide  
 chlorthalidone  
 furosemide  
 furosemide (Lasix)  
 hydrochlorothiazide  
 indapamide  
 metolazone  
 spironolactone  
 spironolactone (Aldactone=NC)  
 spironolactone/hydrochlorothiazide (Aldactazide=NC)  
 torsemide  
 triamterene/hydrochlorothiazide capsules 50/25  
 triamterene/hydrochlorothiazide tablets 37.5/25  
 triamterene/hydrochlorothiazide tablets 37.5/25 (Maxzide-25)  
 triamterene/hydrochlorothiazide tablets 75/50  
 triamterene/hydrochlorothiazide tablets 75/50 (Maxzide)

**Tier 2**

triamterene (Dyrenium NC)

**Tier 3**

ethacrynic acid (Edecrin)  
 Keveyis PA

**GUANYLATE CYCLASE STIMULANTS****Tier 2**

Verquvo

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic



**LIPID LOWERING AGENTS****HMG-CoA Reductase Inhibitors****Tier 1**

atorvastatin 10 mg, 20 mg (Lipitor 10 mg, 20 mg=NC) QL  
 atorvastatin 40 mg, 80 mg (Lipitor 40 mg, 80 mg=NC)  
 fluvastatin (Lescol=NC) QL  
 lovastatin (Mevacor=NC) QL  
 pravastatin (Pravachol=NC) QL  
 simvastatin 5 mg, 10 mg, 20 mg, 40 mg (Zocor 5 mg, 10 mg, 20 mg, 40 mg=NC) QL  
 simvastatin 80 mg (Zocor 80 mg=NC)

**Tier 2**

fluvastatin ext-rel (Lescol XL NC) QL  
 rosuvastatin 20 mg, 40 mg (Crestor 20 mg, 40 mg NC)  
 rosuvastatin 5 mg, 10 mg (Crestor 5 mg, 10 mg NC) QL

**Lipid Lowering Combinations****Tier 2**

ezetimibe/simvastatin (Vytorin NC)

**Tier 3**

Advicor

**Others****Tier 1**

cholestyramine (Prevalite)  
 cholestyramine (Questran/Questran Light=NC)  
 colestipol (Colestid=NC)  
 ezetimibe (Zetia)  
 fenofibrate 43 mg, 130 mg (Antara=NC)  
 fenofibrate 48 mg, 145 mg  
 fenofibrate 48 mg, 145 mg (Tricor=NC)  
 fenofibrate 54 mg, 67 mg, 134 mg, 160 mg, 200 mg  
 fenofibric acid (Fibricor=NC)  
 fenofibric acid delayed-rel (Trilipix=NC)  
 gemfibrozil (Lopid=NC)

**Tier 2**

colesevelam (Welchol NC)  
 fenofibrate 120 mg (Fenoglide 120 mg NC)  
 fenofibrate 40 mg, 120 mg  
 fenofibrate 50 mg, 150 mg (Lipofen NC)  
 fenofibrate micronized capsule 130 mg  
 niacin ext-rel (Niaspan)  
 omega-3 acid ethyl esters (Lovaza NC)

Vascepa PA

**Tier 4**

Juxtapid PA QL

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**PCSK9 Inhibitors**

**Tier 2**

Repatha PA QL

**MINERALOCORTICOID RECEPTOR ANTAGONIST**

**Tier 2**

Kerendia PA QL

**NEPRILYSIN INHIBITOR/ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS**

**Tier 2**

Entresto

**NITRATE/VASODILATOR COMBINATIONS**

**Tier 2**

BiDil

**POTASSIUM REPLACEMENT**

**Tier 1**

potassium chloride ext-rel  
potassium chloride/potassium bicarbonate/citric acid effervescent tablets 25 mE

**Tier 2**

potassium chloride liquid  
potassium chloride powder

**Tier 3**

Effer-K 10 mEq, 20 mEq

**PULMONARY HYPERTENSION**

**Medical Benefit**

epoprostenol sodium PA SI  
epoprostenol sodium (Flolan) PA SI  
Remodulin PA SI  
Tyvaso PA SI  
Veletri PA SI  
Ventavis PA SI

**Tier 1**

sildenafil 20 mg (Revatio=NC) SP PA  
sildenafil oral suspension (Revatio oral suspension=NC) SP PA

**Tier 4**

Adempas SP PA  
ambrisentan (Letairis) SP PA  
bosentan tablets 62.5 mg, 125 mg SP PA  
bosentan tablets 62.5 mg, 125 mg (Tracleer NC) SP PA  
Opsumit SP PA

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

Orenitram SP PA  
 tadalafil (Adcirca) SP PA  
 Tracleer 32 mg oral tablet soluble SP PA  
 Upravi SP PA

**SELECTIVE ALDOSTERONE BLOCKER**

**Tier 2**

eplerenone  
 eplerenone (Inspra)

**VASODILATORS**

**Tier 1**

hydralazine

**DIABETES MELLITUS**

**DIABETIC SUPPLIES**

**Tier 2**

B-D Insulin syringes  
 B-D Pen needles  
 OneTouch Ultra test strips  
 OneTouch Verio test strips

**Tier 3**

Injection device for insulin (Humapen/Novopen)

**GLUCOSE ELEVATING**

**Tier 2**

Baqsimi QL  
 diazoxide suspension (Proglycem NC)  
 Glucagen  
 Glucagon Emergency Kit

**INJECTABLE AGENTS**

**Tier 2**

Ozempic  
 Trulicity  
 Victoza

**Tier 3**

SymlinPen

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**INSULINS****Tier 2**

Humalog  
 Humulin  
 Lantus  
 Omnipod DASH Pods QL  
 Toujeo  
 Tresiba

**ORAL AGENTS****Tier 1**

acarbose (Precose)  
 alogliptin (Nesina=NC)  
 alogliptin/metformin (Kazano=NC)  
 alogliptin/pioglitazone (Oseni=NC)  
 glimepiride  
 glimepiride (Amaryl)  
 glipizide  
 glipizide ext-rel (Glucotrol XL)  
 glipizide/metformin  
 glyburide  
 glyburide (DiaBeta)  
 glyburide, micronized  
 glyburide, micronized (Glynase)  
 glyburide/metformin  
 metformin  
 metformin (Glucophage)  
 metformin ext-rel (Glucophage XR)  
 nateglinide  
 pioglitazone  
 pioglitazone (Actos)  
 pioglitazone/glimepiride (Duetact)  
 pioglitazone/metformin (Actoplus Met)  
 repaglinide

**Tier 2**

Cycloset  
 Farxiga  
 Glyxambi  
 Janumet  
 Janumet XR  
 Januvia  
 Jardiance  
 metformin ext-rel (Glumetza NC) PA  
 metformin oral solution  
 miglitol  
 Rybelsus QL  
 Synjardy  
 Synjardy XR

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

Xigduo XR

**Tier 3**

Actoplus Met XR

metformin ext-rel (Fortamet NC) PA

**EAR, NOSE, AND THROAT****EAR****Antimicrobials****Tier 1**

acetic acid otic

acetic acid/aluminum acetate otic

acetic acid/hydrocortisone otic

ciprofloxacin otic (Cetraxal)

neomycin/polymyxin B/hydrocortisone otic

ofloxacin otic

**Tier 2**

ciprofloxacin-dexamethasone otic suspension (Ciprodex NC)

**Tier 3**

Cipro HC Otic

**Miscellaneous****Tier 1**

fluocinolone acetonide oil (Dermotic)

**MOUTH AND THROAT****Tier 1**

chlorhexidine gluconate

chlorhexidine gluconate (Peridex)

doxycycline hyclate 20 mg tablets

lidocaine viscous

pilocarpine (Salagen)

triamcinolone paste

**Tier 2**

cevimeline (Evoxac)

Episil QL

Gelclair

**Tier 3**

First-BXN

First-Duke's Mouthwash

Numoisyn

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**NOSE****Antihistamines****Tier 1**

clemastine 2.68 mg  
 cyproheptadine  
 diphenhydramine 50 mg  
 hydroxyzine HCl  
 hydroxyzine pamoate (Vistaril)  
 promethazine

**Other****Tier 1**

azelastine spray QL  
 ipratropium nasal spray QL  
 ipratropium nasal spray (Atrovent nasal aerosol) QL

**Tier 2**

olopatadine nasal spray (Patanase NC) QL

**EYE****ANTI-INFECTIVES****Tier 1**

bacitracin eye ointment  
 bacitracin/polymyxin B eye ointment  
 ciprofloxacin eye drops (Ciloxan)  
 erythromycin eye ointment  
 gentamicin solution  
 levofloxacin eye drops  
 moxifloxacin (Vigamox=NC)  
 neomycin/polymyxin B/gramicidin eye drops  
 ofloxacin eye drops (Ocuflox)  
 polymyxin B/trimethoprim eye drops (Polytrim)  
 sulfacetamide 10% eye drops (Bleph-10)  
 tobramycin eye drops, eye ointment (Tobrex)

**Tier 2**

gatifloxacin eye drops (Zymaxid NC)  
 moxifloxacin (Moxeza NC)

**Tier 3**

Azasite QL  
 Besivance  
 Ciloxan ointment

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**ANTI-INFLAMMATORIES**

**Tier 1**

dexamethasone sodium phosphate eye drops, eye ointment  
 diclofenac sodium eye drops  
 fluorometholone eye drops, eye ointment (FML)  
 ketorolac 0.4% eye drops (Acular LS)  
 ketorolac 0.5% eye drops (Acular)  
 neomycin/polymyxin B/bacitracin/hydrocortisone eye ointment  
 neomycin/polymyxin B/dexamethasone eye drops, eye ointment (Maxitrol)  
 prednisolone acetate 1% eye drops (Pred Forte)  
 sulfacetamide/prednisolone phosphate eye drops, eye ointment

**Tier 2**

Alrex  
 bromfenac sodium eye drops  
 loteprednol ophthalmic gel 0.5%  
 loteprednol suspension 0.5% (Lotemax suspension NC)  
 neomycin/polymyxin B/hydrocortisone eye drops  
 Pred Mild  
 Pred-G  
 Prednisolone Phosphate 1%  
 tobramycin/dexamethasone 0.3%/0.1% eye suspension (Tobradex)

Vexol

**Tier 3**

Blephamide  
 Flarex  
 Ilevro  
 Inveltys  
 Lotemax  
 Maxidex  
 Nevanac  
 Prolensa  
 Tobradex ointment  
 Tobradex ST  
 Zylet

**ANTIVIRAL**

**Tier 2**

trifluridine eye drops

**Tier 3**

Zirgan

**GLAUCOMA**

**Oral**

**Tier 1**

acetazolamide

---

<b>CM</b> Cancer Mandate	<b>MM</b> Mandatory Mail	<b>NC</b> Non Covered Drugs
<b>NTM</b> New-to-Market	<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limitation Program
<b>SI</b> Specialty Infusion	<b>SP</b> Designated Specialty Pharmacy	<b>STPA</b> Step Therapy Prior Authorization
<b>WH</b> Women’s Health	<b>ACA</b> Preventive Service	<b>LCG</b> Low Cost Generic

acetazolamide ext-rel (Diamox Sequels)  
methazolamide

**Topical**

**NTM**

Rocklatan STPA

**Tier 1**

- apraclonidine 0.5% eye drops (Iopidine 0.5%)
- brimonidine 0.2% eye drops
- carteolol eye drops
- dorzolamide HCl eye drops (Trusopt)
- dorzolamide HCl/timolol maleate eye drops (Cosopt)
- latanoprost eye drops (Xalatan=NC)
- levobunolol eye drops
- timolol maleate eye drops
- timolol maleate eye drops (Timoptic)
- timolol maleate gel forming solution (Timoptic-XE)

**Tier 2**

- Betimol
- bimatoprost 0.03% STPA
- brimonidine 0.15% eye drops (Alphagan P 0.15%)
- brinzolamide suspension 1% (Azopt NC)
- Combigan
- dorzolamide/timolol/preservative-free (Cosopt PF)
- Pilopine HS gel
- Simbrinza
- timolol maleate 0.5% eye drops (Istalol NC)
- travoprost (Travatan Z NC) STPA

**Tier 3**

- Alphagan P 0.1%
- Betoptic S
- Iopidine 1%
- Lumigan STPA
- Rhopressa STPA
- Vyzulta STPA
- Xelpros STPA
- Zioptan STPA

**OPHTHALMIC DRUGS, MISCELLANEOUS**

**Tier 1**

- atropine eye drops
- cyclopentolate ophthalmic solution (Cyclogyl)
- naphazoline eye drops

**Tier 2**

- Restasis PA
- Xiidra PA

**Tier 3**

- Cequa PA
- Freshkote

---

<b>CM</b> Cancer Mandate	<b>MM</b> Mandatory Mail	<b>NC</b> Non Covered Drugs	31
<b>NTM</b> New-to-Market	<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limitation Program	
<b>SI</b> Specialty Infusion	<b>SP</b> Designated Specialty Pharmacy	<b>STPA</b> Step Therapy Prior Authorization	
<b>WH</b> Women's Health	<b>ACA</b> Preventive Service	<b>LCG</b> Low Cost Generic	



Upneeq PA  
**Tier 4**  
 Cystadrops  
 Cystaran  
 Oxervate PA

## GASTROINTESTINAL DRUGS

### DIARRHEA

#### Tier 1

diphenoxylate/atropine (Lomotil)

loperamide

#### Tier 2

Mytesi PA

### EMESIS

#### Tier 1

meclizine 12.5 mg, 25 mg

metoclopramide

metoclopramide (Reglan)

ondansetron QL

ondansetron (Zofran=NC) QL

prochlorperazine

promethazine

trimethobenzamide capsules

#### Tier 2

aprepitant capsules (Emend NC) QL

dronabinol capsule

granisetron tablets QL

promethazine suppositories

scopolamine transdermal (Transderm Scop)

#### Tier 3

Akynzeo QL

Emend suspension QL

Zuplenz QL

#### Tier 4

Sancuso QL

Varubi QL

### GASTROINTESTINAL DRUGS, MISCELLANEOUS

#### Tier 1

constulose

enulose

Gavilyte-C

Gavilyte-G

lactulose

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

peg 3350/electrolytes  
 peg 3350/electrolytes (Nulytely)  
 peg 3350/electrolytes disposable jug (Golytely)

Peg-prep  
 ursodiol (Urso Forte)  
 ursodiol (Urso)

**Tier 2**

alosetron (Lotronex)  
 Cholbam  
 cromolyn sodium oral concentrate  
 Golytely packets  
 Linzess  
 lubiprostone (Amitiza NC)  
 Movantik  
 peg 3350/electrolytes (Moviprep NC)  
 ursodiol capsules

Viberzi PA

**Tier 3**

Clenpiq  
 Plenvu  
 Sucraid  
 Suprep  
 Sutab

**Tier 4**

Gattex SP  
 Ocaliva SP PA QL  
 Xermelo

**GASTROINTESTINAL DRUGS/PEPTIC ULCER TREATMENT/REFLUX (GERD)**

**H2 Receptor Antagonists**

**Tier 1**

famotidine  
 famotidine (Pepcid=NC)

**Tier 2**

cimetidine  
 famotidine suspension  
 nizatidine

**Others**

**Tier 1**

lansoprazole + amoxicillin + clarithromycin (Prevpac)  
 metoclopramide orally disintegrating tablets 5 mg QL  
 metoclopramide orally disintegrating tablets 5 mg (Metozolv ODT 5 mg) QL  
 misoprostol  
 misoprostol (Cytotec)  
 sucralfate tablets (Carafate)

---

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

**Tier 2**

Pylera

**Tier 3**

Metoclopramide orally disintegrating tablets 10 mg QL  
sucralfate suspension (Carafate suspension NC)

**Proton Pump Inhibitors**

**Tier 1**

esomeprazole delayed-rel capsules (Nexium 24HR OTC)  
omeprazole delayed-rel (Prilosec) PA QL  
pantoprazole delayed-rel (Protonix) PA QL

**Tier 2**

esomeprazole delayed-rel oral suspension PA QL  
lansoprazole delayed-rel (Prevacid) PA QL  
omeprazole/sodium bicarbonate oral packets (Zegerid oral packets) PA QL  
omeprazole/sodium bicarbonate OTC capsules PA  
pantoprazole sodium suspension PA QL  
rabeprazole delayed-rel (AcipHex) PA QL

**Tier 3**

Dexilant PA QL  
First-Lansoprazole QL  
First-Omeprazole QL  
lansoprazole soluble tablets (Prevacid Solutab) PA QL  
omeprazole/sodium bicarbonate capsules (Zegerid capsules) PA QL  
Prilosec Oral Suspension PA QL

**INFLAMMATORY BOWEL DISEASE**

**Medical Benefit**

Entyvio PA

**Tier 1**

balsalazide (Colazal)  
budesonide delayed-release capsules (Entocort EC)  
hydrocortisone enema  
mesalamine rectal suspension (Rowasa)  
sulfasalazine (Azulfidine)  
sulfasalazine delayed-rel (Azulfidine EN-Tablets)

**Tier 2**

budesonide ext-rel (Uceris tablets NC)  
Cortifoam  
Dipentum  
mesalamine delayed-rel (Delzicol NC)  
mesalamine delayed-rel 1.2 gm (Lialda NC)  
mesalamine delayed-rel tablets  
mesalamine ext-rel capsules (Apriso NC)  
mesalamine suppositories (Canasa)  
Pentasa  
Uceris rectal foam

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**PANCREATIC ENZYMES****Tier 2**

Creon

Zenpep

**Tier 3**

Pancreaze

Pertzze

Viokace

**SPASM****Tier 1**

dicyclomine

hyoscyamine sulfate (Levsin)

hyoscyamine sulfate ext-rel (Levbid)

**Tier 3**

chlordiazepoxide/clidinium (Librax NC)

**HORMONES****ADRENAL CORTICOSTEROIDS****Tier 1**

cortisone acetate

dexamethasone

dexamethasone therapy pack

fludrocortisone

hydrocortisone (Cortef)

methylprednisolone (Medrol)

prednisolone sodium phosphate

prednisolone sodium phosphate (Millipred)

prednisolone sodium phosphate 5 mg/5 mL

prednisolone syrup

prednisone

**Tier 2**

oxandrolone

prednisolone sodium phosphate orally disintegratin (Orapred ODT)

**Tier 3**

Prednisone Intensol

**Tier 4**

Acthar SP PA

**ANDROGENS****Tier 1**

testosterone cypionate

testosterone enanthate

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**Tier 2**

testosterone 50 mg/5 g gel  
 testosterone gel (AndroGel NC)  
 testosterone gel (Testim NC)  
 testosterone gel (Vogelxo NC)  
 testosterone gel 10 mg (Fortesta Gel NC)  
 testosterone soln

**Tier 3**

Jatenzo PA QL  
 testosterone 1.62% gel

**ENDOMETRIOSIS**

**Tier 1**

danazol  
 leuprolide acetate 1 mg kit

**Tier 2**

Orilissa PA QL

**Tier 3**

Synarel PA

**GROWTH HORMONES**

**Tier 4**

Egrifta SV SP PA  
 Increlex SP PA  
 Norditropin Products SP PA  
 Serostim SP PA  
 Zorbtive SP PA

**OVULATION INDUCING AGENTS**

**Tier 1**

chorionic gonadotropin SP  
 chorionic gonadotropin (Novarel) SP PA  
 chorionic gonadotropin (Pregnyl) SP PA  
 clomiphene

**Tier 2**

Ovidrel SP

**Tier 4**

Cetrotide SP PA  
 Follistim AQ SP PA  
 Ganirelix SP PA  
 Gonal-F SP PA  
 Menopur SP PA

**THYROID REPLACEMENT AND ANTITHYROID AGENTS**

**Tier 1**

Levothroid

---

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

levothyroxine (Synthroid)  
 Levoxyl  
 liothyronine (Cytomel)  
 methimazole  
 methimazole (Tapazole)  
 propylthiouracil  
 Unithroid  
**Tier 2**  
 Armour Thyroid  
 levothyroxine capsules (Tirosint)  
**Tier 3**  
 Thyquidity  
 Tirosint-sol

## MISCELLANEOUS DRUGS

### ACROMEGALY

**Medical Benefit**  
 Signifor LAR PA  
**Tier 3**  
 Mycapssa PA  
**Tier 4**  
 Somavert SP PA

### AMYOTROPHIC LATERAL SCLEROSIS

**Medical Benefit**  
 Radicava PA  
**Tier 1**  
 riluzole (Rilutek)  
**Tier 4**  
 Exservan  
 Tiglutik

### ANAPHYLAXIS EMERGENCY

**Tier 1**  
 epinephrine (generic for Adrenaclick) (Adrenaclick=NC) QL  
**Tier 2**  
 epinephrine (generic for Epipen Jr.) (Epipen Jr. NC) QL  
 epinephrine (generic for Epipen) (Epipen NC) QL

### ANTIHEMOPHILIC AGENTS

**Medical Benefit**  
 Factor Products, various PA SI

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE (ADPKD)**

**Tier 4**  
Jynarque

**BOTULINUM TOXINS**

**Medical Benefit**  
Botulinum Toxins PA

**CHRONIC GRANULOMATOUS DISEASE**

**Tier 4**  
Actimmune SP PA

**CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES**

**Medical Benefit**  
Ilaris PA  
**Tier 4**  
Arcalyst SP PA QL

**CUSHING'S DISEASE**

**Tier 3**  
Isturisa PA  
**Tier 4**  
Signifor PA QL

**CUSHING'S SYNDROME**

**Tier 4**  
Korlym PA QL

**CYSTIC FIBROSIS**

**Tier 4**  
Arikayce  
Bronchitol PA QL  
Cayston SP  
Kalydeco PA QL  
Orkambi PA QL  
Pulmozyme  
Symdeko PA QL  
TOBI Podhaler  
tobramycin inhalation solution (Bethkis NC)  
tobramycin inhalation solution (Kitabis Pak)  
tobramycin inhalation solution (TOBI)

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

Trikafta PA QL

**DIABETES INSIPIDUS****Tier 1**

desmopressin (DDAVP)

**Tier 3**

Stimate SP

**ERECTILE DYSFUNCTION****Tier 2**

sildenafil (Viagra NC) QL

tadalafil 2.5 mg, 10 mg, 20 mg (Cialis NC) QL

vardenafil (Levitra NC) QL

**Tier 3**

Caverject

Edex

MUSE

**EXCESSIVE SWEATING****Tier 1**

aluminum chloride soln 20% (Drysol)

**Tier 3**

Qbrexza PA QL

**FABRY DISEASE****Medical Benefit**

Fabrazyme PA SI

**Tier 4**

Galafold PA

**FIBROMYALGIA****Tier 1**

duloxetine delayed-rel (Cymbalta=NC) QL

pregabalin

pregabalin (Lyrica=NC STPA)

pregabalin ext-rel (Lyrica CR=NC)

**Tier 2**

Savella QL STPA

**GAUCHER DISEASE****Medical Benefit**

Cerezyme PA SI

Elelyso PA SI

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic



Vpriv PA SI  
**Tier 3**  
 miglustat (Zavesca NC) PA  
**Tier 4**  
 Cerdelga SP

**HEMOSTATICS - SYSTEMIC**

**Tier 1**  
 tranexamic acid (Lysteda) QL  
**Tier 2**  
 Myfembree PA QL  
 Oriahnn cap PA QL

**HEREDITARY ANGIOEDEMA**

**Medical Benefit**  
 Berinert SI  
 Cinryze PA SI  
 Ruconest SI  
**Tier 4**  
 Haegarda SP PA QL  
 icatibant (Firazyr) SP PA QL  
 Orladeyo PA QL  
 Sajazir PA QL  
 Takhzyro SP PA QL

**HEREDITARY OROTIC ACIDURIA**

**Tier 2**  
 Xuriden QL

**HEREDITARY TYROSINEMIA TYPE I**

**Tier 4**  
 nitisinone 2, 5, 10 mg capsules (Orfadin 2, 5, 10 mg capsules NC)  
 Nityr  
 Orfadin 20mg capsules  
 Orfadin suspension

**HUNTER SYNDROME**

**Medical Benefit**  
 Elaprase SI

**HUNTINGTON'S DISEASE**

**Tier 4**  
 Austedo SP PA QL

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

tetrabenazine SP QL  
 tetrabenazine (Xenazine NC) SP QL

**HYPERAMMONEMIA**

**Tier 2**  
 Carbaglu

**HYPERCALCEMIA**

**Tier 2**  
 cinacalcet (Sensipar NC)

**HYPERPARATHYROIDISM**

**Tier 1**  
 calcitriol (Rocaltrol)  
 paricalcitol capsules (Zemlar)  
**Tier 2**  
 doxercalciferol (Hectorol)

**HYPONATREMIA**

**Tier 2**  
 tolvaptan (Samsca NC) QL

**HYPOPARATHYROIDISM**

**Tier 4**  
 Natpara SP QL

**HYPOPHOSPHATASIA**

**Tier 2**  
 Strensiq PA QL

**KIDNEY STONES**

**Tier 1**  
 tiopronin (Thiola)  
**Tier 2**  
 potassium citrate ext-rel  
**Tier 3**  
 Thiola EC

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**LC-FAOD****Tier 4**

Dojolvi PA

**LIPODYSTROPHY****Tier 3**

Myalept PA QL

**LYSOSOMAL ACID LIPASE DEFICIENCY****Medical Benefit**

Kanuma PA SI

**MORQUIO A SYNDROME****Medical Benefit**

Vimizim PA SI

**MUCOPOLYSACCHARIDOSIS****Medical Benefit**

Aldurazyme SI

Naglazyme SI

**MULTIPLE SCLEROSIS****Tier 4**

Aubagio SP QL

Avonex SP QL

Avonex Pen SP QL

Bafiertam SP QL

Betaseron SP QL

Copaxone 20 mg/mL prefilled syringe SP QL

Copaxone 40 mg/mL prefilled syringe SP QL

dalfampridine ext-rel (Ampyra NC) SP PA QL

dalfampridine ext-rel (dalfampridine) SP PA QL

dimethyl fumarate (Tecfidera NC) SP QL

Gilenya SP QL

Kesimpta SP QL

Mavenclad SP PA QL

Mayzent SP QL

Plegridy SP QL

Rebif/Rebif Rebidose SP QL

Vumerity SP QL

Zeposia SP PA QL

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**MUSCULAR DYSTROPHY AGENTS****Medical Benefit**

Amondys 45 PA

Exondys 51 PA

**Tier 1**

guanidine

**Tier 4**

Emflaza PA QL

Firdapse PA

Ruzurgi PA

**MYASTHENIA GRAVIS****Tier 1**

pyridostigmine (Mestinon)

**Tier 2**

pyridostigmine ext-rel (Mestinon Timespan)

**OBESITY MANAGEMENT****Tier 1**

benzphetamine

diethylpropion

phendimetrazine (Phendimetrazine)

phendimetrazine ext-rel PA

phentermine

phentermine (Adipex-P) PA

**Tier 2**

Saxenda PA

Wegovy PA

**Tier 3**

Contrave PA

Lomaira PA

Qsymia PA

Xenical PA

**Tier 4**

Imcivree PA

**ORTHOSTATIC HYPOTENSION****Tier 1**

midodrine

**Tier 4**

droxidopa (Northera NC)

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**PAGET'S DISEASE****Tier 1**

alendronate  
alendronate (Fosamax=NC)

**Tier 2**

risedronate (Actonel NC)

**PAROXYSMAL NOCTURNAL HEMOGLOBINURIA****Medical Benefit**

Empaveli PA  
Soliris PA  
Ultomiris PA

**PHENYLKETONURIA TREATMENT****Tier 4**

Palynziq SP PA QL  
sapropterin SP PA

**PHEOCHROMOCYTOMA****Tier 2**

metyrosine (Demser NC)

**PHOSPHATE BINDERS****Tier 1**

calcium acetate (PhosLo=NC)

**Tier 2**

calcium acetate (Phoslyra NC)  
lanthanum oral powder (Fosrenol oral powder NC)  
sevelamer carbonate oral powder packets (Renvela Pak NC)  
sevelamer carbonate tablets 800 mg (Renvela tablets NC)  
sevelamer HCl (Renagel NC)

**Tier 3**

lanthanum carbonate chew tabs (Fosrenol NC)

**POLYNEUROPATHY OF HEREDITARY AMYLOIDOSIS****Tier 4**

Tegsedi PA QL

**POMPE DISEASE****Medical Benefit**

Nexviazyme SI

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**POTASSIUM-REMOVING AGENTS**

**Tier 2**  
Lokelma  
Veltassa

**PROGERIA**

**Tier 4**  
Zokinvy PA

**PRURITUS**

**Tier 4**  
Bylvay PA  
Livmarli PA

**PSEUDOBULBAR AFFECT**

**Tier 2**  
Nuedexta PA

**PSORIATIC ARTHRITIS**

**Tier 4**  
Otezla SP PA QL

**RADIOACTIVE CONTAMINATION**

**Tier 3**  
Radiogardase

**RESPIRATORY SYNCYTIAL VIRUS PROPHYLAXIS**

**Medical Benefit**  
Synagis SP PA

**RESTLESS LEGS SYNDROME**

**Tier 3**  
Horizant QL

**SICKLE CELL DISEASE**

**Tier 4**  
Endari PA  
Oxbryta SP PA

---

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

**SPINAL MUSCULAR ATROPHY****Medical Benefit**

Spinraza PA

**Tier 4**

Evrysdi PA QL

**SUBARACHNOID HEMORRHAGE****Tier 1**

nimodipine

**SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA****Tier 1**

alfuzosin ext-rel (Uroxatral=NC)

doxazosin (Cardura=NC)

dutasteride

dutasteride (Avodart)

dutasteride/tamsulosin (Jalyn=NC)

finasteride 5 mg (Proscar=NC)

tamsulosin

tamsulosin (Flomax)

terazosin

**Tier 2**

tadalafil 5 mg (Cialis 5 mg NC) PA QL

**TARDIVE DYSKINESIA****Tier 2**

Ingrezza PA QL

**UREA CYCLE DISORDERS****Tier 2**

sodium phenylbutyrate (Buphenyl)

**Tier 4**

Ravicti SP PA

**UROLOGIC DISORDERS****Tier 1**

bethanechol

desmopressin (DDAVP)

flavoxate hydrochloride

oxybutynin

oxybutynin ext-rel (Ditropan XL STPA)

propantheline 15 mg

tolterodine (Detrol STPA)

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

trospium  
 uribel (Uribel)  
**Tier 2**  
 darifenacin (Enablex STPA)  
 solifenacin succinate (Vesicare STPA)  
 tolterodine ext-rel (Detrol LA STPA)

trospium ext-rel

**Tier 3**

Elmiron  
 Gelnique STPA  
 Gemtesa STPA  
 methenamine/hyoscyamine/methylene blue/phenyl sali (Urogesic Blue)  
 Myrbetriq STPA  
 Myrbetriq suspension STPA  
 Vesicare LS STPA

**WILSON'S DISEASE**

**Tier 2**

Galzin  
 penicillamine (Cuprimine NC)  
 penicillamine (Depen Titratabs NC)  
 trientine (Syprine NC)

**X-LINKED HYPOPHOSPHATEMIA**

**Medical Benefit**

Crysvita PA

**NEUROLOGICAL DRUGS**

**ALZHEIMER'S DISEASE**

**Tier 1**

donepezil  
 donepezil (Aricept)  
 galantamine  
 galantamine ext-rel (Razadyne ER)  
 memantine (Namenda)  
 rivastigmine capsules (Exelon capsules)

**Tier 2**

memantine ext-rel (Namenda XR NC)  
 rivastigmine transdermal (Exelon Patch)

**Tier 3**

Exelon solution

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic



**MIGRAINE THERAPY****Medical Benefit**

Vyepi PA

**Abortive Therapy****Tier 1**

dihydroergotamine injection (D.H.E. 45)

ibuprofen (Rx Only)

naratriptan (Amerge=NC) QL

rizatriptan (Maxalt/Maxalt-MLT=NC) QL

sumatriptan tablets (Imitrex tablets=NC) QL

**Tier 2**

almotriptan QL

eletriptan (Relpax NC) QL

ergotamine/caffeine tablets (Cafergot NC)

naproxen sodium

naproxen sodium (Anaprox/Anaprox DS NC)

Nurtec ODT PA QL

Reyvow PA QL

sumatriptan injection (Imitrex injection NC) QL

sumatriptan nasal spray (Imitrex nasal spray NC) QL

zolmitriptan (Zomig/Zomig-ZMT NC) QL

zolmitriptan nasal spray (Zomig Nasal Spray NC) QL

**Tier 3**

dihydroergotamine spray (Migranal NC) QL

frovatriptan (Frova NC) QL

Migergot suppository

Onzetra Xsail QL STPA

sumatriptan/naproxen 85 mg/500 mg (Treximet 85 mg/500 mg NC) PA QL

**Prophylactic Therapy****Tier 1**

amitriptyline PA

atenolol

atenolol (Tenormin=NC)

cyproheptadine

divalproex sodium delayed-rel (Depakote)

divalproex sodium ext-rel (Depakote ER)

doxepin PA

metoprolol tartrate (Lopressor=NC)

nortriptyline (Pamelor=NC) PA

propranolol

propranolol ext-rel (Inderal LA=NC)

topiramate

topiramate (Topamax)

verapamil

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**Tier 2**

Aimovig PA QL  
 Ajovy PA QL  
 Ajovy Auto-injector PA QL  
 Emgality PA QL  
 nadolol (Corgard)

**Tier 3**

metoprolol tartrate 37.5 mg, 75 mg

**MUSCLE SPASM****Tier 1**

carisoprodol 250 mg (Soma 250 mg=NC)  
 carisoprodol 350 mg (Soma 350 mg)  
 chlorzoxazone  
 cyclobenzaprine  
 methocarbamol  
 orphenadrine ext-rel

**Tier 2**

metaxalone (Skelaxin NC)  
 orphenadrine/aspirin/caffeine (Norgesic Forte NC)

**PARKINSON'S DISEASE****Tier 1**

amantadine  
 benztropine  
 bromocriptine (Parlodel)  
 cabergoline  
 carbidopa (Lodosyn)  
 carbidopa/levodopa (Sinemet)  
 carbidopa/levodopa ext-rel  
 carbidopa/levodopa orally disintegrating tablets  
 diphenhydramine 50 mg  
 entacapone (Comtan)  
 pramipexole (Mirapex)  
 ropinirole  
 ropinirole ext-rel  
 selegiline capsules  
 selegiline tablets  
 tolcapone (Tasmar)  
 trihexyphenidyl

**Tier 2**

Apokyn  
 carbidopa/levodopa/entacapone (Stalevo)  
 Duopa  
 pramipexole ext-rel (Mirapex ER)  
 rasagiline mesylate (Azilect)

**Tier 3**

Inbrija PA  
 Neupro

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

Nourianz PA QL  
 Ongentys PA QL  
 Xadago PA

## SEIZURES

### Tier 1

carbamazepine (Tegretol)  
 carbamazepine ext-rel (Carbatrol)  
 carbamazepine ext-rel (Tegretol-XR)  
 clonazepam  
 clonazepam (Klonopin=NC)  
 divalproex sodium delayed-rel (Depakote)  
 divalproex sodium ext-rel (Depakote ER)  
 ethosuximide (Zarontin)  
 felbamate (Felbatol)  
 gabapentin (Neurontin)  
 lamotrigine  
 lamotrigine (Lamictal)  
 levetiracetam (Keppra)  
 levetiracetam ext-rel (Keppra XR=NC)  
 oxcarbazepine (Trileptal)  
 phenobarbital  
 phenytoin sodium (Dilantin Infatabs)  
 phenytoin sodium ext-rel (Dilantin)  
 pregabalin  
 pregabalin (Lyrica=NC STPA)  
 pregabalin ext-rel (Lyrica CR=NC)  
 primidone (Mysoline)  
 tiagabine 2 mg, 4 mg (Gabitril 2 mg, 4 mg)  
 topiramate  
 topiramate (Topamax)  
 valproic acid  
 zonisamide (Zonegran=NC)

### Tier 2

Aptiom  
 clobazam (Onfi)  
 diazepam rectal gel QL  
 diazepam rectal gel (Diastat/Diastat AcuDial) QL  
 divalproex sodium sprinkle (Depakote Sprinkle)  
 Fycompa  
 lamotrigine ext-rel (Lamictal XR) QL  
 lamotrigine orally disintegrating tablets (Lamictal ODT)  
 lamotrigine starter kit (Lamictal Starter Kit)  
 rufinamide (Banzel)  
 rufinamide susp 40 mg/ml  
 tiagabine 12 mg, 16 mg (Gabitril 12 mg, 16 mg NC)  
 topiramate ext-rel (Qudexy XR NC)  
 Vimpat  
 Xcopri

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**Tier 3**

Banzel 40 mg/mL suspension  
 Briviact  
 Celontin  
 Fintepla PA  
 Nayzilam PA QL  
 Oxtellar XR  
 Stavzor  
 Sympazan PA  
 Valtoco PA QL

**Tier 4**

Diacomit PA  
 Epidiolex SP PA  
 vigabatrin (Sabril)

**SPASTICITY**

**Tier 1**

baclofen  
 diazepam  
 diazepam (Valium=NC)

**Tier 2**

dantrolene (Dantrium)  
 tizanidine (Zanaflex)

**Tier 4**

Ozobax PA

**PAIN AND INFLAMMATORY DISEASES**

**ARTHRITIS**

**Anti-Inflammatory Drugs: Rheumatoid And Osteoarthritis**

**Tier 1**

diclofenac potassium  
 diclofenac sodium delayed-rel  
 diclofenac sodium solution (Pennsaid=NC) QL  
 diflunisal  
 etodolac  
 flurbiprofen  
 ibuprofen (Rx Only)  
 meloxicam  
 meloxicam (Mobic)  
 nabumetone  
 naproxen  
 naproxen (Naprosyn=NC)  
 piroxicam (Feldene)  
 sulindac

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**Tier 2**

celecoxib (Celebrex NC)  
 diclofenac sodium delayed-rel/misoprostol (Arthrotec)  
 etodolac ext-rel  
 naproxen sodium  
 naproxen sodium (Anaprox/Anaprox DS NC)

**Tier 3**

fenopofen (Nalfon)  
 meclofenamate  
 naproxen suspension  
 oxaprozin (Daypro NC)

**Disease Modifying Antirheumatic Drugs (DMARDs): Rheumatoid Arthritis-Additional**

**Tier 1**

azathioprine (Imuran)  
 hydroxychloroquine (Plaquenil)  
 methotrexate  
 sulfasalazine (Azulfidine)

**Tier 2**

leflunomide (Arava NC)  
 penicillamine (Cuprimine NC)  
 penicillamine (Depen Titratabs NC)  
 Rheumatrex

**Tier 3**

Rasuvo

**Tier 4**

Xeljanz SP PA QL  
 Xeljanz sol SP PA QL  
 Xeljanz XR SP PA QL

**Viscosupplements**

**Medical Benefit**

Durolane PA NC  
 Euflexxa PA  
 Gel-One PA NC  
 Gelsyn-3 PA NC  
 Genvisc 850 PA NC  
 Hyalgan PA NC  
 Hymovis PA NC  
 Monovisc PA NC  
 Orthovisc PA NC  
 Supartz FX SP NC  
 Synvisc PA NC  
 Synvisc-One PA NC  
 Trivisc PA NC  
 Visco-3 PA NC

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**GOUT****Medical Benefit**

Krystexxa PA

**Tier 1**

allopurinol  
 allopurinol (Zyloprim)  
 probenecid  
 sulindac

**Tier 2**

colchicine capsules (Mitigare 0.6 mg NC)  
 colchicine tablets (Colcrys)  
 febuxostat (Uloric STPA)

**PAIN, NSAID ANALGESICS****Tier 1**

diclofenac sodium gel 1% (Voltaren gel 1%) QL  
 diflunisal  
 etodolac  
 ibuprofen (Rx Only)  
 ketorolac tablets  
 naproxen  
 naproxen (Naprosyn=NC)  
 naproxen delayed-rel (EC-Naprosyn)

**Tier 2**

celecoxib (Celebrex NC)  
 naproxen sodium  
 naproxen sodium (Anaprox/Anaprox DS NC)

**Tier 3**

meclofenamate  
 mefenamic acid (Ponstel)  
 naproxen suspension

**PAIN, OPIOID AND OTHER ANALGESICS****Moderate To Moderately Severe Pain****Tier 1**

codeine/acetaminophen (Tylenol w/Codeine=NC) QL  
 codeine/acetaminophen solution QL  
 hydrocodone/acetaminophen QL  
 hydrocodone/acetaminophen (Norco=NC) QL  
 hydrocodone/acetaminophen 5/300, 7.5/300 (Xodol) QL  
 hydrocodone/acetaminophen solution QL  
 hydrocodone/ibuprofen (Vicoprofen=NC) QL  
 oxycodone QL  
 oxycodone/acetaminophen (Percocet=NC) QL  
 oxycodone/aspirin (Percodan=NC) QL

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

oxycodone/ibuprofen QL  
 oxymorphone (Opana=NC) QL  
 tramadol (Ultram=NC) QL  
 tramadol ext-rel QL  
 tramadol/acetaminophen (Ultracet=NC) QL  
 Zamicet

**Tier 2**

acetaminophen/caffeine/dihydrocodeine capsules (Trezix) QL  
 acetaminophen/caffeine/dihydrocodeine tablets QL  
 oxymorphone ext-rel QL

**Tier 3**

Capital w/Codeine  
 hydrocodone bitartrate ER 24HR deterrent (Hysingla ER NC) QL  
 hydrocodone bitartrate ER 24HR deterrent 100 mg, 120 mg PA QL  
 Prolate solution QL  
 Xartemis XR QL

## Moderate To Severe Pain

**Tier 1**

butorphanol nasal spray QL  
 codeine sulfate QL  
 fentanyl citrate lollipop QL  
 fentanyl citrate lollipop (Actiq=NC) QL  
 fentanyl patch 50, 75, 100 mcg/hr PA QL  
 fentanyl transdermal (Duragesic=NC) QL  
 hydromorphone suppository QL  
 hydromorphone tablets, liquid (Dilaudid=NC) QL  
 meperidine oral solution QL  
 meperidine tablets QL  
 methadone PA QL  
 methadone injection PA QL  
 methadone intensol concentrate 10 mg/mL PA QL  
 morphine QL  
 morphine ext-rel (MS Contin=NC) QL  
 morphine ext-rel 60, 100, 200 mg (MS Contin 60, 100, 200 mg=NC) PA QL  
 morphine sulfate beads QL  
 morphine sulfate beads 120 mg PA QL  
 morphine sulfate ext-rel 10, 20, 30, 40 mg QL  
 morphine sulfate ext-rel 50, 60, 80, 100 mg PA QL  
 morphine suppositories 5 mg, 10 mg, 20 mg QL  
 oxycodone (Roxicodone=NC) QL  
 pentazocine/naloxone QL

**Tier 2**

buprenorphine transdermal (Butrans NC) PA QL  
 fentanyl citrate buccal (Fentora NC) QL  
 fentanyl patch 37.5 mcg/hr QL  
 fentanyl patch 62.5 mcg/hr, 87.5 mcg/hr (fentanyl patch 62.5, 87.5 mcg/hr) PA QL  
 hydromorphone ext-rel QL  
 hydromorphone ext-rel 32 mg PA QL  
 Morphine suppositories 30 mg QL

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

oxycodone ext-rel (OxyContin) QL

**Tier 3**

Belbuca PA QL  
 Nucynta ER QL  
 Oxaydo QL  
 Subsys QL  
 Xtampza ER QL

**Tension Headaches**

**Tier 1**

butalbital/acetaminophen  
 butalbital/aspirin/caffeine (Fiorinal=NC)

**Tier 3**

butalbital/acetaminophen/caffeine (Fioricet NC)  
 butalbital/acetaminophen/caffeine tabs (Esgic tablets NC)  
 esgic capsules

**PSYCHIATRIC**

**ALCOHOL DETERRENTS**

**Medical Benefit**

Vivitrol

**Tier 1**

acamprosate calcium  
 disulfiram  
 naltrexone (Revia)

**ANXIETY**

**Tier 1**

alprazolam  
 alprazolam (Xanax=NC)  
 alprazolam ext-rel (Xanax XR=NC)  
 alprazolam orally disintegrating tablets  
 buspirone  
 chlordiazepoxide  
 clonazepam  
 clonazepam (Klonopin=NC)  
 diazepam  
 diazepam (Valium=NC)  
 escitalopram  
 escitalopram (Lexapro=NC)  
 hydroxyzine HCl (hydroxyzine hcl)  
 hydroxyzine pamoate (Vistaril)  
 lorazepam  
 lorazepam (Ativan=NC)  
 oxazepam

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic



**Tier 2**

clorazepate (Tranxene T-Tab NC)  
 paroxetine HCl ext-rel (Paxil CR NC) PA

**ATTENTION DEFICIT DISORDER****Tier 1**

amphetamine/dextroamphetamine mixed salts PA  
 dexamethylphenidate PA  
 dextroamphetamine PA  
 dextroamphetamine solution PA  
 guanfacine ext-rel (Intuniv)  
 Metadate ER 20 mg PA QL  
 methylphenidate PA  
 methylphenidate chewable tablets PA  
 methylphenidate ext-rel (Aptensio XR=NC) QL

**Tier 2**

amphetamine/dextroamphetamine mixed salts ext-rel PA QL  
 atomoxetine (Strattera NC) QL  
 clonidine ext-rel (Kapvay)  
 dexamethylphenidate ext-rel PA QL  
 dextroamphetamine ext-rel (Dexedrine Spansule NC) PA QL  
 methylphenidate ext-rel 10 mg, 20 mg, 30 mg, 40 mg, 60 mg PA QL  
 methylphenidate ext-rel capsules PA QL  
 methylphenidate ext-rel tablets PA QL  
 methylphenidate HCl ER PA QL  
 methylphenidate oral solution PA

**Tier 3**

Daytrana PA QL STPA  
 Dyanavel XR PA QL STPA  
 methamphetamine (Desoxyn NC) PA QL  
 methylphenidate ER osmotic release 72 mg (methylphenidate ER osmotic release 72 mg Brand NC) PA QL  
 Qelbree PA QL  
 Quillivant XR PA QL STPA  
 Vyvanse PA QL STPA  
 Vyvanse Chew PA QL STPA

**BIPOLAR DISORDER****Tier 1**

divalproex sodium delayed-rel (Depakote)  
 divalproex sodium ext-rel (Depakote ER)  
 lithium carbonate (Lithium Carbonate)  
 lithium carbonate ext-rel tablets 300 mg (Lithobid)  
 lithium carbonate ext-rel tablets 450 mg  
 olanzapine/fluoxetine  
 olanzapine/fluoxetine (Symbyax STPA)  
 quetiapine  
 quetiapine (Seroquel=NC)  
 risperidone (Risperdal STPA)

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

risperidone orally disintegrating tablets

**Tier 2**

Lithium Citrate

**Tier 3**

Equetro

**DEPRESSION**

**Tier 1**

- amitriptyline PA
- amitriptyline/perphenazine PA
- amoxapine PA
- bupropion (Wellbutrin=NC) PA
- bupropion ext-rel (Wellbutrin XL=NC) PA
- bupropion HCl SR (Wellbutrin SR=NC) PA
- citalopram
- citalopram (Celexa=NC)
- doxepin PA
- doxepin oral concentrate PA
- duloxetine delayed-rel (Cymbalta=NC) QL
- escitalopram
- escitalopram (Lexapro=NC)
- fluoxetine capsules
- fluoxetine capsules (Prozac=NC)
- fluoxetine solution
- fluvoxamine
- imipramine HCl
- maprotiline PA
- mirtazapine PA
- mirtazapine (Remeron=NC) PA
- mirtazapine orally disintegrating tablets (Remeron Soltab=NC) PA
- nortriptyline (Pamelor=NC) PA
- paroxetine HCl PA
- paroxetine HCl (Paxil=NC) PA
- phenelzine PA
- protriptyline PA
- sertraline
- sertraline (Zoloft=NC)
- trazodone PA
- venlafaxine
- venlafaxine ext-rel capsules (Effexor XR=NC)

**Tier 2**

- bupropion ext-rel (Forfivo XL NC) PA
- clomipramine (Anafranil NC)
- desipramine (Norpramin NC) PA
- desvenlafaxine succinate ext-rel (Pristiq NC) PA STPA
- Fluoxetine 60 mg PA
- fluoxetine tablets 10 mg, 20 mg PA
- imipramine pamoate
- nefazodone PA
- paroxetine HCl ext-rel (Paxil CR NC) PA

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

tranylcypromine (Parnate NC) PA  
**Tier 3**  
 Aplenzin PA STPA  
 Desvenlafaxine ER PA STPA  
 Desvenlafaxine Fumarate ER PA STPA  
 Drizalma QL STPA  
 Emsam PA STPA  
 Marplan PA  
 Pexeva PA STPA  
 trimipramine PA  
 Trintellix PA STPA  
 venlafaxine ext-rel tablets 225 mg  
 Viibryd PA STPA

**INSOMNIA**

**Tier 1**  
 estazolam  
 eszopiclone (Lunesta=NC) QL  
 flurazepam  
 hydroxyzine HCl (hydroxyzine hcl)  
 hydroxyzine pamoate (Vistaril)  
 temazepam  
 temazepam (Restoril=NC)  
 triazolam (Halcion=NC)  
 zaleplon QL  
 zolpidem QL  
 zolpidem (Ambien=NC) QL  
 zolpidem tartrate CR QL  
 zolpidem tartrate CR (Ambien CR=NC STPA) QL

**Tier 2**  
 ramelteon (Rozerem NC) QL STPA  
 zolpidem sublingual QL STPA

**Tier 3**  
 Belsomra QL STPA  
 Dayvigo QL STPA  
 Hetlioz oral suspension PA QL  
 Zolpimist 5 mg Spray QL STPA

**Tier 4**  
 Hetlioz PA QL

**MISCELLANEOUS**

**Tier 3**  
 Addyi PA  
 Lucemyra QL  
 Vyleesi PA QL  
 Xyrem PA QL

**Tier 4**  
 Nuplazid SP PA QL

---

<b>CM</b> Cancer Mandate	<b>MM</b> Mandatory Mail	<b>NC</b> Non Covered Drugs	58
<b>NTM</b> New-to-Market	<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limitation Program	
<b>SI</b> Specialty Infusion	<b>SP</b> Designated Specialty Pharmacy	<b>STPA</b> Step Therapy Prior Authorization	
<b>WH</b> Women's Health	<b>ACA</b> Preventive Service	<b>LCG</b> Low Cost Generic	

**NARCOLEPSY****Tier 1**

dextroamphetamine PA

**Tier 2**

dextroamphetamine ext-rel (Dexedrine Spansule NC) PA QL

modafinil (Provigil NC) PA QL

**Tier 3**

armodafinil (Nuvigil NC) PA QL

Sunosi PA QL

Wakix PA QL

Xywav PA QL

**OPIOID ANTAGONISTS****No copayment**

naloxone injection

Narcan QL

**Tier 1**

buprenorphine QL

buprenorphine/naloxone SL tablets

**Tier 2**

buprenorphine/naloxone film (Suboxone film NC)

**Tier 3**

Bunavail PA

Zubsolv PA

**PSYCHOSES****Tier 1**

aripiprazole tablets (Abilify tablets STPA)

asenapine (Saphris=NC)

clozapine (Clozaril STPA)

clozapine orally disintegrating tablets

haloperidol

loxapine

molindone

olanzapine (Zyprexa STPA)

olanzapine orally disintegrating tablets

olanzapine orally disintegrating tablets (Zyprexa Zydis STPA)

perphenazine

pimozide

quetiapine

quetiapine (Seroquel=NC)

risperidone (Risperdal STPA)

risperidone orally disintegrating tablets

thioridazine

thiothixene

trifluoperazine

ziprasidone HCl

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

ziprasidone HCl (Geodon STPA)

**Tier 2**

aripiprazole oral solution STPA  
 aripiprazole orally disintegrating tablets STPA  
 chlorpromazine  
 fluphenazine  
 Latuda STPA  
 paliperidone ext-rel tablets (Invega NC) STPA

**Tier 3**

Abilify Mycite PA QL  
 Caplyta STPA  
 Lybalvi STPA  
 quetiapine ext-rel (Seroquel XR STPA)  
 Rexulti QL STPA  
 Secuado STPA  
 Versacloz STPA  
 Vraylar STPA

**SMOKING DETERRENTS**

**No copayment**

bupropion SR  
 Nicotine Gum  
 Nicotine Lozenge  
 Nicotine Patch  
 Nicotrol Inhaler  
 Nicotrol NS Spray  
 varenicline (Chantix)

**RESPIRATORY DRUGS**

**COUGH SUPPRESSANTS AND EXPECTORANTS**

**Tier 1**

benzonatate (Zonatuss)  
 benzonatate capsules  
 benzonatate capsules (Tessalon Perles)  
 codeine/chlorpheniramine (Z-tuss AC) QL  
 codeine/chlorpheniramine/pseudoephedrine  
 codeine/guaifenesin (Ambitussin) QL  
 codeine/guaifenesin (CGU WC) QL  
 codeine/guaifenesin (Codar GF) QL  
 codeine/guaifenesin (Coditussin AC) QL  
 codeine/guaifenesin (Guiatuss AC)  
 codeine/guaifenesin (MAR-COF CG) QL  
 codeine/guaifenesin/pseudoephedrine (Guiatuss DAC)  
 codeine/promethazine QL  
 codeine/promethazine/phenylephrine (codeine/promethazine VC) QL  
 dextromethorphan/brompheniramine/pseudoephedrine syrup  
 dextromethorphan/promethazine

---

<b>CM</b> Cancer Mandate	<b>MM</b> Mandatory Mail	<b>NC</b> Non Covered Drugs
<b>NTM</b> New-to-Market	<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limitation Program
<b>SI</b> Specialty Infusion	<b>SP</b> Designated Specialty Pharmacy	<b>STPA</b> Step Therapy Prior Authorization
<b>WH</b> Women’s Health	<b>ACA</b> Preventive Service	<b>LCG</b> Low Cost Generic

guaifenesin/pseudoephedrine/codeine (Coditussin DAC) QL  
 guaifenesin/pseudoephedrine/codeine (Lortuss EX) QL  
 guaifenesin/pseudoephedrine/codeine (Suttar-2) QL  
 guaifenesin/pseudoephedrine/codeine (Virtussin DAC) QL  
 hydrocodone polistirex/chlorpheniramine polistirex QL  
 hydrocodone/homatropine syrup (Hydromet) QL  
 hydrocodone/homatropine tabs (Tussigon) QL

**Tier 3**

hydrocodone/chlorpheniramine (Tussicaps) QL

**INHALATION SOLUTIONS**

**Tier 1**

albuterol sulfate nebulizer solution QL  
 albuterol sulfate nebulizer solution (Ventolin nebulizer solution) QL  
 budesonide inhalation suspension (Pulmicort Respules) QL  
 cromolyn sodium nebulizer solution QL  
 ipratropium nebulizer solution QL  
 ipratropium/albuterol nebulizer solution QL  
 levalbuterol inhalation solution (Xopenex inhalation solution)

**Tier 2**

arformoterol tartrate nebulizer solution  
 Performist QL

**INHALERS**

**Anticholinergics/Combinations**

**Tier 2**

Anoro Ellipta QL  
 Atrovent HFA QL  
 Combivent Respimat QL  
 Spiriva HandiHaler QL  
 Spiriva Respimat QL  
 Stiolto Respimat QL

**Bronchodilator Inhalers**

**Tier 1**

albuterol sulfate, CFC-free aerosol (ProAir HFA=NC) QL  
 albuterol sulfate, CFC-free aerosol (Ventolin HFA=NC) QL  
 levalbuterol tartrate, CFC-free aerosol (Xopenex HFA=NC) QL

**Tier 2**

Serevent Diskus QL  
 Striverdi Respimat QL

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**Steroid Inhalers**

**Tier 2**

Arnuity Ellipta QL  
 Flovent Diskus QL  
 Flovent HFA QL  
 Pulmicort Flexhaler QL

**Steroid/Beta Agonist Combinations**

**Tier 1**

fluticasone/salmeterol - Wixela Inhub QL  
 fluticasone/salmeterol (Advair Diskus=NC) QL  
 fluticasone/salmeterol (AirDuo RespiClick) (AirDuo RespiClick=NC) QL

**Tier 2**

Advair HFA QL  
 Breo Ellipta QL  
 Symbicort QL  
 TRELEGY ELLIPTA QL

**MISCELLANEOUS**

**Medical Benefit**

Cinqair PA  
 Fasenra prefilled syringe PA  
 Nucala vials PA  
 Xolair vials PA

**Tier 4**

Esbriet SP QL  
 Fasenra Pen SP PA QL  
 Nucala auto-injector, prefilled syringe SP PA QL  
 Ofev SP QL  
 Xolair prefilled syringes SP PA QL

**ORAL AGENTS**

**Beta Agonists**

**Tier 1**

albuterol ext-rel  
 albuterol syrup  
 albuterol tablets  
 metaproterenol syrup  
 terbutaline tablets

**Leukotriene Modifiers**

**Tier 1**

montelukast

---

<b>CM</b> Cancer Mandate	<b>MM</b> Mandatory Mail	<b>NC</b> Non Covered Drugs
<b>NTM</b> New-to-Market	<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limitation Program
<b>SI</b> Specialty Infusion	<b>SP</b> Designated Specialty Pharmacy	<b>STPA</b> Step Therapy Prior Authorization
<b>WH</b> Women’s Health	<b>ACA</b> Preventive Service	<b>LCG</b> Low Cost Generic

montelukast (Singulair)  
 montelukast chewable tabs (montelukast chewable tablets)  
 zafirlukast (Accolate)  
**Tier 2**  
 zileuton ext-rel  
**Tier 3**  
 Zyflo

**Phosphodiesterase-4 Inhibitors**

**Tier 2**  
 Daliresp

**Theophylline**

**Liquids**

**Tier 2**  
 Elixophyllin

**Solids**

**Tier 1**  
 theophylline ext-rel tablets  
**Tier 2**  
 Theo-24

**SKIN**

**ACNE ROSACEA**

**Tier 1**  
 metronidazole cream (MetroCream)  
**Tier 2**  
 azelaic acid gel (Finacea NC)  
 Finacea Aerosol  
 metronidazole gel (MetroGel NC)  
 metronidazole lotion (MetroLotion)  
**Tier 3**  
 Soolantra cream 1%

**ACNE VULGARIS**

Differin lotion PA NC  
**Tier 1**  
 clindamycin pads 1%  
 clindamycin/benzoyl peroxide gel (Neuac=NC)

---

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



clindamycin/tretinoin gel (Veltin Gel=NC)  
 Differin 0.1% Gel OTC PA  
 erythromycin solution  
 sulfacetamide sodium 10% (Klaron)  
 tretinoin (Avita) PA  
 tretinoin gel 0.01%, 0.025% (Retin-A gel=NC) PA

**Tier 2**

adapalene/benzoyl peroxide gel 0.1%-2.5% (Epiduo NC)  
 clindamycin gel, lotion (Cleocin T)  
 clindamycin phosphate gel 1% (Clindagel 1% NC)  
 dapsone gel 5% (Aczone gel 5% NC)  
 erythromycin gel  
 erythromycin/benzoyl peroxide (Benzamycin)  
 tazarotene cream 0.1% (Tazorac) (Tazorac cream 0.1%) PA  
 Tazorac cream 0.05%, gel 0.05%, 0.1% PA  
 tretinoin cream 0.025%, 0.05%, 0.1% (Retin-A cream NC) PA

**Tier 3**

adapalene cream (Differin cream NC) PA  
 adapalene gel 0.1% (Differin gel 0.1% NC) PA  
 adapalene gel 0.3% (Differin gel 0.3% NC) PA  
 Altreno PA  
 Claravis  
 clindamycin 1%/benzoyl peroxide 5%  
 clindamycin phosphate foam 1% (Evoclin 1% NC)  
 clindamycin/benzoyl peroxide gel (Benzaclin Gel NC)  
 dapsone gel 7.5% (Aczone gel 7.5% NC)  
 Fabior PA  
 tretinoin gel 0.05% (Atralin NC) PA  
 tretinoin gel microsphere 0.04%, 0.1% (Retin-A Micro NC) PA  
 Winlevi PA

**BACTERIAL INFECTIONS, TOPICAL**

**Tier 1**

gentamicin  
 silver sulfadiazine (Silvadene)

**Tier 2**

mafenide acetate 5%  
 mupirocin

**Tier 3**

Altabax QL  
 Cortisporin  
 Xepi QL

**CORTICOSTEROIDS, TOPICAL**

**Tier 1**

alclometasone (Aclovate) PA  
 betamethasone dipropionate augmented cream (Diprolene AF) PA  
 betamethasone dipropionate augmented gel, ointment (Diprolene)  
 betamethasone dipropionate augmented lotion

---

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

betamethasone dipropionate cream, lotion  
 betamethasone valerate  
 desonide gel 0.05% (Desonate=NC)  
 fluocinolone cream, ointment (Synalar) PA  
 fluocinonide cream 0.05% QL  
 fluticasone propionate cream, ointment  
 hydrocortisone (prescription only)  
 hydrocortisone butyrate ointment PA  
 mometasone  
 mometasone lotion 0.1% (mometasone 0.1% lotion) PA  
 prednicarbate ointment  
 triamcinolone acetonide  
**Tier 2**  
 amcinonide cream, lotion PA  
 Amcinonide ointment PA  
 betamethasone dipropionate ointment 0.05% PA  
 betamethasone valerate foam (Luxiq) PA  
 clobetasol propionate (Temovate) PA  
 clobetasol propionate 0.05% (Clobex) PA  
 clobetasol propionate emollient cream (Temovate-E) PA  
 clobetasol propionate foam (Olux foam 0.05%) PA  
 clobetasol propionate spray 0.05% (Clobex spray NC) PA  
 clobetasol propionate/emollient foam (Olux-E NC) PA  
 clocortolone (Cloderm) PA  
 desonide cream (Desowen cream) PA  
 desonide lotion PA  
 desonide ointment  
 desoximetasone cream, gel, ointment (Topicort) PA  
 diflorasone diacetate (Psorcon) PA  
 fluocinolone oil, body or scalp 0.01% (Derma-Smoother/FS) PA  
 fluocinolone solution 0.01% (Synalar solution) PA  
 fluocinonide PA QL  
 fluocinonide cream 0.1% (Vanos) PA QL  
 flurandrenolide cream, lotion, ointment (Cordran) PA  
 fluticasone propionate lotion (Cutivate lotion) PA  
 halcinonide (Halog NC) PA  
 halobetasol propionate (Ultravate) PA  
 hydrocortisone butyrate cream, solution PA  
 hydrocortisone butyrate lipid cream 0.1% (Locoid Lipocream) PA  
 hydrocortisone butyrate lotion 0.1% (Locoid Lotion NC) PA  
 hydrocortisone valerate PA  
 prednicarbate cream 0.1% PA  
 triamcinolone acetonide aerosol 0.2% (Kenalog Spray) PA  
**Tier 3**  
 Capex PA  
 Pandel PA  
 Texacort PA

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**DERMATOLOGY, MISCELLANEOUS****Medical Benefit**

Xiaflex PA

**Tier 1**

ammonium lactate 12% (Lac-Hydrin)

hydrocortisone cream (Anusol-HC 2.5%)

ketoconazole 2%

lidocaine gel 2%

lidocaine/prilocaine cream QL

Lidocort Rectal kit

methoxsalen

salicylic acid liquid 27.5% (Virasal=NC)

selenium sulfide lotion, shampoo 2.5%

**Tier 2**

doxepin cream (Zonalon NC)

doxepin cream 5% (Prudoxin NC)

Fluoroplex

imiquimod (Zyclara Cream NC)

lidocaine ointment 5% QL

lidocaine patch 4% (Lidocare) QL

pimecrolimus 1% (Elidel STPA)

Regranex

tacrolimus ointment (Protopic ointment STPA)

**Tier 3**

Bionect

Derma-N

diclofenac sodium gel 3% QL

Eletone

Eucrisa PA

fluorouracil (Efudex)

Keralyt

lidocaine patch 5% (Lidoderm NC) PA QL

lidocaine/tetracaine cream (Pliaglis NC)

Panretin

ProctoFoam-HC

Rectiv Ointment QL

Santyl

Silvrstat

**FUNGAL INFECTIONS, TOPICAL****Tier 1**

ciclopirox (Loprox)

ciclopirox topical solution 8%

clotrimazole (Rx only)

econazole

ketoconazole

nystatin

nystatin/triamcinolone

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**Tier 2**

ciclopirox shampoo 1%  
 clotrimazole/betamethasone  
 luliconazole cream (Luzu NC)  
 naftifine cream 1%  
 naftifine cream 2%  
 naftifine gel 1%  
 oxiconazole cream (Oxistat cream)  
 Oxistat lotion

**Tier 3**

Ertaczo  
 ketoconazole foam 2% (Extina foam 2% NC)

**PSORIASIS AND SEBORRHEA****Tier 1**

acitretin (Soriatane)  
 calcipotriene ointment, solution  
 methotrexate

**Tier 2**

calcipotriene cream (Dovonex cream NC)  
 calcipotriene/betamethasone dipropionate ointment (Taclonex NC)  
 calcitriol ointment (Vectical NC)  
 tazarotene cream 0.1% (Tazorac) (Tazorac cream 0.1%) PA  
 Tazorac cream 0.05%, gel 0.05%, 0.1% PA

**Tier 3**

salicylic acid foam 6%

**Tier 4**

Cosentyx SP PA QL  
 Skyrizi SP PA QL

**SCABIES AND PEDICULOSIS****Tier 1**

lindane  
 permethrin 5%

**Tier 2**

albendazole (Albenza NC)  
 crotamiton  
 malathion (Ovide NC)  
 praziquantel (Biltricide NC)  
 spinosad (Natroba NC) QL

**VIRAL INFECTIONS, TOPICAL****Tier 1**

imiquimod (Aldara=NC)  
 podofilox (Condylox=NC)

**Tier 2**

acyclovir cream 5% (Zovirax cream 5% NC) QL  
 acyclovir ointment 5% (Zovirax ointment 5% NC) QL

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**Tier 3**  
Denavir PA

## SUPPLEMENTS

### ENZYMES

#### Medical Benefit

Nulibry PA  
**Tier 3**  
Ultra CoQ10 75 mg PA

### VITAMINS

#### Tier 1

b complex + c/folic acid (Nephrocaps)  
cyanocobalamin injection  
cyanocobalamin injection (vitamin B-12)  
ergocalciferol (D2) (Drisdol)  
fluoride drops  
fluoride drops (Luride drops)  
fluoride tablets  
fluoride tablets (Luride Lozi-Tabs)  
folic acid  
prenatal vitamins w/folic acid (Prenatal Vitamins)  
ubidecarenone (Coenzyme Q10) PA

#### Tier 2

Nascobal  
phytonadione (Mephyton NC)

#### Tier 3

Atabex EC  
Citranatal Rx  
Concept DHA  
Concept OB  
Corvite 150  
Feriva  
Ferralet 90  
Fusion Plus  
Integra F  
Integra Plus  
Irospan  
Maxaron Forte  
Neevo DHA  
Novaferum oral solution  
OB Complete caplet  
OB Complete DHA  
Obtrex DHA  
Preque 10  
Select-OB + DHA

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

Tricare DHA  
 Vitafol-OB + DHA  
 Vitatruie  
 Viva DHA

## WOMEN'S HEALTH

### CONTRACEPTIVES

#### Biphasic

**Tier 1**

amethia (Seasonique) PA  
 camrese (Seasonique) PA

**Tier 3**

Necon 10/11

#### Emergency Contraception

**Tier 1**

next choice one dose (Plan B One-Step)

**Tier 3**

Ella QL

#### Extended Cycle

**Tier 1**

fayosim (Quartette) PA

#### Four Phase

**Tier 2**

Natazia

#### Monophasic

**Tier 1**

amethia lo (LoSeasonique) PA  
 amethyst (Amethyst)  
 apri (Apri)  
 aviane (Aviane)  
 balziva (Ovcon 35) PA  
 cryselle (Cryselle)  
 drospirenone/EE/levomefolate and levomefolate (Beyaz) PA  
 drospirenone/EE/levomefolate and levomefolate (Safyral) PA  
 ethynodiol diacetate/EE  
 gianvi (YAZ) PA  
 jollesa (Jollesa)

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

junel (Loestrin) PA  
 junel fe (Loestrin Fe) PA  
 kariva (Mircette) PA  
 kelnor (Kelnor)  
 layolis fe (Generess Fe) PA  
 lessina (Lessina)  
 levora (Levora)  
 lomedica 24 fe (Lomedica 24 Fe)  
 low-ogestrel (Low-Ogestrel)  
 lutera (Lutera)  
 microgestin (Loestrin) PA  
 microgestin fe (Loestrin Fe) PA  
 mononessa (Ortho-Cyclen) PA  
 necon 0.5/35 (Brevicon) PA  
 necon 1/35 (Ortho-Novum 1/35) PA  
 necon 1/50 (Necon 1/50)  
 norethindrone acetate/EE 1/20 and iron (Taytulla) PA  
 norethindrone acetate/EE 1/20 and iron chewable (Minastrin 24 Fe) PA  
 norethindrone/EE 0.4/35 and iron chewable  
 nortrel 0.5/35 (Modicon) PA  
 nortrel 1/35 (Norinyl 1+35) PA  
 ocella (Yasmin) PA  
 ogestrel (Ogestrel)  
 portia (Portia)  
 previfem (Ortho-Cyclen) PA  
 quasense (Quasense)  
 reclipen (Reclipen)  
 sprintec (Ortho-Cyclen) PA  
 wymzya fe (Wymzya Fe)  
 zovia (Zovia)  
**Tier 2**  
 Lo Loestrin Fe  
**Tier 3**  
 Balcoltra  
 Femcon FE PA

**Other**

**Tier 1**  
 eluryng (Eluryng)  
 etonogestrel/EE ring (Nuvaring) PA  
 xulane (Xulane)  
**Tier 3**  
 Annovera QL  
 Nextstellis  
 Phexxi  
 Twirla Dis

---

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

**Progestin****Tier 1**

camila (Ortho Micronor) PA

errin (Ortho Micronor) PA

jolivette (Nor-QD) PA

**Tier 3**

Slynd

**Triphasic****Tier 1**

aranelle (Tri-Norinyl) PA

enpresse (Enpresse)

leena (Tri-Norinyl) PA

necon 7/7/7 (Ortho-Novum 7/7/7) PA

nortrel 7/7/7 (Ortho-Novum 7/7/7) PA

tilia fe (Estrostep Fe) PA

tri-legest fe (Estrostep Fe) PA

trinessa (Ortho Tri-Cyclen) PA

trinessa lo (Ortho Tri-Cyclen Lo) PA

tri-previfem (Ortho Tri-Cyclen) PA

tri-sprintec (Ortho Tri-Cyclen) PA

trivora (Trivora)

velivet (Cyclessa) PA

**MENOPAUSAL SYMPTOMS/OSTEOPOROSIS****Estrogens-Systemic****Tier 1**

EE/norethindrone acetate (Femhrt 0.5 mg/2.5 mcg)

estradiol

estradiol transdermal (Climara=NC)

estradiol valerate (Delestrogen)

estradiol/norethindrone acetate (Activella)

jinteli (Jinteli)

**Tier 2**

Climara Pro

CombiPatch

Duavee

estradiol (Estrace)

estradiol transdermal (Minivelle)

estradiol transdermal (Vivelle-Dot)

Prefest

Prempro

**Tier 3**

Alora

Angeliq

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic



Divigel  
 Elestrin  
 Estrogel  
 Evamist  
 Menest  
 Menostar  
 Premarin  
 Premphase

**Estrogens-Vaginal**

**Tier 1**

estradiol vaginal cream (Estrace vaginal cream=NC)  
 estradiol vaginal tablets (Vagifem=NC)

**Tier 2**

Estring  
 Femring  
 Premarin cream

**Other**

**Medical Benefit**

Evenity PA  
 Prolia PA

**Tier 1**

alendronate  
 alendronate (Fosamax=NC)  
 calcitonin-salmon injection (Miacalcin injection)  
 calcitonin-salmon spray (Miacalcin nasal)  
 ibandronate 150 mg (Boniva 150 mg=NC)

**Tier 2**

paroxetine mesylate 7.5 mg (Brisdelle NC)  
 risedronate (Actonel NC)  
 risedronate delayed-rel (Atelvia NC)

**Tier 3**

Fortical  
 Intrarosa

**Tier 4**

teriparatide (Forteo NC) SP PA  
 Tymlos SP PA

**Progestins-Systemic**

**Tier 1**

medroxyprogesterone acetate  
 medroxyprogesterone acetate (Provera)  
 norethindrone acetate (Aygestin)  
 progesterone, micronized (Prometrium)

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic

**Progestins-Vaginal**

**Tier 2**

Crinone  
Endometrin  
First-Progesterone VGS

**Selective Estrogen Receptor Modulators**

**Tier 1**

raloxifene  
raloxifene (Evista)

**Tier 3**

Osphena

**PREMENSTRUAL DYSPHORIC DISORDER**

**Tier 1**

fluoxetine (Sarafem tablets=NC)

**Tier 2**

paroxetine HCl ext-rel (Paxil CR NC) PA

**VAGINAL INFECTIONS**

**Tier 1**

clindamycin vaginal cream (Cleocin vaginal cream)  
fluconazole  
fluconazole (Diflucan)  
metronidazole tablets (Flagyl)  
terconazole cream (Terazol Vaginal cream)  
Vandazole

**Tier 2**

metronidazole vaginal gel  
terconazole suppositories

**Tier 3**

Cleocin vaginal suppositories  
Clindesse  
Nuversa  
Solosec

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

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

**NC** Non Covered Drugs  
**QL** Quantity Limitation Program  
**STPA** Step Therapy Prior Authorization  
**LCG** Low Cost Generic