

# State of Maryland Custom Formulary

## What is a Formulary?

A formulary is a list of covered drugs selected by physician and pharmacist subject matter experts who collaboratively support a Pharmacy and Therapeutics (P&T) Committee. Your prescription drug plan covers drugs listed in the formulary if the drug is indicated for the clinical condition, is prescribed in the appropriate manner, is filled at a participating network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage document located on the DBM Health Benefits Prescription Drug Coverage webpage (<https://dbm.maryland.gov/benefits/Pages/DrugCoverage.aspx>).

## Can the Formulary (Drug List) Change?

Most formulary changes will occur on an annual basis (January 1). MedImpact will notify affected members if a drug is removed from the formulary, moves to a higher cost-sharing tier, or when prior authorization, quantity limits and/or step therapy requirements are added. All plan participants are notified before the change becomes effective.

Drugs may also be added to the formulary during the year. Formulary additions may occur on a quarterly basis which may result in tiering improvements and member financial savings. If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, MedImpact will immediately remove the drug from the formulary as directed by the FDA.

## Is Your Medication Included in the Formulary?

There are three ways for you to confirm your current medication(s) are on the plan-specific formulary:

### ➤ Drug Categories

The drugs in this formulary are grouped into categories according to the types of medical conditions they are used to treat.

### ➤ Alphabetical Index Listing

If the member is not sure what category to look under, the member should look for the drug in the Index. The Index provides an alphabetical listing of all drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. First, look in the Index and find the drug. Next to the drug, there is a page number where the member can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column.

### ➤ Website or Mobile App

Drug search capability is on the MedImpact Consumer Portal ([www.medimpact.com](http://www.medimpact.com)), mobile app (available in Apple and Google apps store), or the DBM Health Benefits Prescription Drug Coverage webpage (<https://dbm.maryland.gov/benefits/Pages/DrugCoverage.aspx>).

## What Are Generic Drugs?

Your prescription drug plan covers both brand name and generic drugs when prescribed per FDA approved indications and in accordance with the program's benefit design. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. Generic drugs appear in the formulary listing with all lower-case letters and italicized (i.e. *terbutaline oral tablet 2.5 mg*). Brand drugs appear in formulary listing with all upper-case letters (i.e. *DIPHEN ORAL ELIXIR 12.5 MG/5ML*).

## Are There Any Restrictions on Coverage of Drugs on the Formulary?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits are noted throughout the formulary listing using the following symbols:

Symbol	Guideline	Description
<b>AGE</b>	Age Restriction	Coverage depends upon member age
<b>PA</b>	Prior Authorization	Requires specific physician request and clinical criteria be met for prescription to be covered
<b>QL</b>	Quantity Limit	Prescription quantity limits for specific drugs and/or time period needed for coverage
<b>ST</b>	Step Therapy	Coverage requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug
<b>SP</b>	Specialty Drug	Coverage may require dispensing from a specialty pharmacy. Specialty copay/coinsurance applies according to benefit plan

# Utilization Management Programs

To promote safety along with appropriate and cost-effective use of prescription medications, your prescription drug plan includes several utilization management programs.

## Step Therapy

Step therapy is a process for finding the best treatment while ensuring you are receiving the most appropriate medication therapy and reducing prescription costs. Medications are grouped into two categories:

- **First-line medications:** These are the medications recommended for you to take first—usually generics, which have been proven safe and effective. You pay the lowest copayment for these.
- **Second-line medications:** These are brand-name medications. They are recommended for you only if a first-line medication does not work. You may pay more for brand-name medications.

These steps follow the most current and appropriate medication therapy recommendations. MedImpact will review your records for step therapy medications when you go to the pharmacy to fill a prescription. If your prescription is for a step therapy medication, the pharmacy will search your prescription records for use of a first-line alternative. If prior use of a first-line medication is not found, the second-line medication will not be covered. You will need to obtain a new prescription from your doctor for one of the first-line alternatives, or have your doctor request a prior authorization for coverage of the second-line medication. For more information on step therapy, visit [www.medimpact.com](http://www.medimpact.com) or call MedImpact Healthcare Customer Service at 1-844-348-8508.

## Prior Authorization (PA)

Prescriptions for certain medications require a Prior Authorization—also known as a coverage review—to ensure the medication is cost-effective and clinically appropriate. This review uses formulary, clinical guidelines and other criteria to determine if the prescription drug plan will pay for certain medications. At the time you fill a prescription, the pharmacist is informed of the Prior Authorization requirement through the pharmacy's computer system and your doctor will need to contact MedImpact's Prior Authorization department to provide justification for MedImpact's consideration of why you should be on the prescribed medication.

**The following are examples that may require Prior Authorization for your prescription:**

- Your doctor prescribes a medication not covered by the formulary
- The medication prescribed is subject to age limits
- The medication is only covered for certain conditions

If the Prior Authorization is denied, written notification is sent to both you and your provider. You have the right to appeal the denial through the appeals process. The written notification of denial you receive provides instructions for filing an appeal. For more information on Prior Authorization, visit [www.medimpact.com](http://www.medimpact.com) or call MedImpact Healthcare Customer Service at 1-844-348-8508.

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## Quantity Limits

For some medications, such as medications used to treat pain or sleep disorders, your plan covers a limited quantity within a specific time period. These limits are based on FDA-approved prescribing information, approved medical guidelines and/or the average utilization quantity for the drugs. Some medications with quantity limits have a Prior Authorization available if a greater quantity is medically necessary.

## Appeals

If a Prior Authorization is denied, you or your representative may appeal the decision by proceeding with the Appeal procedure listed on the denial letter. If you require an urgent review, call MedImpact at 1-844-348-8508 for instructions. Please note that not all appeal requests are eligible for the urgent review process. Urgent appeals will be decided within 72 hours. If you choose to fill this prescription without Prior Authorization approval, you will be responsible for the full cost of the medication. You have a right to receive, upon written request and at no charge, information used to review your request. Appeals must be submitted within 180 calendar days after you receive the notice of a denial of a Prior Authorization. For more information regarding appeals, refer to the "Evidence of Coverage" document located on the DBM Health Benefits Prescription Drug Coverage webpage (<https://dbm.maryland.gov/benefits/Pages/DrugCoverage.aspx>).

## Claims Inquiry

If you believe your claim was incorrectly denied or if you have questions about a processed claim, call MedImpact Healthcare Customer Service at 1-844-348-8508.

## Tier Benefit Design

A tier benefit design is where a member is responsible for a portion of the cost of a prescription drug based on the drug's tier and copayment or coinsurance. Per the Affordable Care Act (ACA), some medications qualify as preventive under the Essential Health Benefit (EHB). EHB medications will be covered without cost share (\$0 copay for members).

The following is an example of a formulary tier design:

- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred brand medications (non-formulary agents)

## General Exclusions

Many plans have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are reflected in other Plan Benefit Documents.

The formulary applies only to outpatient drugs provided to members and does not apply to

medications used at inpatient settings. If a member has any specific questions regarding their coverage, they should review the Evidence of Coverage document located on the DBM Health Benefits Prescription Drug Coverage webpage. Examples of benefit exclusions are listed below:

- Anorectics (any drug used for the purpose of weight loss)
- Aerochamber, Aerochamber with mask and nebulizer masks and all other medical supplies
- Over-the-counter vitamins except those covered under the Affordable Health Care Act
- Bulk compounding ingredients, kits, high-cost bases
- Medications used for cosmetic purposes only such as hair growth stimulants
- Experimental/investigative drugs—homeopathic products
- Worker's compensation claims
- Unapproved products

## What if a Drug is Not on the Formulary?

If a drug is not included on the formulary, the member should contact MedImpact at 1-844-348-8508 to review. If the prescription drug formulary does not include the drug, the member can ask MedImpact for a list of similar drugs covered by the plan. When the member receives the list, they should show it to their doctor and ask the doctor to prescribe a similar drug that is covered by the prescription drug plan that is determined by the doctor to be an appropriate alternative drug.

## How Does a Member Request an Exception to the Formulary?

The member can request for their physician or pharmacy to contact MedImpact at 1-844-348-8508 for details on how to initiate the exception request process.

## For More Information

MedImpact encourages members to review the Summary Benefit Design, Evidence of Coverage document located on the DBM Health Benefits Prescription Drug Coverage webpage (<https://dbm.maryland.gov/benefits/Pages/DrugCoverage.aspx>), the MedImpact Consumer Portal, or the plan's website for more detailed plan information.

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Drug	Status	Notes
<b>Allergy</b>		
<b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
<b>Allergenic Extracts, Therapeutics</b>		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 3	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 2	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 2	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 2	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 2	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 2	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 2	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 2	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 2	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 2	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 2	PA

Drug	Status	Notes
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 2	PA
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 2	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 2	PA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA
<b>Antihistamines - 1St Generation</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral</i> (Karbinal ER) <i>suspension,extended rel 12 hr 4 mg/5 ml</i>	Tier 1	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 25</i> (Vistaril) <i>mg</i>	Tier 1	
KARBINAL ER ORAL (carbinoxamine maleate) SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution 25</i> (Phenergan) <i>mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antihistamines - 2Nd Generation</b>		
<i>cetirizine oral solution 1 mg/ml</i> (Allergy Relief (cetirizine))	Tier 1	
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	Tier 1	QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>desloratadine oral tablet,disintegrating</i> 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 1	
<b>Nasal Antihistamine</b>		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	Tier 1	QL (60 ML per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	QL (30.5 GM per 30 days)
<b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 1	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days)
<b>Nasal Anti-Inflammatory Steroids</b>		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	Tier 1	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for nasal formulation of Flunisolide, Fluticasone Propionate, or Mometasone Furoate within the past 120 days; QL (32 ML per 30 days)
<b>Antiemesis/Antivertigo</b>		

Drug	Status	Notes
<b>Antiemetic, Cannabinoid-Type</b>		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 1	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
<b>Antiemetic/Antivertigo Agents</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 1	QL (3 EA per 21 days)
COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Tier 1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i> (Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 2	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 1	

Drug	Status	Notes
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 1	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	QL (2 EA per 14 days)
<b>Asthma And Copd</b>		
<b>Anticholinergic, Orally Inhaled Short Acting</b>		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
<b>Anticholinergics, Orally Inhaled Long Acting</b>		
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide)	Tier 1	QL (30 EA per 30 days)
<b>Beta-Adrenergic Agents</b>		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 1	

Drug	Status	Notes
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1	
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
<b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 1	QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
<b>Beta-Adrenergic And Anticholinergic Combinations</b>		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	Tier 2	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	Tier 1	QL (30.9 GM per 30 days)

Drug	Status	Notes
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	Tier 1	QL (30.9 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 EA per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	Tier 1	QL (60 EA per 30 days)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 2	QL (2 EA per 1 day)
<b>Glucocorticoids, Orally Inhaled</b>		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	\$0 COPAY	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	\$0 COPAY	QL (60 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
<b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA

Drug	Status	Notes
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA
<b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 2	PA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	Tier 2	PA
<b>Leukotriene Receptor Antagonists</b>		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 1	
<b>Mast Cell Stabilizers</b>		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
<b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>		
XOLAIR SUBCUTANEOUS AUTO- INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 2	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 2	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 2	PA
<b>Monoclonal Antibody - Interleukin-5 Antagonists</b>		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	PA
NUCALA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 2	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	Tier 2	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 2	PA
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Tier 3	PA



Drug	Status	Notes
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	Tier 1	QL (1 EA per 1 day)
<b>Respiratory Aids, Devices, Equipment</b>		
AEROBIKA OSCILLATING PEP SYSTM DEVICE	Tier 3	
AEROECLIPSE II NEBULIZER (nebulizers)	Tier 3	
AEROECLIPSE XL NEBULIZER (nebulizers)	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT	Tier 3	
AERONEB GO NEBULIZER (nebulizers)	Tier 3	
AIRS DISPOSABLE NEBULIZER (nebulizers)	Tier 3	
ALTERA NEBULIZER HANDSET (nebulizers)	Tier 3	
ALTERA NEBULIZER SYSTEM (nebulizers)	Tier 3	
ASTHMAPACK CHILDREN'S KIT	Tier 3	
AURA PORTANEB (nebulizers)	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER (nebulizers)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE	Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (nebulizer and compressor)	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	
EASIVENT MASK LARGE DEVICE	Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
EBASE CONTROLLER DEVICE	Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor)	Tier 3	
INNOSPIRE DELUXE DEVICE (nebulizer and compressor)	Tier 3	
INNOSPIRE ELEGANCE DEVICE (nebulizer and compressor)	Tier 3	
INNOSPIRE ESSENCE DEVICE (nebulizer and compressor)	Tier 3	
INNOSPIRE GO NEBULIZER (nebulizers)	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
INNOSPIRE MINI DEVICE	(nebulizer and compressor)	Tier 3	
LC PLUS	(nebulizers)	Tier 3	
LC PLUS NEBULIZER-PED MASK	(nebulizers)	Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE	(nebulizers)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING	(nebulizers)	Tier 3	
MICROAIR MESH NEBULIZER	(nebulizers)	Tier 3	
MINI PLUS NEBULIZER	(nebulizers)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
<i>nebulizer and compressor device</i>	(Clever Choice Nebulizer)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
PARI LC SPRINT NEBULIZER SET	(nebulizers)	Tier 3	
PARI LC SPRINT SINUS	(nebulizers)	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
PARI TREK S COMBO PACK DEVICE	(nebulizer and compressor)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PRODIGY MINI-MIST NEBULIZER	(nebulizers)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE	(nebulizer and compressor)	Tier 3	
PRONEB MAX COMPRESSOR-LC SPRINT DEVICE	(nebulizer and compressor)	Tier 3	
PROVENT NASAL DEVICE		Tier 3	

Drug	Status	Notes
PROVENT STARTER NASAL DEVICE	Tier 3	
PULMO-AIDE COMPRESSOR DEVICE	Tier 3	
PULMONEB LT COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PUREAIR MINI NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
QUAKE VIBRATORY PEP DEVICE	Tier 3	
SAMI THE SEAL DEVICE (nebulizer and compressor)	Tier 3	
SIDESTREAM (nebulizers)	Tier 3	
SIDESTREAM NEBULIZER (nebulizers)	Tier 3	
SIDESTREAM PLUS (nebulizers)	Tier 3	
SINUSTAR NEBULIZER (nebulizers)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
SOOTHENEB MESH NEBULIZER (nebulizers)	Tier 3	
STRIVE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Tier 3	
TRUNEB NEBULIZER (nebulizers)	Tier 3	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
VIXONE NEBULIZER (nebulizers)	Tier 3	
VIXONE NEBULIZER-ADULT MASK (nebulizers)	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK (nebulizers)	Tier 3	
WILLIS THE WHALE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
<b>Thymic Stromal Lymphopoietin (Tslp) Inhibitors</b>		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 2	PA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	Tier 2	PA
<b>Xanthines</b>		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	

Drug	Status	Notes
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline)	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
<b>Autonomic Nervous System Disorders</b>		
<b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>		
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg</i>	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 7 mg</i> (Namenda XR)	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i> (Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)
<b>Alzheimer's Thx,Nmda Recept Antag &amp; Cholines Inhib</b>		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (1 EA per 1 day)
<b>Amyloid Directed Monoclonal Antibody</b>		

Drug	Status	Notes
ADUHELM INTRAVENOUS SOLUTION 100 MG/ML	Tier 3	PA
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML	Tier 3	PA
<b>Cholinesterase Inhibitors</b>		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	Tier 1	QL (30 EA per 30 days)
<b>Neonatal Fc Receptor (FcRn) Inhibitors</b>		
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML	Tier 3	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML	Tier 3	PA
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	Tier 3	PA
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist Antidepressants</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	\$0 COPAY	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	\$0 COPAY	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	\$0 COPAY	
<b>Antidepressant - Nmda Receptor Antagonist</b>		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 3	PA

Drug	Status	Notes
<b>Antidepressant - Postpartum Depression (Ppd)</b>		
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	Tier 3	PA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 2	PA
<b>Maois - Non-Selective &amp; Irreversible</b>		
MARPLAN ORAL TABLET 10 MG	Tier 3	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	\$0 COPAY	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	\$0 COPAY	
<b>Monoamine Oxidase(Mao) Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	QL (1 EA per 1 day)
<b>Ndma Receptor Antagonist And Ndri Comb</b>		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 3	
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 COPAY	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	\$0 COPAY	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	\$0 COPAY	
<b>Selective Serotonin Reuptake Inhibitor (SsrIs)</b>		
<i>citalopram oral solution 10 mg/5 ml</i>	\$0 COPAY	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	\$0 COPAY	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 COPAY	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	\$0 COPAY	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	\$0 COPAY	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	\$0 COPAY	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 COPAY	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	\$0 COPAY	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	\$0 COPAY	QL (2 EA per 1 day)

Drug	Status	Notes
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	\$0 COPAY	
paroxetine hcl oral suspension 10 mg/5 ml (Paxil)	\$0 COPAY	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	\$0 COPAY	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	\$0 COPAY	
sertraline oral concentrate 20 mg/ml (Zoloft)	\$0 COPAY	
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	\$0 COPAY	
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	\$0 COPAY	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	\$0 COPAY	
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>		
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	\$0 COPAY	ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (Pristiq)	\$0 COPAY	
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta)	\$0 COPAY	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg (Effexor XR)	\$0 COPAY	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	\$0 COPAY	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	\$0 COPAY	
<b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>		

Drug	Status	Notes
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	Tier 1	
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
<b>Tricyclic Antidepressant/Benzodiazepine Combinations</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
<b>Tricyclic Antidepressant/Phenothiazine Combinations</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
<b>Tricyclic Antidepressants &amp; Rel. Non- Sel. Ru-Inhib</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 COPAY	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 COPAY	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	\$0 COPAY	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	\$0 COPAY	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	\$0 COPAY	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 COPAY	
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 COPAY	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 COPAY	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	\$0 COPAY	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	\$0 COPAY	
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 COPAY	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0 COPAY	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 1	PA



Drug	Status	Notes
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi)	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i> (Zenedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenedi)	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis)	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (1 EA per 1 day)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	Tier 1	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	Tier 1	QL (1 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 1	QL (150 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG (lisdexamfetamine)	Tier 2	QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
<b>Anti-Alcoholic Preparations</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	Tier 3	
<b>Anti-Anxiety - Benzodiazepines</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 1	

Drug	Status	Notes
<i>alprazolam oral tablet extended release</i> (Xanax XR) 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
<i>alprazolam oral tablet, disintegrating</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
<i>chlordiazepoxide hcl oral capsule</i> 10 mg, 25 mg, 5 mg	Tier 1	
<i>clorazepate dipotassium oral tablet</i> 15 mg, 3.75 mg, 7.5 mg	Tier 1	
DIAZEPAM INTENSOL ORAL (diazepam) CONCENTRATE 5 MG/ML	Tier 1	
<i>diazepam oral concentrate</i> 5 mg/ml (Diazepam Intensol)	Tier 1	
<i>diazepam oral solution</i> 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	Tier 1	
<i>diazepam oral tablet</i> 10 mg, 2 mg, 5 mg (Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL (lorazepam) CONCENTRATE 2 MG/ML	Tier 1	
<i>lorazepam oral concentrate</i> 2 mg/ml (Lorazepam Intensol)	Tier 1	
<i>lorazepam oral tablet</i> 0.5 mg, 1 mg, 2 mg (Ativan)	Tier 1	
<i>oxazepam oral capsule</i> 10 mg, 15 mg, 30 mg	Tier 1	
<b>Anti-Anxiety Drugs</b>		
<i>buspirone oral tablet</i> 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
<i>meprobamate oral tablet</i> 200 mg, 400 mg	Tier 1	
<b>Anti-Mania Drugs</b>		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	
<i>lithium carbonate oral capsule</i> 150 mg, 300 mg, 600 mg	Tier 1	
<i>lithium carbonate oral tablet</i> 300 mg	Tier 1	
<i>lithium carbonate oral tablet extended release</i> 300 mg (Lithobid)	Tier 1	
<i>lithium carbonate oral tablet extended release</i> 450 mg	Tier 1	
<i>lithium citrate oral solution</i> 8 meq/5 ml	Tier 1	
<b>Anti-Narcolepsy &amp; Anti-Cataplexy, Sedative-Type Agt</b>		
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 3	PA

Drug	Status	Notes
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 3	PA
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	Tier 2	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 2	PA
<b>Antipsych,Dopamine Antag.,Diphenylbutylpiperidines</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
<b>Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed</b>		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	Tier 2	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	Tier 2	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 2	QL (1 EA per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 3	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	QL (2.4 ML per 14 days)

Drug	Status	Notes
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRINGE 882 MG/3.2 ML	Tier 2	QL (3.2 ML per 14 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Tier 2	QL (1 EA per 1 day)
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 2	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<b>Antipsychotics,Atypical,Dopamine,&amp; Serotonin Antag</b>		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Tier 1	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	ST: Requires prior prescription for Rexulti or Vraylar within the past 120 days; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 1	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 2	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 2	QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 2	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 2	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 2	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 2	QL (0.25 ML per 21 days)

Drug	Status	Notes
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 2	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 2	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 2	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 2	QL (2.63 ML per 70 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	Tier 1	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	Tier 1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Tier 1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Tier 1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	Tier 2	QL (1 EA per 28 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	Tier 1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	Tier 1	
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i> (Risperdal Consta)	Tier 1	QL (1 EA per 14 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 1	
<i>risperidone oral tablet 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 1	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)	Tier 3	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	QL (18 ML per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	Tier 1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	Tier 3	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 3	QL (1 EA per 28 days)
<b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
<b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
<b>Anti-Psychotics,Phenothiazines</b>		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Barbiturates</b>		

Drug	Status	Notes
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<b>Cholinergic And Anticholinergic Combinations</b>		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 3	ST: Requires prior prescription for a generic atypical antipsychotic, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	Tier 3	ST: Requires prior prescription for a generic atypical antipsychotic, Rexulti, or Vraylar within the past 120 days
<b>Hsdd Agents-Mixed Serotonin Agonist/Antagonists</b>		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 3	PA
<b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 3	PA
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	Tier 1	PA
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA
<b>Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist</b>		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 3	PA
<b>Narcotic Antagonists</b>		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 2	QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Tier 1	



Drug	Status	Notes
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i> (Narcan)	Tier 1	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
<i>naltrexone oral tablet 50 mg</i>	\$0 COPAY	
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 3	QL (2 ML per 30 days)
<b>Sedative-Hypnotics - Benzodiazepines</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 1	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 1	
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 1	
<b>Sedative-Hypnotics,Non-Barbiturate</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	\$0 COPAY	QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Tier 1	QL (1 EA per 1 day)
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 1	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>		
NUPLAZID ORAL CAPSULE 34 MG	Tier 3	PA
NUPLAZID ORAL TABLET 10 MG	Tier 3	PA
<b>Ssri &amp;Antipsych,Atyp,Dopamine&amp;Serotonin Antag Comb</b>		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg</i> (Symbyax)	Tier 1	QL (1 EA per 1 day)
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	Tier 1	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Tier 3	ST: Requires prior prescription for clonidine 0.1mg ER tablets within the past 120 days.; QL (4 ML per 1 day); Age (Min 6 Years)
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	Tier 1	QL (2 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (methylphenidate hcl)	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
<i>methylphenidate hcl oral tablet, chewable</i> 10 mg, 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24</i> (Daytrana) <i>hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr,</i> <i>30 mg/9 hr</i>	Tier 1	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	120mL BOTTLE; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	150mL BOTTLE; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	180mL BOTTLE; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	60mL BOTTLE; QL (60 ML per 30 days)
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
<i>atomoxetine oral capsule 10 mg, 100</i> (Strattera) <i>mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)

Drug	Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)

**Cardiovascular Disease - Arrhythmia**

**Antiarrhythmics**

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	

Drug	Status	Notes
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Adrenergic Agents, Catecholamines</b>		
epinephrine injection syringe 0.1 mg/ml	Tier 1	
<b>Digitalis Glycosides</b>		
DIGITEK ORAL TABLET 125 MCG (digoxin) (0.125 MG), 250 MCG (0.25 MG)	Tier 1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	Tier 2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Digitek)	Tier 1	
digoxin oral tablet 62.5 mcg (0.0625 mg) (Lanoxin)	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 2	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)	Tier 2	PA
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (Lotrel)	Tier 1	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg	Tier 1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin HCT)	\$0 COPAY	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	\$0 COPAY	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	\$0 COPAY	
enalapril-hydrochlorothiazide oral tablet 10-25 mg (Vaseretic)	\$0 COPAY	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	\$0 COPAY	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	\$0 COPAY	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	\$0 COPAY	

Drug	Status	Notes
<i>quinapril-hydrochlorothiazide oral tablet</i> (Accuretic) 10-12.5 mg, 20-12.5 mg, 20-25 mg	\$0 COPAY	
<b>Alpha/Beta-Adrenergic Blocking Agents</b>		
<i>carvedilol oral tablet</i> 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i> 10 mg, 20 mg, 40 mg, 80 mg (Coreg CR)	Tier 1	QL (1 EA per 1 day)
<i>labetalol oral tablet</i> 100 mg, 200 mg, 300 mg	Tier 1	
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	
<i>doxazosin oral tablet</i> 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	Tier 1	
<i>phenoxybenzamine oral capsule</i> 10 mg (Dibenzyline)	Tier 1	PA
<i>prazosin oral capsule</i> 1 mg, 2 mg, 5 mg	Tier 1	
<i>terazosin oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
<b>Angioten.Receptr Antag./Calc.Chanl Blkr/Thiazide Cb</b>		
<i>amlodipine-valsartan-hcthiazid oral tablet</i> (Exforge HCT) 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
<i>olmesartan-amlodipin-hcthiazid oral tablet</i> (Tribenzor) 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>		
<i>candesartan-hydrochlorothiazid oral tablet</i> (Atacand HCT) 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	
<i>irbesartan-hydrochlorothiazide oral tablet</i> (Avalide) 150-12.5 mg, 300-12.5 mg	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet</i> (Hyzaar) 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet</i> (Benicar HCT) 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	
<i>telmisartan-hydrochlorothiazid oral tablet</i> (Micardis HCT) 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet</i> (Diovan HCT) 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
<b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>		

Drug	Status	Notes
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)	Tier 1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	
<b>Antihypertensives, Ace Inhibitors</b>		
benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	\$0 COPAY	
benazepril oral tablet 5 mg	\$0 COPAY	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	\$0 COPAY	
enalapril maleate oral solution 1 mg/ml (Epaned)	\$0 COPAY	ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	\$0 COPAY	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	\$0 COPAY	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)	\$0 COPAY	
moexipril oral tablet 15 mg, 7.5 mg	\$0 COPAY	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	\$0 COPAY	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)	\$0 COPAY	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)	\$0 COPAY	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	\$0 COPAY	
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)	Tier 1	
eprosartan oral tablet 600 mg	Tier 1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg (Avapro)	Tier 1	

Drug	Status	Notes
losartan oral tablet 100 mg, 25 mg, 50 mg (Cozaar)	Tier 1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar)	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg (Micardis)	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg (Diovan)	Tier 1	
<b>Antihypertensives, Miscellaneous</b>		
metyrosine oral capsule 250 mg (Demser)	Tier 1	
<b>Antihypertensives, Sympatholytic</b>		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	Tier 1	
clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)	Tier 1	
clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)	Tier 1	
guanfacine oral tablet 1 mg, 2 mg	Tier 1	
methyldopa oral tablet 250 mg, 500 mg	Tier 1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	Tier 1	
<b>Antihypertensives, Vasodilators</b>		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
<b>Beta-Adrenergic Blocking Agents</b>		
acebutolol oral capsule 200 mg, 400 mg	Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	Tier 1	
betaxolol oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	



Drug	Status	Notes
metoprolol succinate oral tablet (Toprol XL) extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)	Tier 1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	Tier 1	
nadolol oral tablet 20 mg, 40 mg	Tier 1	
nadolol oral tablet 80 mg (Corgard)	Tier 1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic)	Tier 1	
pindolol oral tablet 10 mg, 5 mg	Tier 1	
propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)	Tier 1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 80 mg (Sotalol AF)	Tier 1	
sotalol oral tablet 240 mg (Betapace)	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tabs within the past 120 days
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100)	Tier 1	
atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50)	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	Tier 1	
<b>Calcium Channel Blocking Agents</b>		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc)	Tier 1	

Drug	Status	Notes
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)	Tier 3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Tiadylt ER)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 1	
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)	Tier 1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i> (Conjupri)	Tier 1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nimodipine oral solution 60 mg/20 ml</i>	Tier 1	PA
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	Tier 1	

Drug	Status	Notes
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 3	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 3	PA
TIADYL T ER ORAL (diltiazem hcl) CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	Tier 1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
<b>Loop Diuretics</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 3	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 1	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	Tier 1	
<i>toremide oral tablet 20 mg</i> (Soaanz)	Tier 1	
<b>Potassium Sparing Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	Tier 1	
<b>Potassium Sparing Diuretics In Combination</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	

Drug	Status	Notes
<i>triamterene-hydrochlorothiazid oral tablet</i> 37.5-25 mg, 75-50 mg	Tier 1	
<b>Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 2	PA
<b>Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib</b>		
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Tier 1	PA
LIQREV ORAL SUSPENSION 10 MG/ML	Tier 3	PA
<i>sildenafil (pulm.hypertension)</i> (Revatio) <i>intravenous solution 10 mg/12.5 ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral tablet</i> (Revatio) <i>20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet</i> (Alyq) <i>20 mg</i>	Tier 1	PA
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 1	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 1	PA
OPSUMIT ORAL TABLET 10 MG	Tier 2	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 2	PA
<b>Pulmonary Antihyper Agent, Actriia-Fc</b>		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	Tier 2	PA
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		
<i>epoprostenol intravenous recon soln 0.5</i> (Veletri) <i>mg, 1.5 mg</i>	Tier 1	PA
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 2	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 2	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 2	PA

Drug	Status	Notes
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 2	PA
REMODULIN INJECTION SOLUTION 1 (treprostinil sodium) MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Tier 3	PA
<i>treprostinil sodium injection solution 1</i> (Remodulin) <i>mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Tier 1	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 3	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 3	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 3	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 3	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 3	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	Tier 2	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 2	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 2	PA
VELETRI INTRAVENOUS RECON (epoprostenol) SOLN 0.5 MG, 1.5 MG	Tier 3	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 3	PA
<b>Renin Inhibitor, Direct</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	
<b>Thiazide And Related Diuretics</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<b>Vasodilators, Combination</b>		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	Tier 1	
<b>Cardiovascular Disease - Lipid Irregularity</b>		
<b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	PA; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 3	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 3	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	\$0 COPAY	QL (1 EA per 1 day)

Drug	Status	Notes
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)	Tier 3	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 3	PA
<i>fluvastatin oral capsule 20 mg</i>	\$0 COPAY	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral capsule 40 mg</i>	\$0 COPAY	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	\$0 COPAY	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	\$0 COPAY	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 5 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	\$0 COPAY	PA; QL (1 EA per 1 day)



Drug	Status	Notes
<b>Antihyperlipidemic - Mtp Inhibitor</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	Tier 2	PA
<b>Antihyperlipidemic - Pcsk9 Inhibitors</b>		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin with the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin with the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin with the past 120 days
<b>Antihyperlipidemic-Acly And Choles Absorp Inhib</b>		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin with the past 120 days
<b>Bile Salt Sequestrants</b>		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM (cholestyramine-aspartame)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Tier 1	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i> (Cholestyramine Light)	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Tier 1	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Tier 1	

Drug	Status	Notes
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral packet 5 gram</i>	Tier 1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM (cholestyramine-aspartame)	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Tier 1	
<b>Lipotropics</b>		
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	Tier 1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	Tier 1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Tier 1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
NIACOR ORAL TABLET 500 MG (niacin)	Tier 1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 1	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Tier 1	QL (4 EA per 1 day)
<b>Niacin Preparations</b>		
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 1	
<b>Cardiovascular Disease - Miscellaneous Agents</b>		
<b>Adrenergic Vasopressor Agents</b>		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	Tier 1	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<b>Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)</b>		
ENTRESTO ORAL TABLET 24-26 MG (sacubitril-valsartan)	Tier 2	QL (6 EA per 1 day)

Drug	Status	Notes
ENTRESTO ORAL TABLET 49-51 MG, (sacubitril-valsartan) 97-103 MG	Tier 2	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	Tier 2	QL (8 EA per 1 day)
<b>Antianginal &amp; Anti-Ischemic Agents, Non-Hemodynamic</b>		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	QL (20 ML per 1 day)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	Tier 1	QL (2 EA per 1 day)
<b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 1	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Cardiac Myosin Inhibitor</b>		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 3	PA
<b>Protein Stabilizers</b>		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 3	PA
VYNDAQEL ORAL CAPSULE 20 MG	Tier 3	PA
<b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
<b>Cardiovascular Disease - Vasodilation</b>		
<b>Vasodilators, Coronary</b>		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	

Drug	Status	Notes
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	Tier 1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 1	
<b>Vasodilators, Peripheral</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
<b>Contraception/Oxytocics</b>		
<b>Contraceptives, Intravaginal, Systemic</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	\$0 COPAY	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0 COPAY	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0 COPAY	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	\$0 COPAY	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0 COPAY	
<b>Contraceptives, Implantable</b>		
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0 COPAY	
<b>Contraceptives, Injectable</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0 COPAY	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	\$0 COPAY	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	\$0 COPAY	
<b>Contraceptives, Intravaginal</b>		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	\$0 COPAY	

Drug	Status	Notes
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0 COPAY	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0 COPAY	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	\$0 COPAY	
<b>Contraceptives, Oral</b>		
AFIRMELLE ORAL TABLET 0.1-20 MG- MCG (levonorgestrel-ethinyl estradiol)	\$0 COPAY	
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
ALTAVERA (28) ORAL TABLET 0.15- 0.03 MG (levonorgestrel-ethinyl estradiol)	\$0 COPAY	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	\$0 COPAY	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 COPAY	
AMETHIA ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol- e.estradiol)	\$0 COPAY	
AMETHYST (28) ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estradiol)	\$0 COPAY	
APRI ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	\$0 COPAY	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0 COPAY	
ASHLYNA ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol- e.estradiol)	\$0 COPAY	
AUBRA EQ ORAL TABLET 0.1-20 MG- MCG (levonorgestrel-ethinyl estradiol)	\$0 COPAY	
AUBRA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estradiol)	\$0 COPAY	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	\$0 COPAY	
AUROVELA 1/20 (21) ORAL TABLET 1- 20 MG-MCG (norethindrone ac-eth estradiol)	\$0 COPAY	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol- iron)	\$0 COPAY	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol- iron)	\$0 COPAY	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol- iron)	\$0 COPAY	
AVIANE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estradiol)	\$0 COPAY	

Drug		Status	Notes
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY	
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		\$0 COPAY	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0 COPAY	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0 COPAY	
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	

Drug	Status	Notes
<i>desog-e.estradiol/e.estradiol oral tablet</i> (Azurette (28)) 0.15-0.02 mgx21 /0.01 mg x 5	\$0 COPAY	
DOLISHALE ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)	\$0 COPAY	
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Beyaz) 3-0.02-0.451 mg (24) (4)	\$0 COPAY	
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Tydemy) 3-0.03-0.451 mg (21) (7)	\$0 COPAY	
<i>drospirenone-ethinyl estradiol oral tablet</i> (Jasmiel (28)) 3-0.02 mg	\$0 COPAY	
<i>drospirenone-ethinyl estradiol oral tablet</i> (Ocella) 3-0.03 mg	\$0 COPAY	
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
ELINEST ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	\$0 COPAY	
ELLA ORAL TABLET 30 MG	\$0 COPAY	
EMZAHH ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0 COPAY	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)	\$0 COPAY	
ENSKYCE ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	\$0 COPAY	
ERRIN ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0 COPAY	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	\$0 COPAY	
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1/35 (28)) 1-35 mg-mcg	\$0 COPAY	
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1/50 (28)) 1-50 mg-mcg	\$0 COPAY	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	\$0 COPAY	
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG	\$0 COPAY	
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)	\$0 COPAY	
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	\$0 COPAY	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	\$0 COPAY	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	\$0 COPAY	

Drug		Status	Notes
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	
JAIMI ESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
JOYEUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	\$0 COPAY	
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	
JULIE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0 COPAY	
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	
KARIVA (28) ORAL TABLET 0.15-0.02 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	\$0 COPAY	



Drug		Status	Notes
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	\$0 COPAY	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	\$0 COPAY	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	\$0 COPAY	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	\$0 COPAY	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0 COPAY	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		\$0 COPAY	
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0 COPAY	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Joyeaux)	\$0 COPAY	
<i>levonorgestrel oral tablet 1.5 mg</i>	(After Pill)	\$0 COPAY	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	\$0 COPAY	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	\$0 COPAY	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	\$0 COPAY	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	\$0 COPAY	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	\$0 COPAY	

Drug		Status	Notes
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		\$0 COPAY	
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
MILI ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		\$0 COPAY	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		\$0 COPAY	
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	

Drug	Status	Notes
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)	\$0 COPAY	
NIKKI (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	\$0 COPAY	
NORA-BE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0 COPAY	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7) (Wymzya Fe)	\$0 COPAY	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4) (Kaitlib Fe)	\$0 COPAY	
norethindrone (contraceptive) oral tablet 0.35 mg (Camila)	\$0 COPAY	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg (Aurovela 1.5/30 (21))	\$0 COPAY	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg (Aurovela 1/20 (21))	\$0 COPAY	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4) (Gemmyly)	\$0 COPAY	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7) (Aurovela Fe 1-20 (28))	\$0 COPAY	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (Aurovela Fe 1.5/30 (28))	\$0 COPAY	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9) (Tilia Fe)	\$0 COPAY	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4) (Charlotte 24 Fe)	\$0 COPAY	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg (Tri-Lo-Estarylla)	\$0 COPAY	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Tri-Estarylla)	\$0 COPAY	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg (Estarylla)	\$0 COPAY	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 COPAY	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	\$0 COPAY	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	\$0 COPAY	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 COPAY	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	\$0 COPAY	

Drug	Status	Notes
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 COPAY	
OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	\$0 COPAY	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
OPILL ORAL TABLET 0.075 MG	\$0 COPAY	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
PHILITH ORAL TABLET 0.4-35 MG- MCG	\$0 COPAY	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog- e.estradiol/e.estradiol)	\$0 COPAY	
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estradiol)	\$0 COPAY	
RECLIPSEN (28) ORAL TABLET 0.15- 0.03 MG (desogestrel-ethinyl estradiol)	\$0 COPAY	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol- e.estradiol)	\$0 COPAY	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estradiol)	\$0 COPAY	
SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0 COPAY	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog- e.estradiol/e.estradiol)	\$0 COPAY	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol- e.estradiol)	\$0 COPAY	
SLYND ORAL TABLET 4 MG (28)	\$0 COPAY	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	\$0 COPAY	
SRONYX ORAL TABLET 0.1-20 MG- MCG (levonorgestrel-ethinyl estradiol)	\$0 COPAY	
SYEDA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	\$0 COPAY	
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol- iron)	\$0 COPAY	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol- iron)	\$0 COPAY	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol- iron)	\$0 COPAY	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone-e.estradiol- iron)	\$0 COPAY	

Drug		Status	Notes
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-LEGEST FE ORAL TABLET 1- 20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol- iron)	\$0 COPAY	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0 COPAY	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		\$0 COPAY	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol- lm.fa)	\$0 COPAY	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		\$0 COPAY	
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog- e.estradiol/e.estradiol)	\$0 COPAY	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog- e.estradiol/e.estradiol)	\$0 COPAY	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY	
VYLIBRA ORAL TABLET 0.25-35 MG- MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	

Drug	Status	Notes
WERA (28) ORAL TABLET 0.5-35 MG-MCG	\$0 COPAY	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron) \$0 COPAY	
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol) \$0 COPAY	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol) \$0 COPAY	
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol) \$0 COPAY	
<b>Contraceptives, Transdermal</b>		
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane) \$0 COPAY	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	\$0 COPAY	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol) \$0 COPAY	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol) \$0 COPAY	
<b>Diaphragms/Cervical Cap</b>		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	\$0 COPAY	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	\$0 COPAY	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	\$0 COPAY	
<b>Oxytocics</b>		

Drug	Status	Notes
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
<b>Cough And Cold</b>		
<b>1St Gen Antihistamine &amp; Decongestant Combinations</b>		
<i>promethazine-phenylephrine oral syrup</i> (Promethazine VC) <i>6.25-5 mg/5 ml</i>	Tier 1	
<b>1St Gen Antihist-Decongest-Anticholinergic Comb</b>		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
<b>Antitussives,Non-Narcotic</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
<b>Narcotic Antitussive-1St Generation Antihistamine</b>		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25- 10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
<b>Narcotic Antitussive-Anticholinergic Comb.</b>		
<i>hydrocodone-homatropine oral syrup 5- 1.5 mg/5 ml</i> (Hydromet)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5- 1.5 mg</i> (Hycodan (with homatropine))	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML (hydrocodone- homatropine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<b>Non-Narc Antituss-1St Gen. Antihistamine-Decongest</b>		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML (brompheniramine- pseudoeph-dm)	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 1	
<b>Non-Narc Antitussive-1St Gen Antihistamine Comb.</b>		

Drug	Status	Notes
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
<b>Nose Preparations, Vasoconstrictors (Rx)</b>		
<i>epinephrine hcl nasal solution 1 mg/ml</i> (Adrenalin)	Tier 1	
<b>Dermatology - Acne</b>		
<b>Acne Agents, Systemic</b>		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
<b>Acne Agents, Topical</b>		
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide)	Tier 3	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene-benzoyl peroxide-niacin)	Tier 3	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Tier 1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> (Epiduo Forte)	Tier 1	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %	Tier 3	
ALURIS TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Tier 3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Tier 3	PA
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Neuac)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 % (1 % base) -3.75 %</i> (Onexton)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	
<i>dapsone topical gel 5 %</i> (Aczone)	Tier 1	
<i>dapsone topical gel with pump 7.5 %</i> (Aczone)	Tier 1	
DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)	Tier 3	



Drug	Status	Notes
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiro-niacin)	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %	Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %	Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 %	Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsonе-spiro-niacin)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 %	Tier 3	
DIAOXIA TOPICAL GEL 6-4 % (dapsonе-niacinamide)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %	Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsonе-spiro-niacin)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 %	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsonе-niacinamide)	Tier 3	
DIMOXIA TOPICAL GEL 5-4 % (spiro-niacinamide)	Tier 3	
DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 3	
DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid-sulfacetamide)	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 %	Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (tretinoin-benzoyl-clinda-niac)	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %	Tier 3	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl per-clindamycin-niacin)	Tier 3	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %	Tier 3	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 % (clindamycin-benzoyl peroxide)	Tier 1	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %	Tier 3	

Drug	Status	Notes
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %	Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025- 5-1-2 % (tretinoin-benzoyl-clinda- niac)	Tier 3	
ONZDEAXIAR TOPICAL GEL 0.05-5- 1-2 % (tretinoin-benzoyl-clinda- niac)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5- 1-2 %	Tier 3	
ONZDEOXIA TOPICAL GEL 5-1-4 % (benzoyl per-clindamycin- niacin)	Tier 3	
OXIATAR TOPICAL CREAM 0.025-0.5-4 % (tretinoin-hyaluronate- niacin)	Tier 3	
OXIAR TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Tier 3	
OXIARVARY TOPICAL CREAM 0.05- 0.5-4 % (tretinoin-hyaluronate- niacin)	Tier 3	
OXIARVARY TOPICAL CREAM 0.1-4 %	Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 % (tretinoin-hyaluronate- niacin)	Tier 3	
SAROXIA TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Tier 3	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	Tier 1	
TARDEOXIA TOPICAL CREAM 0.025-1- 4 % (tretinoin-clindamycin- niacin)	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 % (tretinoin-spirolact- niacin)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 % (tretinoin-niacinamide)	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 % (tretinoin-niacinamide)	Tier 3	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %	Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 % (tretinoin-spirolact- niacin)	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 % (tretinoin-niacinamide)	Tier 3	
<b>Keratolytic-Glucocorticoid Combinations</b>		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 2	
<b>Rosacea Agents, Topical</b>		
AVEIDA TOPICAL GEL 1-1 %	Tier 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin-metronidazol- niacin)	Tier 3	
<i>azelaic acid topical gel 15 %</i>	Tier 1	
<i>brimonidine topical gel with pump 0.33 %</i> (Mirvaso)	Tier 1	

Drug	Status	Notes
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %	Tier 3	
DAZOMON TOPICAL GEL 0.25 %	Tier 3	
FINACEA TOPICAL FOAM 15 %	Tier 2	
IDARAN TOPICAL OINTMENT 1-2 %	Tier 3	
<i>ivermectin topical cream 1 %</i> (Soolantra)	Tier 1	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 1	
ROSDAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 1	
<b>Topical Antiandrogenic Agents</b>		
WINLEVI TOPICAL CREAM 1 %	Tier 3	PA
<b>Topical Preparations, Antibacterials</b>		
BASADROX TOPICAL GEL IN PACKET	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 3	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav)	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 3	
IODOSORB TOPICAL GEL 0.9 %	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 3	
SILVASORB TOPICAL GEL, EXTENDED RELEASE	Tier 1	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 1	
<b>Vitamin A Derivatives</b>		
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 1	
<i>adapalene topical gel 0.3 %</i>	Tier 1	
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 1	
<i>adapalene topical lotion 0.1 %</i> (Differin)	Tier 1	Age (Max 39 Years)

Drug	Status	Notes
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 1	
<i>tretinoin microspheres topical gel 0.04 %</i> , 0.1 % (Retin-A Micro)	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %</i> , 0.08 %, 0.1 % (Retin-A Micro Pump)	Tier 1	Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 1	
<i>tretinoin topical cream 0.05 %</i> , 0.1 % (Retin-A)	Tier 1	
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 1	
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 1	
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 1	
<b>Vitamin A Derivatives, Topical Acne Agents</b>		
ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Tier 3	
<b>Dermatology - Antiinfective</b>		
<b>Topical Antibiotics</b>		
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 3	
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Tier 1	ST: Requires prior prescription for Clindamycin 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 % (erythromycin with ethanol)	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Tier 1	
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 1	QL (90 GM per 1 FILL)

Drug	Status	Notes
NANRAN TOPICAL OINTMENT 2-2 % (mupirocin-lidocaine)	Tier 3	
XEPI TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
<b>Topical Antifungal/Anti-inflammatory, Steroid Agent</b>		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol)	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl)	Tier 3	
PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)	Tier 3	
<b>Topical Antifungal-Antibiotic-Anti-Inflamm Steroid</b>		
PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)	Tier 3	
<b>Topical Antifungals</b>		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i>	Tier 1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (flucona-ibuprof-itracon-terbin)	Tier 3	
<i>econazole topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Tier 3	
EXELDERM TOPICAL CREAM 1 % (sulconazole)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	Tier 2	
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)	Tier 3	

Drug	Status	Notes
HEXIOUNYL TOPICAL LOTION 3-5-20 %	Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	Tier 3	
IMIOXIA TOPICAL CREAM 1-4 % (econazole-niacinamide)	Tier 3	
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 3	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 1	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 % (butenafine)	Tier 3	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 1	
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i> (Naftin)	Tier 1	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 %	Tier 3	
PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide)	Tier 3	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 1	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 1	

Drug	Status	Notes
<i>tavaborole topical solution with applicator 5 %</i>	Tier 1	PA
<b>Topical Antiparasitics</b>		
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 1	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %	Tier 3	
<b>Topical Antivirals</b>		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	
<b>Topical Pleuromutilin Derivatives</b>		
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
<b>Topical Sulfonamides</b>		
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sod-sulfur-urea)	Tier 1	
ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide)	Tier 3	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 1	
OXIAICE TOPICAL LOTION 15-4 %	Tier 3	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 1	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i> (Plexion Cleansing Cloths)	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	

Drug	Status	Notes
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfact na-sul-avobnz-otn-ocsa)	Tier 3	
<b>Dermatology - Antiinflammatory</b>		
<b>Interleukin-13 (Il-13) Inhibitors, Mab</b>		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 2	PA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA
<b>Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib</b>		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	
<b>Topical Antibiotics/Antiinflammatory,Steroidal</b>		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days
<b>Topical Anti-Inflammatory Steroidal</b>		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 3	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 1	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>amcinonide topical cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 1	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 1	
<i>desonide topical gel 0.05 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>desonide topical lotion 0.05 %</i>	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>desoximetasone topical ointment 0.05 %</i> (Topicort) <i>0.25 %</i>	Tier 1	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i> (Topicort)	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	Tier 1	
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 % (fluocinonide-emollient)	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 1	
FLUOXIA TOPICAL CREAM 0.05-4 %	Tier 3	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 1	

Drug	Status	Notes
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i> (Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halcinonide topical solution 0.1 %</i> (Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days

Drug	Status	Notes
HALOG TOPICAL SOLUTION 0.1 % (halcinonide)	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 1	
<i>hydrocortisone topical lotion 2 %</i> (Ala-Scalp)	Tier 1	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 1	

Drug	Status	Notes
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera)	Tier 3	
PANDEL TOPICAL CREAM 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 % (hydrocortisone)	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 3	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days

Drug	Status	Notes
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR TS TOPICAL KIT 0.01 %	Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>triamcinolone acetonide topical aerosol</i> (Kenalog) 0.147 mg/gram	Tier 1	
<i>triamcinolone acetonide topical cream</i> 0.025 %	Tier 1	
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.1 %	Tier 1	
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.5 %	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Tier 1	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	Tier 1	
TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)	Tier 1	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)
<b>Topical Anti-Inflammatory, Nsaids</b>		
<i>diclofenac epolamine transdermal patch</i> (Flector) 12 hour 1.3 %	Tier 1	
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 1	
<i>diclofenac sodium topical gel</i> 1 % (Aleve (diclofenac))	Tier 1	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day)
ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)	Tier 3	
<b>Topical Janus Kinase (Jak) Inhibitors</b>		
OPZELURA TOPICAL CREAM 1.5 %	Tier 2	PA
<b>Dermatology - Antipruritic Drugs</b>		
<b>Antipruritics, Systemic</b>		
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML	Tier 3	PA
<b>Dermatology - Miscellaneous</b>		

Drug	Status	Notes
<b>Antiperspirants</b>		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
<b>Antiseborrheic Agents</b>		
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 %	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 3	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days
PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)	Tier 3	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	Tier 1	
<i>sulfacetamide sodium topical shampoo 9.8 %</i> (Plexion NS)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	
<b>Antiseptics, General</b>		
ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
<i>alcohol swabs topical pads, medicated</i> (Alcohol Pads)	Tier 3	
ALCOHOL WIPES TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	



Drug	Status	Notes
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
IV PREP WIPES TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
WEBCOL TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 3	
<b>Antiseptics, Miscellaneous</b>		
<i>guaiaicol liquid</i>	Tier 3	
<b>Emollients</b>		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	Tier 1	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Tier 3	
KERASTAT TOPICAL CREAM	Tier 3	
KERASTAT TOPICAL GEL 5 %	Tier 3	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 1	
PRESERA TOPICAL FOAM	Tier 3	
XCLAIR TOPICAL CREAM	Tier 3	
<b>Hypertrichotic Agents, Systemic/Incl. Combinations</b>		
LITFULO ORAL CAPSULE 50 MG	Tier 3	PA
<b>Iodine Antiseptics</b>		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)	Tier 3	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)	Tier 1	
<b>Irrigants</b>		

Drug	Status	Notes
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	Tier 1	
<i>sorbitol irrigation solution 3 %</i>	Tier 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20- 8.75- 6.25 MG/100 ML	Tier 3	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 3	
<i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water)	Tier 1	
<b>Irritants/Counter-Irritants</b>		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 1	
<i>methyl salicylate oil</i> (Wintergreen Oil)	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
WINTERGREEN OIL OIL (methyl salicylate)	Tier 1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 3	PA
<b>Keratolytics</b>		
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 1	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 3	
METDRAY TOPICAL GEL 17-2 %	Tier 3	
NENDRUX TOPICAL GEL 40-5 %	Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 3	
PODOCON TOPICAL LIQUID 25 %	Tier 1	

Drug	Status	Notes
<i>podofilox topical gel 0.5 %</i> (Condylox)	Tier 1	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Tier 1	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 1	
PRONAL TOPICAL GEL 10-40 %	Tier 3	
<i>salicylic acid topical cream 6 %</i> (Salimez)	Tier 1	
<i>salicylic acid topical cream,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER)	Tier 1	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical ointment 3 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 3	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Tier 1	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %	Tier 3	
URAMAXIN TOPICAL FOAM 20 %	Tier 3	
URAMAXIN TOPICAL LOTION 45 % (urea)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 1	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 1	
<i>urea topical cream 40 %, 47 %</i>	Tier 1	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 1	

Drug	Status	Notes
<i>urea topical cream 50 %</i> (Ure-K)	Tier 1	
<i>urea topical foam 35 %</i> (Hydro 35)	Tier 1	
<i>urea topical gel 45 %</i> (CEM-Urea)	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 3	
<b>Oxidizing Agents</b>		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Tier 3	
<b>Protectives</b>		
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	Tier 1	
PR CREAM TOPICAL CREAM	Tier 1	
RECEDO TOPICAL GEL	Tier 3	
VASELINE WHITE PETROLEUM (white petrolatum) TOPICAL OINTMENT IN PACKET	Tier 1	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 3	
<i>zinc oxide topical ointment 20 %</i> (Endit (zinc oxide))	Tier 1	
<i>zinc oxide topical paste 25 %</i>	Tier 1	
<b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>		
ANALPRAM-HC TOPICAL LOTION 2.5- 1 %	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort)	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone- pramoxine)	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 2	

Drug	Status	Notes
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Tier 2	
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
<i>bexarotene topical gel 1 %</i> (Targretin)	Tier 1	PA
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %	Tier 3	PA
<i>fluorouracil topical cream 0.5 %</i> (Carac)	Tier 1	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Tier 2	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %	Tier 3	QL (60 GM per 28 days)
TOLAK TOPICAL CREAM 4 %	Tier 2	
VALCHLOR TOPICAL GEL 0.016 %	Tier 2	PA
<b>Topical Local Anesthetics</b>		
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 3	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY	Tier 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY	Tier 3	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 3	
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 1	

Drug	Status	Notes	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	(lidocaine-racepinep- tetracaine)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %		Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %		Tier 3	
<i>lidocaine hcl laryngotracheal solution 4 %</i>		Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	(Lidopin)	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	(DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>		Tier 1	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>		Tier 1	
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i>	(L.E.T. (lido-epineph-tetra))	Tier 1	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %		Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %		Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %		Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %		Tier 3	
NYNUTEY TOPICAL CREAM 23-7 %		Tier 3	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %		Tier 3	
REGENECARE TOPICAL GEL 2 %		Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY		Tier 3	
TRANZAREL TOPICAL GEL 4 %		Tier 3	
<b>Topical Preparations,Miscellaneous</b>			
<i>sodium chloride topical solution 0.9 %</i>	(Saljet Saline Rinse)	Tier 1	
<b>Topical/Mucous Membr./Subcut. Enzymes</b>			
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML		Tier 3	

Drug	Status	Notes
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 3	
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA
<b>Dermatology - Pigmentation Disorders</b>		
<b>Hypopigmentation Agents</b>		
<i>hydroquinone topical cream 4 %</i> (Obagi Elastiderm)	Tier 1	
KATARAXAP TOPICAL EMULSION 4- 0.025-0.025 %	Tier 3	
KATARVIA TOPICAL EMULSION 4- 0.025 %	Tier 3	
KATARYA TOPICAL EMULSION 4- 0.025-0.5 % (hydroquin-tretinoin- hydrocort)	Tier 3	
KATARYAXN TOPICAL EMULSION 4- 0.025-0.5 % (hydroquin-tretinoin- hydrocort)	Tier 3	
KAXM TOPICAL EMULSION 4 % (hydroquinone)	Tier 3	
KEIDO TOPICAL EMULSION 6-1 % (hydroquinone- hyaluronate)	Tier 3	
KETARYA TOPICAL EMULSION 6- 0.025-0.5 % (hydroquin-tretinoin- hydrocort)	Tier 3	
KEVARAXAP TOPICAL EMULSION 6- 0.05-0.025 %	Tier 3	
KEVARTIA TOPICAL EMULSION 6-0.05 %	Tier 3	
KEVARYA TOPICAL EMULSION 6-0.05- 0.5 % (hydroquin-tretinoin- hydrocort)	Tier 3	
KEXM TOPICAL EMULSION 6 % (hydroquinone)	Tier 3	
KEYA TOPICAL EMULSION 6-0.5 % (hydroquinone- hydrocortisone)	Tier 3	
KOTARAXAP TOPICAL EMULSION 5- 0.025-0.025 %	Tier 3	
KUTAR TOPICAL EMULSION 8-0.025 %	Tier 3	
KUTARVIA TOPICAL EMULSION 8- 0.025 %	Tier 3	
KUTARYAXM TOPICAL EMULSION 8- 0.025-0.5 % (hydroquin-tretinoin- hydrocort)	Tier 3	
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 % (hydroquin-tretinoin- hydrocort)	Tier 3	
KUTEA TOPICAL EMULSION 8 % (hydroquinone)	Tier 3	
KUVARYA TOPICAL EMULSION 8-0.05- 0.5 % (hydroquin-tretinoin- hydrocort)	Tier 3	
KUVARYE TOPICAL EMULSION 8-0.05- 1 % (hydroquin-tretinoin- hydrocort)	Tier 3	

Drug	Status	Notes
KUXM TOPICAL EMULSION 8 % (hydroquinone)	Tier 3	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (hydroquinone)	Tier 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (hydroquinone)	Tier 1	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (hydroquinone)	Tier 1	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %- SPF 15	Tier 3	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 %	Tier 3	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 %	Tier 3	
PROOXIA TOPICAL CREAM 10-4 % (lactic acid-niacinamide)	Tier 3	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 %	Tier 3	
YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 3	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 %	Tier 3	
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents, Systemic</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Tier 3	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 3	PA
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA
SOTYKTU ORAL TABLET 6 MG	Tier 2	PA
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML	Tier 3	PA
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 3	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA



Drug	Status	Notes
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	Tier 2	PA
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 2	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 2	PA
<b>Antipsoriatics Agents</b>		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 1	
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tazarotene topical cream 0.05 %</i> (Tazorac)	Tier 1	Age (Max 39 Years)
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	Tier 1	Age (Max 39 Years)
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<b>IL-23 Receptor Antagonist, Monoclonal Antibody</b>		
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	Tier 2	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 2	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 2	PA
<b>Topical Agents, Miscellaneous</b>		
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 3	

Drug	Status	Notes
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 3	
<i>urea topical cream 20 %</i> (Gormel)	Tier 1	
<b>Topical Immunosuppressive Agents</b>		
HYFTOR TOPICAL GEL 0.2 %	Tier 3	PA
NUJO TOPICAL SOLUTION 0.1 %	Tier 3	
NUJU TOPICAL CREAM 0.1 % (tacrolimus-vehicle base no.238)	Tier 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus-hyaluronate- niacin)	Tier 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 % (tacrolimus-niacinamide)	Tier 3	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Tier 1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	
<b>Topical Vit D Analog/Antiinflammatory, Steroidal</b>		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 1	
DIOCHLOY TOPICAL SOLUTION 0.05- 0.005 % (clobetasol-calcipotriene)	Tier 3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	
WYNZORA TOPICAL CREAM 0.005- 0.064 %	Tier 3	
<b>Diabetes</b>		
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 2	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50- 500 MG	Tier 2	QL (2 EA per 1 day)
<b>Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)</b>		

Drug	Status	Notes
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	PA; QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	Tier 2	PA; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	PA; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 2-Pak)	Tier 3	PA; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 2	PA; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	PA; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 2	PA; QL (2 ML per 28 days)
<b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic - Dopamine Receptor Agonists</b>		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Requires prior prescription for Glipizide/Metformin, Glyburide/Metformin, Metformin, or Riomet ER within the past 180 days
<b>Antihyperglycemic - Incretin Mimetics Combination</b>		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA; QL (0.5 ML per 7 days)
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antihyperglycemic, Amylin Analog-Type</b>		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	

Drug	Status	Notes
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>glipizide oral tablet extended release (Glucotrol XL) 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)</i>	Tier 1	
<b>Antihyperglycemic, Sglit-2 &amp; Dpp-4 Inhibitor Comb.</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)</b>		
<i>metformin oral solution 500 mg/5 ml (Riomet)</i>	Tier 1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
<b>Antihyperglycemic, Insulin &amp; Glp-1 Receptor Agonist</b>		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	QL (15 ML per 28 days)
<b>Antihyperglycemic, Insulin-Rel Stim. &amp; Biguanide Cmb</b>		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	

Drug	Status	Notes
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<b>Antihyperglycemic,Insulin-Response &amp; Release Comb.</b>		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 2	PA
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Tier 1	PA
<b>Antihyperglycemic-SglT2 Inhibitor &amp; Biguanide Comb</b>		
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	Tier 2	QL (2 EA per 1 day)
<b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>		
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days

Drug	Status	Notes
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<b>Antihyperglycemic SGLT-2 Inhib, Dpp-4 Inhib, Biguanide Cb</b>		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 2	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 2	QL (2 EA per 1 day)
<b>Blood Sugar Diagnostics</b>		
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
<b>Diabetic Supplies</b>		
2TEK CONTROL (HIGH-NORMAL) SOLUTION (blood glucose control, high, normal)	Tier 3	
A1C NOW SELF CHECK DEVICE	Tier 3	
ACCU-CHEK AVIVA CONTROL SOLUTION	Tier 3	
ACCU-CHEK FASTCLIX LANCING DEVICE KIT (lancing device with lancets)	Tier 3	
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION	Tier 3	
ACCU-CHEK MULTICLIX LANCET KIT (lancing device with lancets)	Tier 3	
ACCU-CHEK SMARTVIEW CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
ACCU-CHEK SOFT DEVICE LANCETS KIT (lancing device with lancets)	Tier 3	
ACCUTREND GLUCOSE CONTROL SOLUTION	Tier 3	
ADJUSTABLE LANCING DEVICE (lancing device)	Tier 3	

Drug	Status	Notes
ADVANCED LANCING DEVICE KIT (lancing device with lancets)	Tier 3	
ADVOCATE LANCING DEVICE (lancing device)	Tier 3	
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION (blood glucose control, low)	Tier 3	
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose control, high)	Tier 3	
AGAMATRIX CONTROL HIGH SOLUTION (blood glucose control, high)	Tier 3	
AGAMATRIX CONTROL NORM-HI SOLUTION (blood glucose contrl hi,normal)	Tier 3	
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (blood glucose control, normal)	Tier 3	
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (blood glucose control, high)	Tier 3	
ALKALINE BATTERIES	Tier 3	
ALTERNATE SITE LANCING DEVICE (lancing device)	Tier 3	
AQUA LANCE LANCING DEVICE (lancing device)	Tier 3	
ASSURE 4 CONTROL SOLUTION COMBO PACK	Tier 3	
ASSURE DOSE NORMAL CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
ASSURE DOSE NORM-HI CONTROL SOLUTION (blood glucose contrl hi,normal)	Tier 3	
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (blood glucose contrl hi,normal)	Tier 3	
AT HOME A1C DEVICE	Tier 3	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTO-LANCET MINI (lancing device)	Tier 3	
AUTOLET IMPRESSION LANC DEV KIT (lancing device with lancets)	Tier 3	
AUTOLET LANCING DEVICE (lancing device)	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOSOFT 30 INFUSION SET	Tier 3	
AUTOSOFT 90 INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET	Tier 3	

Drug	Status	Notes
AUTOSOFT XC INFUSION SET 43" INFUSION SET	Tier 3	
BIGFOOT UNITY KIT	Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-ASPART DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-FIASP DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE	Tier 3	
<i>blood glucose contrl hi,normal solution</i>	(2Tek Control (High-Normal))	Tier 3
<i>blood glucose control, normal solution</i>	(Accu-Chek SmartView Contrl Sol)	Tier 3
<i>blood glucose ctl high,nml,low solution</i>	(Myglucohealth Control Solution)	Tier 3
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION	(blood glucose control, low)	Tier 3
BREEZE 2 CONTROL SOLUTION, NML SOLUTION	(blood glucose control, normal)	Tier 3
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	(blood glucose control, high)	Tier 3
CAREONE LANCING DEVICE	(lancing device)	Tier 3
CARESENS CONTROL A AND B SOLUTION	(blood glucose contrl hi,normal)	Tier 3
CARESOFT LANCING DEVICE	(lancing device)	Tier 3



<b>Drug</b>		<b>Status</b>	<b>Notes</b>
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
CARETOUCH LANCING DEVICE	(lancing device)	Tier 3	
CEQR SIMPLICITY DEVICE 2 UNIT		Tier 3	PA
CEQR SIMPLICITY INSERTER		Tier 3	PA
CHEMSTRIP BG LOG BOOK		Tier 3	
CHOICE DM CLARUS NORM CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
CHOSEN LANCING DEVICE	(lancing device)	Tier 3	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION	(blood glucose control, high)	Tier 3	
CONTOUR CONTROL SOLUTION, LOW SOLUTION	(blood glucose control, low)	Tier 3	
CONTOUR CONTROL SOLUTION, NML SOLUTION	(blood glucose control, normal)	Tier 3	
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION	(blood glucose control, low)	Tier 3	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	(blood glucose control, normal)	Tier 3	
DEXCOM G6 RECEIVER		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)

Drug	Status	Notes
DIATRUE CONTROL SOLN NORMAL SOLUTION (blood glucose control, normal)	Tier 3	
DIATRUE CONTROL SOLUTION HIGH SOLUTION (blood glucose control, high)	Tier 3	
DIATRUE CONTROL SOLUTION LOW SOLUTION (blood glucose control, low)	Tier 3	
DROPLET GENTEEL LANCING DEVICE (lancing device)	Tier 3	
DROPLET LANCING DEVICE (lancing device)	Tier 3	
EASY MINI EJECT LANCING DEVICE (lancing device)	Tier 3	
EASY PLUS II HIGH CONTROL SOLUTION (blood glucose control, high)	Tier 3	
EASY PLUS II LOW CONTROL SOLUTION (blood glucose control, low)	Tier 3	
EASY STEP HIGH CONTROL SOLN SOLUTION (blood glucose control, high)	Tier 3	
EASY STEP LOW CONTROL SOLUTION SOLUTION (blood glucose control, low)	Tier 3	
EASY STEP NORMAL CONTROL SOLN SOLUTION (blood glucose control, normal)	Tier 3	
EASY TALK HIGH CONTROL SOLUTION (blood glucose control, high)	Tier 3	
EASY TALK LOW CONTROL SOLUTION (blood glucose control, low)	Tier 3	
EASY TALK PLUS II HIGH CONTROL SOLUTION (blood glucose control, high)	Tier 3	
EASY TALK PLUS II LOW CONTROL SOLUTION (blood glucose control, low)	Tier 3	
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	Tier 3	
EASY TOUCH HIGH-LOW CONTROL SOLUTION	Tier 3	
EASY TOUCH LANCING DEVICE (lancing device)	Tier 3	
EASY TRAK HIGH CONTROL SOLUTION (blood glucose control, high)	Tier 3	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION (blood glucose control, normal)	Tier 3	
EASY TRAK LOW CONTROL SOLUTION (blood glucose control, low)	Tier 3	
EASYMAX 15 LEVEL 2 SOLUTION (blood glucose control, normal)	Tier 3	
EASYMAX NORMAL CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
ELEMENT COMPACT HIGH CONTROL SOLUTION (blood glucose control, high)	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
ELEMENT COMPACT NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
ELEMENT HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
ELEMENT LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
ELEMENT NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
EMBRACE EVO LEVEL 1 SOLUTION	(blood glucose control, low)	Tier 3	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION	(blood glucose control, high)	Tier 3	
EMBRACE GLUCOSE CONTROL LOW SOLUTION	(blood glucose control, low)	Tier 3	
EMBRACE LANCING DEVICE	(lancing device)	Tier 3	
EMBRACE PRO SOLUTION	(blood glucose control hi, normal)	Tier 3	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION	(blood glucose control, high)	Tier 3	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	(blood glucose control, low)	Tier 3	
EVENCARE G2 SOLUTION		Tier 3	
EVENCARE G3 CONTROL SOLUTION		Tier 3	
EVENCARE MINI GLUCOSE CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION		Tier 3	
EVENCARE SOLUTION		Tier 3	
EVERSENSE E3 SMART TRANSMITTER DEVICE		Tier 3	PA
EVOLUTION NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
EZ SMART CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
FORA HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
FORA KETONE CONTROL SOLN-L1 SOLUTION		Tier 3	
FORA LANCING DEVICE	(lancing device)	Tier 3	
FORA LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
FORA NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
FORA TN'G ADVANCE MULTI-FN MTR DEVICE		Tier 3	

Drug		Status	Notes
FORACARE GDH HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
FORACARE GDH LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
FORACARE GDH NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
FREESTYLE CONTROL SOLUTION		Tier 3	
FREESTYLE LIBRE 14 DAY READER		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE		Tier 2	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
GE100 CONTROL SOLUTION NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
GE333 CONTROL SOLUTION NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
GENTEEL VACUUM LANCING DEVICE COMBO PACK		Tier 3	
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION	(blood glucose control hi,normal)	Tier 3	
GLUCOCARD 01 NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	

Drug	Status	Notes
GLUCOCARD EXPRESSION SOLUTION (blood glucose control, normal)	Tier 3	
GLUCOCARD SHINE SOLUTION (blood glucose control, normal)	Tier 3	
GLUCOCOM AUTOLINK	Tier 3	
GLUCOCOM CONTROL HIGH SOLUTION (blood glucose control, high)	Tier 3	
GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose control, normal)	Tier 3	
GLUCOSE CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
GLUCOSE KETONE CONTROL SOLN SOLUTION (blood glucose control, normal)	Tier 3	
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose control, normal)	Tier 3	
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	Tier 3	
GOJJI LANCING DEVICE (lancing device)	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 3	PA
GUARDIAN 4 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN SENSOR 3 DEVICE	Tier 3	PA
HARMONY CONTROL L1,L3 SOLUTION	Tier 3	
HEALTHPRO HIGH-LOW CONTROL SOLUTION	Tier 3	
HEALTHY ACCENTS AUTOLET (lancing device)	Tier 3	
HYPOLANCE AST LANCING KIT (lancing device with lancets)	Tier 3	
IHEALTH CONTROL SOLN LEVEL 2 SOLUTION (blood glucose control, normal)	Tier 3	
INCONTROL LANCING DEVICE (lancing device)	Tier 3	
INFINITY CONTROL SOLUTION HIGH SOLUTION (blood glucose control, high)	Tier 3	
INFINITY CONTROL SOLUTION LOW SOLUTION (blood glucose control, low)	Tier 3	
INFINITY CONTROL SOLUTION NORM SOLUTION (blood glucose control, normal)	Tier 3	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 2	

Drug	Status	Notes
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 2	
INSUL-CAP	Tier 3	
INSUL-EZE	Tier 3	
<i>lancing device</i> (Adjustable Lancing Device)	Tier 3	
LANCING DEVICE WITH LANCETS (lancing device)	Tier 3	
<i>lancing device with lancets kit</i> (Accu-Chek FastClix Lancing Dev)	Tier 3	
LANCING SYSTEM (lancing device)	Tier 3	
LANZO LANCING DEVICE KIT (lancing device with lancets)	Tier 3	
MEDISENSE COMBO PACK	Tier 3	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK	Tier 3	
MEDISENSE GLUCOSE KETONE COMBO PACK	Tier 3	
MEDISENSE MID CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
MEDPOINT NORMAL CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	Tier 3	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET	Tier 3	
METER-CHECK SOLUTION (blood glucose control, normal)	Tier 3	
MICRODOT HIGH-LOW CONTROL SOLUTION	Tier 3	
MICRODOT NORMAL CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
MICROLET 2 LANCING DEVICE KIT (lancing device with lancets)	Tier 3	
MICROLET NEXT LANCING DEVICE KIT (lancing device with lancets)	Tier 3	
MINI LANCING DEVICE (lancing device)	Tier 3	
MINIMED 630G INSULIN PUMP	Tier 3	PA
MINIMED 770G INSULIN PUMP	Tier 3	PA

Drug	Status	Notes
MINIMED 780G INSULIN PUMP	Tier 3	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET	Tier 3	
MINIMED MIO ADVANCE INF SET43" INFUSION SET	Tier 3	
MINIMED QUICK SET 18" INFUSION SET	Tier 3	
MINIMED QUICK SET 23" INFUSION SET	Tier 3	
MINIMED QUICK SET 32" INFUSION SET	Tier 3	
MINIMED QUICK SET 43" INFUSION SET	Tier 3	
MINIMED QUICK-SERTER (MMT-395)	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 23" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 32" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 43" INFUSION SET	Tier 3	
MINIMED SURE T 18" INFUSION SET	Tier 3	
MINIMED SURE T 23" INFUSION SET	Tier 3	
MINIMED SURE T 32" INFUSION SET	Tier 3	
MULTI-LANCET DEVICE 2 KIT	Tier 3	
(lancing device with lancets)		
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	Tier 3	
(blood glucose ctl high,nml,low)		
NOVAMAX PLUS GLU-KET SOLUTION	Tier 3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	

Drug	Status	Notes
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
ON CALL EXPRESS CONTROL SOLUTION	(blood glucose ctl high,nml,low)	Tier 3
ON CALL LANCING DEVICE	(lancing device)	Tier 3
ONETOUCH DELICA PLUS LANC DEV KIT	(lancing device with lancets)	Tier 3
ONETOUCH ULTRA CONTROL SOLUTION	(blood glucose control, normal)	Tier 3
ONETOUCH VERIO HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3
ONETOUCH VERIO MID CONTROL SOLUTION	(blood glucose control, normal)	Tier 3
OVAL TAPE		Tier 3
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION		Tier 3
PRECISION GLUCOSE CONTROL SOLN COMBO PACK		Tier 3
PRECISION GLUCOSE/KETONE CONTR COMBO PACK		Tier 3
PRODIGY CONTROL SOLUTION, LOW SOLUTION	(blood glucose control, low)	Tier 3
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	(blood glucose control, high)	Tier 3
PRODIGY LANCING DEVICE	(lancing device)	Tier 3
REFUAH PLUS GLUCOSE CONTROL SOLUTION	(blood glucose control, high)	Tier 3
RELIAMED MINI LANCING DEVICE	(lancing device)	Tier 3
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	(blood glucose control, high)	Tier 3
RIGHTEST CONTROL SOLUTION NORM SOLUTION	(blood glucose control, normal)	Tier 3



Drug	Status	Notes
RIGHTEST GC700 LEV 2 CTRL SOLN SOLUTION (blood glucose control, normal)	Tier 3	
RIGHTEST GD500 LANCING DEVICE (lancing device)	Tier 3	
RIGHTEST GT333 LEV 2 CTRL SOLN SOLUTION (blood glucose control, normal)	Tier 3	
SIL-SERTER	Tier 3	
SMARTDIABETES VANTAGE (lancing device)	Tier 3	
SMARTEST CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose control, low)	Tier 3	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose control, high)	Tier 3	
SOLUS V2 LANCING DEVICE KIT (lancing device with lancets)	Tier 3	
SURE COMFORT LANCING PEN (lancing device)	Tier 3	
SUREFLEX DEVICE WITH LANCETS KIT (lancing device with lancets)	Tier 3	
SUREFLEX LANCING DEVICE (lancing device)	Tier 3	
SURE-PEN LANCING DEVICE (lancing device)	Tier 3	
SURE-TEST EASYPLUS MINI SOLUTION (blood glucose control, normal)	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 3	PA
T:SLIM X2 CONTROL-IQ	Tier 3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Tier 3	
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI SYSTEM	Tier 3	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	Tier 3	
TD GOLD LEVEL 1 CONTROL SOLUTION (blood glucose control, low)	Tier 3	
TD GOLD LEVEL 2 CONTROL SOLUTION (blood glucose control, normal)	Tier 3	

Drug	Status	Notes
TD GOLD LEVEL 3 CONTROL SOLUTION (blood glucose control, high)	Tier 3	
TELCARE CONTROL SOLUTION	Tier 3	
TEMPO SMART BUTTON DEVICE	Tier 3	
TEMPO WELCOME KIT KIT	Tier 3	
TRUE METRIX LEVEL 1 SOLUTION (blood glucose control, low)	Tier 3	
TRUE METRIX LEVEL 2 SOLUTION (blood glucose control, normal)	Tier 3	
TRUE METRIX LEVEL 3 SOLUTION (blood glucose control, high)	Tier 3	
TRUEDRAW LANCING DEVICE (lancing device)	Tier 3	
TRUSTEEL INFUSION SET 23" INFUSION SET	Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET	Tier 3	
ULTI-LANCE (lancing device)	Tier 3	
ULTI-LANCE KIT (lancing device with lancets)	Tier 3	
ULTRATRAK HIGH-LOW CONTROL SOLUTION	Tier 3	
ULTRATRAK NORMAL CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
ULTRATRAK ULTIMATE SOLUTION	Tier 3	
UNISTIK 2 DEVICE KIT (lancing device with lancets)	Tier 3	
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Tier 3	
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 3	
UNISTRIP LOW CONTROL SOLUTION (blood glucose control, low)	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 43" INFUSION SET	Tier 3	
V-GO 20 DEVICE	Tier 2	
V-GO 30 DEVICE	Tier 2	

Drug	Status	Notes
V-GO 40 DEVICE	Tier 2	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (blood glucose ctl high,nml,low)	Tier 3	
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION	Tier 3	
VIVAGUARD INO CTRL SOLN-L2 SOLUTION (blood glucose control, normal)	Tier 3	
VIVAGUARD LANCING DEVICE (lancing device)	Tier 3	
WAVESENSE CONTROL SOLUTION SOLUTION (blood glucose control, normal)	Tier 3	
<b>Diabetic Ulcer Preparations,Topical</b>		
REGANEX TOPICAL GEL 0.01 %	Tier 2	
<b>Hyperglycemics</b>		
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl)	Tier 1	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)
<b>Insulins</b>		

Drug	Status	Notes
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	QL (24 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	(Humalog Mix 75-25 KwikPen)	Tier 1 QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	(Admelog SoloStar U-100 Insulin)	Tier 1 QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100)	Tier 1 QL (30 ML per 28 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>insulin lispro subcutaneous solution 100 unit/ml</i> (Admelog U-100 Insulin lispro)	Tier 1	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn)	Tier 2	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn)	Tier 2	QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine u-300 conc)	Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine u-300 conc)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin degludec)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin degludec)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin degludec)	Tier 2	QL (40 ML per 28 days)
<b>Urine Glucose/Acetone Test Aids,Strips</b>		
KETO-DIASTIX STRIP	Tier 3	
<b>Ear - General Disorders</b>		
<b>Ear Preparations Anti-Inflammatory</b>		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	Tier 1	
<b>Ear Preparations, Misc. Anti-Infectives</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
<b>Ear Preparations,Antibiotics</b>		

Drug	Status	Notes
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
<b>Otic Preparations,Anti-Inflammatory-Antibiotics</b>		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	Tier 1	
<b>Electrolyte Regulation</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 1	QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 1	QL (60 EA per 365 days)
<b>Bicarbonate Producing/Containing Agents</b>		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
<b>Electrolyte Depleters</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (3 EA per 1 day)
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	Tier 1	

Drug	Status	Notes
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 2	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (2 EA per 1 day)
<b>Potassium Replacement</b>		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ (potassium chloride)	Tier 1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ (potassium chloride)	Tier 1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ (potassium chloride)	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	Tier 1	
<i>potassium chloride oral tablet extended release 15 meq</i>	Tier 1	

Drug	Status	Notes
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	Tier 1	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	Tier 1	
<b>Sodium/Saline Preparations</b>		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i> (BD PosiFlush Normal Saline 0.9)	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 1	
<b>Endocrine Disorder - Fertility</b>		
<b>Drugs To Treat Impotency</b>		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i> (Stendra)	Tier 1	ST: Requires prior prescription foe Sildenafil Citrate within the past 120 days; QL (1 EA per 5 days)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS



Drug	Status	Notes
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML (papav-phentolamine in water)	Tier 1	
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	Tier 1	QL (1 EA per 5 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (avanafil)	Tier 3	ST: Requires prior prescription for Sildenafil Citrate within the past 120 days; QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i> (Cialis)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg</i>	Tier 1	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	Tier 1	PA
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	Tier 3	
<b>Fertility Stimulating Preparations, Non-Fsh</b>		
CLOMID ORAL TABLET 50 MG (clomiphene citrate)	Tier 3	
<i>clomiphene citrate oral tablet 50 mg</i> (Clomid)	Tier 1	
<b>Follicle Stim./Luteinizing Hormones</b>		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	
<b>Follicle-Stimulating Hormone (Fsh)</b>		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Tier 3	ST: Requires prior prescription for Gonal-F or Gonal-f RFF within the past 120 days
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 2	
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 2	
<b>Human Chorionic Gonadotropin (Hcg)</b>		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i> (Pregnyl)	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 2	

Drug	Status	Notes
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
<b>Pregnancy Facilitating/Maintaining Agent,Hormonal</b>		
CRINONE VAGINAL GEL 8 %	Tier 2	
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 2	
<b>Endocrine Disorder - Other</b>		
<b>Adrenal Steroid Inhibitors</b>		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 3	PA
RECORLEV ORAL TABLET 150 MG	Tier 3	PA
<b>Adrenocorticotrophic Hormones</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 3	PA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 3	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 3	PA
<b>Antidiuretic And Vasopressor Hormones</b>		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	QL (1 EA per 1 day)
<b>Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.</b>		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 2	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 2	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 2	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 2	PA

Drug	Status	Notes
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 1	PA
<i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>	Tier 1	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	Tier 3	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 3	PA
<b>Bone Formation Agents - Sclerostin Inhibitor, Mono</b>		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2)	Tier 3	PA
<b>Bone Formation Stim. Agents - Parathyroid Hormone</b>		
<i>teriparatide subcutaneous pen injector (Forteo)</i> 20 mcg/dose (600mcg/2.4ml)	Tier 1	PA
<i>teriparatide subcutaneous pen injector</i> 20 mcg/dose (620mcg/2.48ml)	Tier 1	PA
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 2	PA
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	
<b>Bone Resorption Inhibitors</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg (Fosamax)</i>	Tier 1	
<i>calcitonin (salmon) injection solution 200 unit/ml (Miacalcin)</i>	Tier 1	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 3	PA
<i>raloxifene oral tablet 60 mg (Evista)</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)

Drug	Status	Notes
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 3	PA
<i>zoledronic acid intravenous recon soln 4 mg</i>	Tier 1	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	Tier 1	
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	Tier 1	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	Tier 1	
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	Tier 1	
<b>Calcimimetic, Parathyroid Calcium Enhancer</b>		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 1	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 1	QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML	Tier 3	PA
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 2	
<b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>		

Drug	Status	Notes
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 3	PA
<b>Growth Hormones</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 2	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 2	PA
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 2	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 3	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 3	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 3	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 2	PA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 2	PA
<b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 1	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 1	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	Tier 2	QL (2 EA per 1 day)
<b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 3	PA
<b>Leptin Hormone Analogs</b>		

Drug	Status	Notes
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 3	QL (1 EA per 1 day)
<b>Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb</b>		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 3	PA
<b>Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents</b>		
<i>cetrotelix subcutaneous kit 0.25 mg</i> (Cetrotide)	Tier 1	
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (ganirelix)	Tier 1	
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i> (Fyremadel)	Tier 1	
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
<b>Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty</b>		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	Tier 3	PA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	Tier 3	PA
<b>Natriuretic Peptides</b>		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 3	PA
<b>Parathyroid Hormones</b>		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Tier 3	PA
<b>Pituitary Suppressive Agents</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
<b>Insulin-Like Growth Factor Receptor (Igf-R) Inhib</b>		

Drug	Status	Notes
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	Tier 3	PA
<b>Iodine Containing Agents</b>		
LUGOLS ORAL SOLUTION 5 %	Tier 3	
<i>potassium iodide oral solution 1 gram/ml</i> (SSKI)	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
<b>Thyroid Hormones</b>		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 3	
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 1	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 1	QL (2 EA per 1 day)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	Tier 1	PA
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Tier 1	QL (2 EA per 1 day)
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 1	QL (2 EA per 1 day)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 1	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 3	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day)
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)	Tier 1	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 3	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 3	PA
<b>Eye - General Disorders</b>		

Drug	Status	Notes
<b>Eye Antibiotic, Glucocorticoid And Nsaid Comb.</b>		
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 1	
<b>Eye Antibiotic-Corticoid Combinations</b>		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
NEO-POLYCYN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% (neomycin-bacitracin-poly-hc)	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 3	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
<b>Eye Antihistamines</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Tier 1	



Drug	Status	Notes
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	Tier 1	QL (3 ML per 30 days)
<b>Eye Antiinflammatory Agents</b>		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 1	QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 1	QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	QL (3.4 ML per 16 days)
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Tier 1	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	Tier 1	QL (10 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	QL (3.4 ML per 16 days)
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	Tier 3	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	Tier 1	QL (10 GM per 14 days)

Drug	Status	Notes
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	Tier 1	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	Tier 3	
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
RETISERT INTRAVITREAL IMPLANT 0.59 MG	Tier 3	
<b>Eye Antivirals</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
<b>Eye Local Anesthetics</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % (proparacaine)	Tier 1	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	

Drug	Status	Notes
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	Tier 3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)	Tier 1	
<b>Eye Sulfonamides</b>		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
<b>Eye Vasoconstrictors (Rx Only)</b>		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	PA
<b>Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec</b>		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 2	PA
<b>Ophthalmic (Eye) Antiparasitics</b>		
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	PA
<b>Ophthalmic Antibiotics</b>		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	

Drug	Status	Notes
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
NEO-POLYCYN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	
POLYCYN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>	Tier 1	
<b>Ophthalmic Antifungal Agents</b>		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Tier 1	QL (60 EA per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
<b>Ophthalmic Complement Inhibitors</b>		

Drug	Status	Notes
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML	Tier 3	PA
<b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 3	PA
<b>Ophthalmic Mast Cell Stabilizers</b>		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days)
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)
<b>Ophthalmic Preparations, Miscellaneous</b>		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML	Tier 3	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML	Tier 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML	Tier 3	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)	Tier 3	
<b>Eye - Glaucoma</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	
<i>bimatoprost (pf) ophthalmic (eye) drops 0.01 %</i>	Tier 1	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %</i> (Alphagan P) <i>%, 0.15 %</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	
<i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>	Tier 1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	Tier 1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	Tier 1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	Tier 1	QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	Tier 1	
DURYSTA INTRACAMERAL IMPLANT 10 MCG	Tier 3	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	

Drug	Status	Notes
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	
<i>tafluprost (pf) ophthalmic (eye)</i> (Zioptan (PF)) <i>dropperette 0.0015 %</i>	Tier 1	QL (1 EA per 1 day)
<i>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye)</i> (Timoptic Ocudose (PF)) <i>dropperette 0.25 %, 0.5 %</i>	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol-bimatoprost (pf) ophthalmic (eye) drops 0.5-0.01 %</i>	Tier 1	
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
<i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VUIITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 3	PA

Drug	Status	Notes
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST: At least 2 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	ST: At least 2 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
<b>Mydriatics</b>		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Tier 1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %-0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) (homatropine hbr) DROPS 5 %	Tier 1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Tier 3	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	Tier 1	
<b>Ophthalmic Antifibrotic Agents</b>		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 1	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
<b>Eye - Miscellaneous</b>		



Drug	Status	Notes
<b>Agents For Corneal Collagen Cross-Linking</b>		
PHOTREXA CROSS-LINKING KIT OPTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 3	
PHOTREXA OPTHALMIC (EYE) DROPS 0.146 %	Tier 3	
PHOTREXA VISCOUS OPTHALMIC (EYE) DROPS, VISCOUS 0.146 %	Tier 3	
<b>Artificial Tears</b>		
KLARITY (CHONDROITIN) (PF) OPTHALMIC (EYE) DROPS 0.25 %	Tier 3	
MIEBO (PF) OPTHALMIC (EYE) DROPS 100 %	Tier 2	
<b>Eye Mydriatic And Nsaid Combinations</b>		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropic-proparacai-peketor-wat)	Tier 1	
<b>Eye Preparations, Miscellaneous (Otc)</b>		
GELFILM OPTHALMIC (EYE) FILM	Tier 3	
<b>Ocular Photoactivated Vessel-Occluding Agents</b>		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG	Tier 3	
<b>Ophth Vasc. Endothelial Growth Factor Antagonists</b>		
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML	Tier 3	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	Tier 3	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	Tier 3	PA
<b>Ophth. Vegf-A Receptor Antag. Rcmb Mc Antibody</b>		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML	Tier 3	PA
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.75 mg/0.11 ml</i>	Tier 1	PA
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	Tier 2	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	Tier 2	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	Tier 3	PA

Drug	Status	Notes
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	Tier 3	PA
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML	Tier 3	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML	Tier 3	PA
<b>Ophthalmic Cystine Depleting Agents</b>		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 2	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 2	PA
<b>Ophthalmic Vegf-A And Ang-2 Inhib, Bispecific Ab</b>		
VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML	Tier 3	PA
<b>Fluid Replacement</b>		
<b>Nucleic Acid/Nucleotide Supplements</b>		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 2	PA
<b>Gout And Related Diseases</b>		
<b>Colchicine</b>		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 3	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 1	
<i>allopurinol oral tablet 300 mg</i>	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
<b>Hyperuricemia Tx - Urate-Oxidase Enzyme-Type</b>		
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	Tier 3	PA
<b>Uricosuric Agents</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	

Drug	Status	Notes
<b>Uricosuric And Xanthine Oxidase Inhibitor Comb.</b>		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
<b>Hematological Disorders</b>		
<b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	PA
CABLIVI INJECTION KIT 11 MG	Tier 3	PA
CABLIVI INJECTION RECON SOLN 11 MG	Tier 3	PA
<b>Anticoagulants, Coumarin Type</b>		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Tier 1	
<b>Antifibrinolytic Agents</b>		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 1	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	Tier 3	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	Tier 3	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
<b>Antihemophilic Factors</b>		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 2	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 2	

Drug	Status	Notes
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 3	
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 2	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 3	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 3	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 3	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 3	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 3	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 3	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	

Drug	Status	Notes
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 3	
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 3	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Tier 3	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 3	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	
<b>Antiporphyria Factors</b>		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	Tier 3	
<b>Blood Factors,Miscellaneous</b>		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 3	
<b>Citrates As Anticoagulants</b>		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION , 2.45-2.2 GRAM- 730 MG/100 ML	Tier 3	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</i>	Tier 1	

Drug	Status	Notes
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 3	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
<b>Complement (C3) Inhibitors</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 3	PA
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
<b>Erythroid Maturation Agents</b>		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	Tier 3	PA
<b>Factor Ix Complex (Pcc) Preparations</b>		
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	Tier 3	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
<b>Factor Ix Preparations</b>		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	

Drug	Status	Notes
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	
<b>Factor X Preparations</b>		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 3	
<b>Factor XIII Preparations</b>		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 3	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 3	
<b>Hematinics, Other</b>		
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 2	PA
<b>Hemophilia Treatment Agents, Non-Factor Replacement</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Tier 3	PA
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
<b>Heparin And Related Preparations</b>		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 1	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 1	

Drug	Status	Notes
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 1	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 1	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 1	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 1	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 2	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 2	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 2	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 2	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 2	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 2	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 2	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 2	QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin, porcine (pf))	Tier 1	



Drug	Status	Notes
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> (Heparin LockFlush(Porcine)(PF))	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
<b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	PA
FABHALTA ORAL CAPSULE 200 MG	Tier 2	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	Tier 3	PA
TAVNEOS ORAL CAPSULE 10 MG	Tier 3	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	Tier 3	PA
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 3	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 3	PA
<b>Hypoxia Inducible Factor Prolyl Hydroxylase Inh.</b>		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	PA
<b>Leukocyte (Wbc) Stimulants</b>		
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 3	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 2	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 2	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 3	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 2	PA
<b>Plasma Proteins</b>		

Drug	Status	Notes
ATRYN INTRAVENOUS RECON SOLN 1,750 UNIT, 525 UNIT	Tier 3	
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 3	PA
<b>Platelet Aggregation Inhibitors</b>		
ADULT ASPIRIN REGIMEN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0 COPAY	
ADULT LOW DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0 COPAY	
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	Tier 3	
AGGRASTAT IN SODIUM CHLORIDE (tirofiban-0.9% sodium INTRAVENOUS SOLUTION 12.5 chloride) MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML)	Tier 3	
ASPIRIN CHILDRENS ORAL (aspirin) TABLET,CHEWABLE 81 MG	\$0 COPAY	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	\$0 COPAY	
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	\$0 COPAY	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
BAYER LOW DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0 COPAY	
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL (aspirin) TABLET,CHEWABLE 81 MG	\$0 COPAY	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</i>	Tier 1	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL (aspirin) TABLET,CHEWABLE 81 MG	\$0 COPAY	
ST. JOSEPH ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0 COPAY	
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)

Drug	Status	Notes
<b>Platelet Reducing Agents</b>		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 1	
<i>anagrelide oral capsule 1 mg</i>	Tier 1	
<b>Protein C Preparations</b>		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	Tier 3	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	Tier 3	
<b>Pyruvate Kinase Activators</b>		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 3	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 3	PA
<b>Sickle Cell Anemia Agents</b>		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 (glutamine (sickle cell)) GRAM	Tier 3	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	Tier 1	PA
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescription Droxia and Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
<b>Spleen Tyrosine Kinase Inhibitors</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 2	PA
<b>Thrombin Inhibitors,Sel.,Direct,&amp;Rev.- Hirudin Type</b>		
<i>bivalirudin intravenous recon soln 250 mg</i>	Tier 1	
<i>bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)</i>	Tier 1	
<b>Thrombin Inhibitors,Selective,Direct, &amp; Reversible</b>		
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	Tier 3	
<i>argatroban intravenous solution 100 mg/ml</i>	Tier 3	

Drug	Status	Notes
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	PA
<b>Thrombopoietin Receptor Agonists</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 3	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 2	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 2	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 2	PA
MULPLETA ORAL TABLET 3 MG	Tier 3	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	Tier 3	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 2	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 2	PA
<b>Topical Hemostatics</b>		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	

Drug	Status	Notes
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 3	
SYRINGE AVITENE TOPICAL POWDER	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH, MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 3	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2	Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT	Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "	Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM	Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)	Tier 3	
<b>Vitamin K Preparations</b>		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin k1))	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))	Tier 1	
<b>Hormonal Deficiency</b>		
<b>Androgenic Agents</b>		
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	Tier 3	

Drug	Status	Notes
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 3	PA
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	Tier 1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	PA
<b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
<b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
<b>Estrogen And Progestin Combinations</b>		
BIJUVA ORAL CAPSULE 0.5-100 MG	Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Tier 2	QL (30 EA per 30 days)
<b>Estrogen/Androgen Combinations</b>		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Tier 1	

Drug	Status	Notes
EEMT ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> (Covaryx H.S.)	Tier 1	
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (Covaryx)	Tier 1	
<b>Estrogenic Agents</b>		
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 2	QL (2 EA per 7 days)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	Tier 3	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i> (EstroGel)	Tier 1	ST: Requires prior prescription for Alora or Estradiol within the past 120 days
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i> (Divigel)	Tier 1	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)	Tier 1	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	Tier 1	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	Tier 1	QL (2 EA per 7 days)

Drug	Status	Notes
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)	Tier 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	Tier 1	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Mimvey)	Tier 1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 1	
LYLLANA TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 1	QL (2 EA per 7 days)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 3	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	Tier 1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	Tier 2	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14) / 0.625MG-5MG(14)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
<b>Menopausal Symptoms Suppressant - Ssris</b>		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	\$0 COPAY	ST: Requires prior prescription for Paroxetine or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
<b>Menopausal Symptoms Suppressant-Nk3 Receptor Antag</b>		
VEOZAH ORAL TABLET 45 MG	Tier 3	



Drug	Status	Notes
<b>Progestational Agents</b>		
CRINONE VAGINAL GEL 4 %	Tier 2	
GALLIFREY ORAL TABLET 5 MG (norethindrone acetate)	Tier 1	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg (Provera)	Tier 1	
norethindrone acetate oral tablet 5 mg (Gallifrey)	Tier 1	
progesterone intramuscular oil 50 mg/ml	Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg (Prometrium)	Tier 1	
<b>Immunization</b>		
<b>Antisera</b>		
BIVIGAM INTRAVENOUS SOLUTION 10 %	Tier 3	PA
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	Tier 3	PA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	Tier 3	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 2	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	Tier 2	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	Tier 2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	Tier 2	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML)	Tier 3	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA

Drug	Status	Notes
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	Tier 3	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	Tier 3	
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG)	Tier 3	
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 3	PA
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML	Tier 3	
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	Tier 2	PA
PANZYGA INTRAVENOUS SOLUTION 10 %	Tier 2	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	Tier 2	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	Tier 3	
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML	Tier 3	
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML	Tier 3	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA

Drug	Status	Notes
<b>Covid-19 Vaccines</b>		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION 3 MCG/0.3 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Enteric Virus Vaccines</b>		
IPOL INJECTION SUSPENSION 40-8- 32 UNIT/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Gram (-) Bacilli (Non-Enteric) Vaccines</b>		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 3	
<b>Gram Negative Cocci Vaccines</b>		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Gram Positive Cocci Vaccines</b>		
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Influenza Virus Vaccines</b>		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTH HEM2024(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTHERN HEM 2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Toxin-Producing Bacilli Vaccines/Toxoids</b>		

Drug	Status	Notes
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	
<b>Vaccine/Toxoid Preparations, Combinations</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15- 10-5 LF-MCG-LF/0.5ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
(tetanus-diphtheria toxoids-td)		
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Viral/Tumorigenic Vaccines</b>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<i>adenovirus vac live type-4, 7 oral tablet, delayed release (dr/ec)</i>	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>adenovirus vaccine live type-4 oral tablet, delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (dr/ec)</i>	Tier 3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE



Drug	Status	Notes
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Immunosuppression/Modulation</b>		
<b>Immunomodulators</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 3	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 3	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 3	PA
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	Tier 3	
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod-levocetirizin- niacin)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin- levocetir)	Tier 3	
<b>Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn</b>		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	Tier 2	
<b>Immunosuppressant-Interferon Gamma Inhibitor, Mab</b>		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	Tier 3	PA
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 3	PA

Drug	Status	Notes
<b>Immunosuppressives</b>		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 2	
azathioprine oral tablet 100 mg, 75 mg (Azasan)	Tier 1	
azathioprine oral tablet 50 mg (Imuran)	Tier 1	
cyclosporine intravenous solution 250 mg/5 ml (Sandimmune)	Tier 1	
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	Tier 1	
cyclosporine modified oral capsule 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml (Gengraf)	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	Tier 1	
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 3	PA
mycophenolate mofetil (hcl) intravenous recon soln 500 mg (CellCept Intravenous)	Tier 1	
mycophenolate mofetil oral capsule 250 mg (CellCept)	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)	Tier 1	
mycophenolate mofetil oral tablet 500 mg (CellCept)	Tier 1	
mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg (Myfortic)	Tier 1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 2	
NULOJIX INTRAVENOUS RECON SOLN 250 MG	Tier 2	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Tier 2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 2	

Drug	Status	Notes
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 2	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 1	
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i> (Astagraf XL)	Tier 1	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	Tier 2	
<b>Rho Kinase Inhibitor</b>		
REZUROCK ORAL TABLET 200 MG	Tier 2	PA
<b>Infectious Disease - Bacterial</b>		
<b>Absorbable Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)	Tier 1	
<b>Betalactams</b>		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 2	PA
<b>Cephalosporins - 1St Generation</b>		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Cephalosporins - 2Nd Generation</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Cephalosporins - 3Rd Generation</b>		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 2	
<b>Chemotherapeutics, Antibacterial, Misc.</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogestic-Blue)	Tier 1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG	Tier 3	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
<b>Fecal Microbiota Transplantation (Fmt)</b>		

Drug	Status	Notes
REBYOTA RECTAL ENEMA 150 ML	Tier 3	PA
VOWST ORAL CAPSULE	Tier 2	PA
<b>Macrolides</b>		
azithromycin oral packet 1 gram (Zithromax)	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)	Tier 1	
azithromycin oral tablet 250 mg, 500 mg (Zithromax)	Tier 1	
azithromycin oral tablet 600 mg	Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG	Tier 2	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)	Tier 1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG (erythromycin)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml (E.E.S. Granules)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml (EryPed 400)	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg (E.E.S. 400)	Tier 1	
erythromycin oral capsule, delayed release(dr/ec) 250 mg	Tier 1	
erythromycin oral tablet 250 mg, 500 mg	Tier 1	
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg (Ery-Tab)	Tier 1	
<b>Nitrofurantoin Derivatives</b>		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg (Macrobid)	Tier 1	

Drug	Status	Notes
nitrofurantoin oral suspension 25 mg/5 ml (Furadantin)	Tier 1	PA
<b>Oxazolidinones</b>		
linezolid oral suspension for reconstitution 100 mg/5 ml (Zyvox)	Tier 1	
linezolid oral tablet 600 mg (Zyvox)	Tier 1	
SIVEXTRO ORAL TABLET 200 MG	Tier 2	PA
<b>Penicillins</b>		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet, chewable 125 mg, 250 mg	Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml	Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml (Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml (Augmentin ES-600)	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet 500-125 mg (Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg (Augmentin XR)	Tier 1	
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	Tier 1	
ampicillin oral capsule 500 mg	Tier 1	
dicloxacillin oral capsule 250 mg, 500 mg	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	Tier 3	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
<b>Pleuromutilin Derivatives</b>		
XENLETA ORAL TABLET 600 MG	Tier 3	PA
<b>Quinolones</b>		

Drug	Status	Notes
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML <i>(ciprofloxacin)</i>	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> <i>(Cipro)</i>	Tier 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> <i>(Cipro)</i>	Tier 1	
FACTIVE ORAL TABLET 320 MG	Tier 3	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
<b>Tetracyclines</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg</i> <i>(Vibramycin)</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i> <i>(Morgidox)</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 150 mg</i> <i>(Acticlate)</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i> <i>(Targadox)</i>	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i> <i>(Acticlate)</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> <i>(Mondoxyne NL)</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Tier 1	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 1	
MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	Tier 1	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	Tier 1	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	Tier 1	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 1	



Drug	Status	Notes
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	Tier 1	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	Tier 1	PA
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
VIVJOA ORAL CAPSULE 150 MG	Tier 3	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	Tier 1	
<b>Antifungal Antibiotics</b>		
BREXAFEMME ORAL TABLET 150 MG	Tier 3	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycosides</b>		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 3	PA
<i>neomycin oral tablet 500 mg</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 2	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 1	PA
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Tier 1	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 1	PA
<b>Antibacterial Agents, Miscellaneous</b>		
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 1	
<b>Antileptotics</b>		

Drug	Status	Notes
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA
<b>Anti-Mycobacterium Agents</b>		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Tier 1	
TRECTOR ORAL TABLET 250 MG	Tier 3	
<b>Antitubercular Antibiotics</b>		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3	PA
<b>Lincosamides</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 1	
<b>Rifamycins And Related Derivative Antibiotics</b>		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	Tier 3	ST: Requires prior prescription for generic oral Azithromycin, Ciprofloxacin, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA
<b>Vancomycin And Derivatives</b>		
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 1	QL (600 ML per 1 FILL)

Drug	Status	Notes
<b>Infectious Disease - Parasitic</b>		
<b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Amebicides</b>		
<i>paromomycin oral capsule 250 mg</i> (Humatin)	Tier 1	
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 3	PA
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
EGATEN ORAL TABLET 250 MG	Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 2	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 1	
<b>Antimalarial Drugs</b>		
ARAKODA ORAL TABLET 100 MG	Tier 3	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 1	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Tier 3	
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 1	PA
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 1	

Drug	Status	Notes
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine)	Tier 3	QL (60 EA per 30 days)
<b>Antiparasitics</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 1	QL (2 EA per 1 day)
<b>Antiprotozoal Drugs,Miscellaneous</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 1	
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Ab</b>		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	Tier 2	PA
<b>Antiretroviral - Capsid Inhibitors</b>		
SUNLENCA ORAL TABLET 300 MG	Tier 2	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 2	PA
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	Tier 2	QL (4 ML per 30 days); Age (Min 12 Years)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	Tier 2	QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA ORAL TABLET 50-25 MG	Tier 2	QL (1 EA per 1 day)
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
DOVATO ORAL TABLET 50-300 MG	Tier 2	QL (1 EA per 1 day)
<b>Antiretroviral- Nucleoside,Nucleotide,Protease Inh.</b>		
SYM TUZA ORAL TABLET 800-150-200-10 MG	Tier 2	QL (1 EA per 1 day)
<b>Antiviral - Main Protease (Mpro) Inhibitor</b>		

Drug	Status	Notes
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	Tier 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 2	QL (30 EA per 28 days); Age (Min 12 Years)
<b>Antiviral Monoclonal Antibodies</b>		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML	\$0 COPAY	PA; \$0 COPAY IF QUANTITY IS LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML	\$0 COPAY	PA; \$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML	Tier 3	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA
<b>Antiviral Nucleotide Analogs</b>		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
<b>Antivirals, General</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
LIVTENCITY ORAL TABLET 200 MG	Tier 2	PA
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 3	QL (40 EA per 180 days)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	Tier 1	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 1	
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 2	
TEMBEXA ORAL TABLET 100 MG	Tier 2	

Drug	Status	Notes
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 2	QL (2 EA per 180 days)
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
APTIVUS ORAL CAPSULE 250 MG	Tier 2	QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i> (Prezista)	Tier 1	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i> (Prezista)	Tier 1	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	QL (16 EA per 1 day)
<b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>		
CIMDUO ORAL TABLET 300-300 MG	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Tier 1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	QL (31 ML per 1 day)
<b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 2	PA
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
EDURANT ORAL TABLET 25 MG	Tier 2	QL (1 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Tier 1	
<i>etravirine oral tablet 100 mg</i> (Intelence)	Tier 1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Tier 1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 2	QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	Tier 1	
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 1	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	Tier 1	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	Tier 1	QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 2	

Drug	Status	Notes
<i>stavudine oral capsule 15 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (1 EA per 1 day)
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 1	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 1	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 1	QL (4 EA per 1 day)
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
<i>atazanavir oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG	Tier 2	QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 2	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 2	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	
<b>Antivirals, Hiv-1 Integrase Strand Transfer Inhibtr</b>		



Drug	Status	Notes
APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	\$0 COPAY	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i>	Tier 1	Age (Min 12 Years)
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	\$0 COPAY	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 2	QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG	Tier 2	QL (1 EA per 1 day); Age (Min 12 Years)
<b>Artv Cmb Nucleoside,Nucleotide,&amp;Non-Nucleoside Rti</b>		
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i> (Atripla)	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i> (Symfi)	Tier 1	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
<b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	QL (1 EA per 1 day)
<b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 2	QL (6 EA per 1 day)
<b>Cytochrome P450 Inhibitors</b>		
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)
<b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 2	PA
<b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 2	PA
EPCLUSA ORAL TABLET 200-50 MG	Tier 2	PA
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	Tier 2	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 2	PA
HARVONI ORAL TABLET 45-200 MG	Tier 2	PA
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Tier 2	PA
<b>Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh</b>		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 3	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 3	PA
<b>Hepatitis B Treatment Agents</b>		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 1	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 2	QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 1	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 2	QL (1 EA per 1 day)
<b>Hepatitis C Treatment Agents</b>		

Drug	Status	Notes
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 2	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 2	PA
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
<b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 3	PA
MAVYRET ORAL TABLET 100-40 MG	Tier 3	PA
<b>Inflammatory Disease</b>		
<b>Anti-Arthritic And Chelating Agents</b>		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 3	PA
D-PENAMINE ORAL TABLET 125 MG	Tier 1	PA
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 1	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 1	PA
<b>Anti-Arthritic, Folate Antagonist Agents</b>		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 2	QL (1.6 ML per 28 days)
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 3	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 3	PA
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	Tier 2	PA
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i> (Hyrimoz(CF))	Tier 2	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG	Tier 3	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 3	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA

Drug	Status	Notes
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 2	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 2	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 2	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 2	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 2	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	Tier 3	PA
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	Tier 1	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	Tier 3	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 2	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 3	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA
<b>Anti-Inflammatory, Interleukin-1 Beta Blockers</b>		

Drug	Status	Notes
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 3	PA
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 1	
<b>Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.</b>		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 2	PA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19)	Tier 2	PA
<b>Anti-Inflammatory/Antiarthritics Agents, Misc.</b>		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML (MW 2.4 -3.6 MILLION)	Tier 2	PA
SYNVISIC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 2	PA
SYNVISIC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 2	PA
<b>Antinflammatory, Sel. Costim. Mod., T-Cell Inhibitor</b>		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	Tier 3	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 3	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 3	PA
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	Tier 1	PA
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)	Tier 1	PA
<b>C1 Esterase Inhibitors</b>		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 3	PA
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 3	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 3	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 3	PA

Drug	Status	Notes
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 3	PA
<b>Glucocorticoids</b>		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 3	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 3	PA
BETALOAN SUIK KIT 6 MG/ML	Tier 3	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	Tier 1	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
<i>cortisone oral tablet 25 mg</i>	Tier 1	
<i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)	Tier 1	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Emflaza)	Tier 1	PA
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 3	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 1	
<i>hydrocortisone sod succinate injection recon soln 100 mg</i> (Solu-Cortef)	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	Tier 1	
<i>methylprednisolone oral tablet 32 mg</i>	Tier 1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	Tier 1	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG (hydrocortisone sod succinate)	Tier 3	
TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC) 4 MG	Tier 3	PA
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	
TRILOAN SUIK KIT 40 MG/ML	Tier 3	
<b>Gold Salts</b>		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
<b>Immunomodulator, B-Lymphocyte Stim(Blys)-Spec Inhib</b>		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	Tier 3	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 3	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 3	PA
<b>Interleukin-6 (IL-6) Receptor Inhibitors</b>		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 3	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 3	PA

Drug	Status	Notes
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 3	PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Tier 3	PA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 3	PA
<b>Janus Kinase (Jak) Inhibitors</b>		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 3	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 2	PA
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 2	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 2	PA
<b>Mineralocorticoids</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 3	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 2	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 2	PA
<b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>		
<i>diclofenac-misoprostol oral (Arthrotec 50) tablet,ir,delayed rel,biphasic 50-200 mg- mcg</i>	Tier 1	
<i>diclofenac-misoprostol oral (Arthrotec 75) tablet,ir,delayed rel,biphasic 75-200 mg- mcg</i>	Tier 1	
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg (Celebrex)</i>	Tier 1	
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
EC-NAPROXEN ORAL (naproxen) TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 1	
<i>etodolac oral tablet 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg</i> (Kiprofen)	Tier 1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	Tier 1	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	

Drug	Status	Notes
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naproxen)	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 1	
<i>piroxicam oral capsule 10 mg</i>	Tier 1	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML	Tier 3	
TORONOVA SUIK KIT 30 MG/ML	Tier 3	
<b>Plasma Kallikrein Inhibitors</b>		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	Tier 3	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 3	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 3	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 3	PA
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
<i>bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)</i>	Tier 1	
<i>bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml)0.25%</i>	Tier 1	
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 3	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 1	
<i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 3	

Drug	Status	Notes
<i>ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor epidural solution 0.15 %, 0.2 %</i>	Tier 1	
<b>Periodontal Anesthetics</b>		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>		
<b>Chronic Inflammation. Colon Disease, 5-Aminosalicylates, Rectal Treatment</b>		
<i>mesalamine rectal enema 4 gram/60 ml (Rowasa)</i>	Tier 1	
<i>mesalamine rectal suppository 1,000 mg (Canasa)</i>	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml (Rowasa)</i>	Tier 1	
<b>Drug Treatment-Chronic Inflammation. Colon Disease, 5-Aminosalicylates</b>		
<i>balsalazide oral capsule 750 mg (Colazal)</i>	Tier 1	
<i>mesalamine oral capsule, extended release 500 mg (Pentasa)</i>	Tier 1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram (Apriso)</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram (Lialda)</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 2	
<i>sulfasalazine oral tablet 500 mg (Azulfidine)</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg (Azulfidine EN-tabs)</i>	Tier 1	
<b>Hemorrhoidal Preparation, Anti-Inflammation Steroid/Local Anesthetic</b>		
ANA-LEX KIT RECTAL KIT 2-2 % (lidocaine-hydrocortisone-aloe)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (Analpram-HC)</i>	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	

Drug	Status	Notes
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 2	
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 %	Tier 3	
<b>Ibs Agents,Mixed Opioid Recep Agonists/Antagonists</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 2	
<b>Integrin Receptor Antagonist, Monoclonal Antibody</b>		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	Tier 3	PA
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 3	PA
<b>Irritable Bowel Agents,Guanylate Cylase-C Agonist</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG	Tier 2	QL (1 EA per 1 day)
<b>Local Anorectal Nitrate Preparations</b>		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	Tier 1	
<b>Rectal Preparations</b>		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 1	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 1	
<b>Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)</b>		
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Tier 1	
<b>Lower Gastrointestinal Disorders - Other</b>		

Drug	Status	Notes
<b>Ammonia Inhibitors</b>		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 3	PA
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	Tier 1	PA
ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Tier 3	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 3	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 3	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	Tier 1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	Tier 1	PA
<b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	Tier 2	ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
<b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>		
XERMELO ORAL TABLET 250 MG	Tier 2	PA
<b>Antidiarrheals</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 1	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
<b>Bile Salts</b>		
CHENODAL ORAL TABLET 250 MG	Tier 3	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 3	PA
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg</i>	Tier 1	

Drug	Status	Notes
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 1	
<b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 2	PA
<b>Ileal Bile Acid Transporter (Ibat) Inhibitor</b>		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 3	PA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 3	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 3	PA
<b>Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type</b>		
<i>alosectron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	
<b>Laxatives And Cathartics</b>		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 GRAM (peg-electrolyte soln)	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) <i>236-22.74-6.74 -5.86 gram</i>	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i> (MoviPrep) <i>100-7.5-2.691 gram</i>	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln</i> (GaviLyte-N) <i>420 gram</i>	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 COPAY	ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates oral recon soln</i> (Suprep Bowel Prep Kit) <i>17.5-3.13-1.6 gram</i>	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	\$0 COPAY	ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)

**Narcotic Antagonists, Peripherally-Acting**

Drug	Status	Notes
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 2	QL (1 EA per 1 day)
<b>Ppar Agonist</b>		
IQIRVO ORAL TABLET 80 MG	Tier 3	PA
LIVDELZI ORAL CAPSULE 10 MG	Tier 3	PA
<b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs</b>		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA
<b>Tissue Bulking Implants - Non-Cosmetic</b>		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)	Tier 3	
<b>Medical Supplies</b>		
<b>Bandages And Related Supplies</b>		
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 3	
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 "	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	



Drug	Status	Notes
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "- YARD	Tier 3	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "	Tier 3	
KENDALL AMD ANTIMICRB FOAM DRS TOPICAL BANDAGE 0.5 %- 4" X 4"	Tier 3	
KERAGEL TOPICAL GEL	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 3	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 "	Tier 3	
MEDIHONEY (HYDROCOLLOID- HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE	Tier 3	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 "	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
SILINOIN TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SPECTRAGEL TOPICAL GEL	Tier 3	
STRATACTX TOPICAL GEL	Tier 3	
STRATAGRT TOPICAL GEL	Tier 3	

Drug	Status	Notes
STRATAXRT TOPICAL GEL	Tier 3	
TERAHONEY TOPICAL BANDAGE 4 X 5 "	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 "	Tier 3	
ZENPHOR TOPICAL GEL	Tier 3	
<b>Blood Administration Sets</b>		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET	Tier 3	
<b>Catheters And Related Devices</b>		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT 14-16 (catheter) FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-"	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-"	Tier 3	
BARDEX I.C. FOLEY CATHETER 24 FR	Tier 3	
CURITY DRAINAGE BAG 2,000 ML	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK	Tier 3	
DOVER FOLEY CATHETER 24 FR	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 3	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 3	
FEMALE CATHETER 14 FR	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 3	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 3	
LOFRIC 12-16 FR-"	Tier 3	
LOFRIC 14-16 FR-"	Tier 3	(catheter)
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16"	Tier 3	

Drug	Status	Notes
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"	Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-"	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 3	
SELF-CATHETER, FEMALE 14 FR	Tier 3	
SILASTIC FOLEY CATHETER 20 FR	Tier 3	
SPEEDICATH (FEMALE) 16 FR	Tier 3	
TOUCH-TROL 10 FR	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8"	Tier 3	
<b>Durable Medical Equipment,Misc</b>		
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 3	
AMIELLE VAGINAL TRAINER KIT	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 3	
CEFALY COMBO PACK	Tier 3	
CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 3	
ENFIT MEDICINE BOTTLE ADAPTER (adapter cap for bottle)	Tier 3	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 3	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 3	
NOSE CLIP (nebulizer accessories)	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT	Tier 3	

Drug	Status	Notes
PARI BABY CONV KIT - SIZE 3 KIT	Tier 3	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 3	
PILLOW MASK CHILD (nebulizer accessories)	Tier 3	
PRO COMFORT TENS ELECTRODE PAD	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK	Tier 3	
PRO-CEPTION VAGINAL	Tier 3	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 3	
PTS COLLECT CAPILLARY TUBE	Tier 3	
REUSABLE NEBULIZER KIT KIT	Tier 3	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 3	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 3	
SIDESTREAM MASK (nebulizer accessories)	Tier 3	
SILICONE MASK (nebulizer accessories)	Tier 3	
TENS 502 DEVICE	Tier 3	
TENS 504 DEVICE	Tier 3	
<b>Durable Medical Equipment,Misc(Group 1)</b>		
2-IN-1 LANCET DEVICE 30 GAUGE (lancets)	Tier 3	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 2	
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 2	
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
ADVOCATE LANCET 23 GAUGE	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 2	
ASSURE LANCE 25 GAUGE	Tier 2	
ASSURE LANCE 28 GAUGE (lancets)	Tier 2	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)	Tier 2	
ASSURE LANCE PLUS 25 GAUGE	Tier 2	

Drug	Status	Notes
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 2	
BD MICROTAINER LANCET 21 (lancets) GAUGE, 30 GAUGE	Tier 2	
BULLSEYE MINI SAFETY LANCETS 21 (lancets) GAUGE, 28 GAUGE	Tier 2	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Tier 2	
BUTTERFLY TOUCH LANCET 30 (lancets) GAUGE	Tier 2	
CAREONE ULTRA THIN LANCET (lancets)	Tier 2	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 2	
CARETOUCH SAFETY LANCETS 26 (lancets) GAUGE, 28 GAUGE	Tier 2	
CARETOUCH TWIST LANCET 28 (lancets) GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
CHOSEN LANCET 30 GAUGE (lancets)	Tier 2	
CHOSEN SAFETY LANCET 28 GAUGE (lancets)	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 2	
COAGUCHEK LANCETS (lancets)	Tier 2	
COLOR LANCETS 21 GAUGE (lancets)	Tier 2	
COMFORT EZ LANCETS 21 GAUGE, (lancets) 28 GAUGE	Tier 2	
COMFORT EZ LANCETS 23 GAUGE	Tier 2	
COMFORT TOUCH PLUS SAFETY (lancets) LANC 30 GAUGE	Tier 2	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 2	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 2	
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 2	
EASY TOUCH LANCETS 26 GAUGE, (lancets) 28 GAUGE, 30 GAUGE	Tier 2	
EASY TOUCH LANCETS 32 GAUGE	Tier 2	
EASY TOUCH SAFETY LANCETS 21 (lancets) GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH TWIST LANCETS 26 (lancets) GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
EASY TOUCH TWIST LANCETS 32 GAUGE	Tier 2	

Drug	Status	Notes
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 2	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 2	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
E-Z JECT LANCETS 32 GAUGE	Tier 2	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 2	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 2	
FINGERSTIX LANCETS (lancets)	Tier 2	
FORA V10-V12-D10-D20 STRP-LNCT COMBO PACK 30 GAUGE (lancets-blood glucose strips)	Tier 3	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 2	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 2	
FREESTYLE UNISTIK 2 (lancets)	Tier 2	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
GOJJI LANCET-GLUCOSE TEST STRP COMBO PACK 30 GAUGE (lancets-blood glucose strips)	Tier 3	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 2	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)	Tier 2	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 2	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 2	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
INVACARE LANCETS 30 GAUGE (lancets)	Tier 2	
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 2	
<i>lancets 21 gauge, 26 gauge, 30 gauge</i> (Advocate Lancet)	Tier 2	
<i>lancets 28 gauge</i> (Acti-Lance Lancets)	Tier 2	
<i>lancets 33 gauge</i> (CareTouch Twist Lancet)	Tier 2	
LANCETS, SUPER THIN (lancets)	Tier 2	
LANCETS, THIN , 28 GAUGE (lancets)	Tier 2	
LANCETS, ULTRA THIN (lancets)	Tier 2	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	Tier 2	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE (lancets)	Tier 2	

Drug	Status	Notes
MEDLANCE PLUS LANCETS 25 GAUGE	Tier 2	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 2	
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 2	
MICRODOT LANCET 28 GAUGE (lancets)	Tier 2	
MICROLET LANCET (lancets)	Tier 2	
MOBILE LANCETS 30 GAUGE (lancets)	Tier 2	
MONOLET LANCETS 21 GAUGE (lancets)	Tier 2	
MONOLET THIN LANCETS 28 GAUGE (lancets)	Tier 2	
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	Tier 2	
NOVA SAFETY LANCETS 23 GAUGE	Tier 2	
NOVA SAFETY LANCETS 28 GAUGE (lancets)	Tier 2	
NOVA SUREFLEX LANCETS (lancets)	Tier 2	
ON CALL LANCET 30 GAUGE (lancets)	Tier 2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	Tier 2	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)	Tier 2	
ON-THE-GO LANCETS 30 GAUGE (lancets)	Tier 2	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
PRO COMFORT LANCET 30 GAUGE (lancets)	Tier 2	
PRO COMFORT LANCET 31 GAUGE	Tier 2	
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	Tier 2	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Tier 2	
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 2	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 2	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	

Drug	Status	Notes
RELIAMED LANCET 23 GAUGE	Tier 2	
RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	Tier 2	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 2	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 2	
SINGLE-LET (lancets)	Tier 2	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 2	
SMARTEST LANCET (lancets)	Tier 2	
SOFT TOUCH LANCETS (lancets)	Tier 2	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
STERILANCE TL 30 GAUGE (lancets)	Tier 2	
STERILANCE TL 32 GAUGE	Tier 2	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Tier 2	
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 2	
SURE-TOUCH LANCET (lancets)	Tier 2	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
TELCARE LANCETS 30 GAUGE (lancets)	Tier 2	
TEMPO REFILL KIT WITH GAUZE KIT	Tier 2	
THIN LANCETS 26 GAUGE (lancets)	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 2	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 2	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TWIST LANCETS 30 GAUGE (lancets)	Tier 2	
TWIST LANCETS 32 GAUGE	Tier 2	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 2	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 2	
ULTRA FINE LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTRA THIN LANCETS 31 GAUGE	Tier 2	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 2	
ULTRA TLC LANCETS (lancets)	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 2	
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Tier 2	
UNILET GP LANCET (lancets)	Tier 2	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 2	
UNILET LANCETS 30 GAUGE (lancets)	Tier 2	
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 2	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 2	
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Tier 2	
UNISTIK CZT LANCET 23 GAUGE	Tier 2	
UNISTIK CZT LANCET 28 GAUGE (lancets)	Tier 2	
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 2	
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 2	
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
UNISTIK PRO LANCET 25 GAUGE	Tier 2	

Drug	Status	Notes
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
UNISTIK TOUCH LANCETS 23 GAUGE	Tier 2	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 23 GAUGE	Tier 2	
VERIFINE UNIVERSAL LANCET 28 GAUGE (lancets)	Tier 2	
VERIFINE UNIVERSAL LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 2	
VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)	Tier 2	
<b>Feeding Devices</b>		
ENTERAL GRAVITY BAG SET-ENFIT	Tier 3	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 3	
KANGAROO EPUMP SET	Tier 3	
KANGAROO GRAVITY SET	Tier 3	
RELIZORB CARTRIDGE	Tier 3	
<b>Incontinence Supplies</b>		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE	Tier 3	
<b>Medical Supplies,Miscellaneous</b>		
VARITHENA ADMINISTRATION PACK	Tier 3	
VIBRANT ORAL CAPSULE	Tier 3	
VIBRANT STARTER KIT COMBO PACK	Tier 3	
<b>Medical Supplies,Miscellaneous(Group 2)</b>		
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 3	
PCCA ACCUPEN-15 DEVICE	Tier 3	
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT	Tier 3	
<b>Medical Supplies,Miscellaneous(Group 3)</b>		
XENOVIEW EMPTY DELIVERY BAG	Tier 3	

Drug	Status	Notes
<b>Parenteral Administration Sets</b>		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
FILTERED EXTENSION SET INFUSION SET	Tier 3	
HALO B-LOCK CLOSED LINE ADAPTR	Tier 3	
HALO CLOSED BAG ADAPTOR	Tier 3	
HALO CLOSED LINE ADAPTOR	Tier 3	
HALO CLOSED SYRINGE ADAPTOR	Tier 3	
HI-VOLUME PUMPING CHAMBER SET	Tier 3	
INSUFLON INFUSION SET 25 X 18 MM	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 3	
I-PORT	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (iv administration set)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (iv administration set)	Tier 3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (iv administration set)	Tier 3	
IVENIX LVP EPIDURAL ADMIN SET EPIDURAL INFUSION SET	Tier 3	
IVENIX LVP EPIDURAL SET NRFIT EPIDURAL INFUSION SET	Tier 3	
MICROBORE EXTENSION SET INFUSION SET (iv admin extension set)	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE	Tier 3	
PHASEAL CONNECTOR LUER LOCK	Tier 3	
PHASEAL INFUSION ADAPTER	Tier 3	
PHASEAL INFUSION CLAMP	Tier 3	
PHASEAL INJECTOR LUER	Tier 3	

Drug	Status	Notes
PHASEAL INJECTOR LUER LOCK	Tier 3	
PHASEAL SECONDARY SET INFUSION SET	Tier 3	
PHASEAL Y-SITE	Tier 3	
RATE FLOW REGULATOR IV SET (iv administration set) INFUSION SET	Tier 3	
TRANSFER SET	Tier 3	
<b>Syringes And Accessories</b>		
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8"	Tier 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 27 GAUGE X 3/8"	Tier 3	
ALLERGIST TRAY INTRADERMAL BEV (tuberculin-allergy SYRINGE 1 ML 26 GAUGE X 3/8" syringes)	Tier 3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8"	Tier 3	
AQINJECT 3.0 LOCK SYRINGE (syringe (disposable)) SYRINGE 3 ML	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML	Tier 3	
AQINJECT LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 20 ML, 5 ML	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 3	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2"	Tier 3	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 2	
BD INSULIN SYRINGE ULTRA-FINE (insulin syringe-needle u- SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 100) ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 10 ML	Tier 3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"	Tier 3	

Drug	Status	Notes
BD SLIP TIP SYRINGE SYRINGE 10 ML	Tier 3	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 2	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100) Tier 2	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 23 X 1"	Tier 3	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1"	Tier 3	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 3	
ENFIT THUMB CONTROL RING SYRIN SYRINGE 60 ML	(syringe, enfit, non-sterile) Tier 3	
EXTENDED RESERVOIR 3 ML	Tier 3	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1"	Tier 3	
INTERLINK LEVER LOCK CANNULA	Tier 3	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML	Tier 3	
KENDALL DISINFECTANT CAP	Tier 3	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1"	Tier 3	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	Tier 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 3 ML, 35 ML, 60 ML	(syringe, enfit, sterile) Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML	Tier 3	
MONOJECT ENFIT SYRINGE CAP	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML	Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1"	Tier 3	

Drug	Status	Notes
MONOJECT MAGELLAN SYRINGE (syringe with needle, SYRINGE 1 ML 25 GAUGE X 5/8" safety)	Tier 3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML	Tier 3	
MONOJECT REGULAR LUER SYRINGE 12 ML	Tier 3	
MONOJECT REGULAR LUER (syringe (disposable)) SYRINGE 3 ML	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE , 12 ML 21X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 6 ML	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML, 3 ML, 6 ML	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML (syringe (disposable))	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML 22 GAUGE X 1", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2"	Tier 3	
MONOJECT TB LUER LOK SYRINGE 1 ML	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"	Tier 3	
NORM-JECT SYRINGE 10 ML	Tier 3	
NORM-JECT SYRINGE 20 ML (syringe (disposable))	Tier 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML	Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 3	
PISTON SYRINGE WITH ENFIT (syringe, enfit, non-sterile) SYRINGE 60 ML	Tier 3	
SURGUARD2 SAFETY SYRINGE 1 ML (syringe with needle, 25 GAUGE X 5/8", 3 ML 22 GAUGE X 1" safety)	Tier 3	
SURGUARD2 SAFETY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2"	Tier 3	
<i>syringe (disposable) syringe 5 ml</i> (Aqinject Luer Lock Syringe)	Tier 3	

Drug	Status	Notes
<i>syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"</i>	Tier 3	
<i>syringe, enfit, non-sterile syringe 0.5 ml, 10 ml, 20 ml, 5 ml</i>	Tier 3	
<i>syringe, enfit, non-sterile syringe 1 ml, 3 ml, 35 ml</i> (Monoject ENFit Syringe)	Tier 3	
<i>syringe, enfit, non-sterile syringe 60 ml</i> (ENFit Thumb Control Ring Syrin)	Tier 3	
<i>syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml</i> (Monoject ENFit Sterile Syringe)	Tier 3	
<i>syringe, enfit, sterile syringe 10 ml, 20 ml, 5 ml</i>	Tier 3	
TOOMEY SYRINGE SYRINGE 70 ML	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle)	Tier 3	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 3	
<b>Miscellaneous Agents</b>		
<b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>		
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	Tier 3	PA
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	Tier 3	PA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Tier 3	PA
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	Tier 3	QL (4 EA per 1 FILL)
<b>Cxcr4 Chemokine Receptor Antagonist</b>		
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i> (Mozobil)	Tier 1	PA
XOLREMDI ORAL CAPSULE 100 MG	Tier 3	PA
<b>Fibroblast Growth Factor 23 (Fgf23) Inhibitors, Mab</b>		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Tier 3	PA
<b>Genetic D/O Tx-Exon Inclusion Antisense Oligonucle</b>		

Drug	Status	Notes
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 3	PA
<b>Metabolic Disease Enzyme Replacement, Asmd</b>		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG	Tier 3	PA
<b>Metabolic Disease Enzyme Replacement, Fabry's Dx</b>		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	Tier 3	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Tier 3	PA
<b>Metabolic Disease Enzyme Replacement, Gaucher's Dx</b>		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	Tier 3	PA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	Tier 3	PA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	Tier 3	PA
<b>Metabolic Disease Enzyme Replacement, Pompe Disease</b>		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	Tier 3	PA
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	Tier 3	PA
POMBILITI INTRAVENOUS RECON SOLN 105 MG	Tier 3	PA
<b>Metabolic Dx Enzyme Replacement, Lyso. Acid Lip. Def.</b>		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	Tier 3	PA
<b>Miscellaneous Agents</b>		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
<b>Parasympathetic Agents</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	
<b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>		
GALAFOLD ORAL CAPSULE 123 MG	Tier 3	PA
<b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>		



Drug	Status	Notes
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 2	PA
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 1	
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 1	
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 2	
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 2	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	Tier 1	
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	Tier 1	
<b>Systemic Enzyme Inhibitors</b>		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 3	
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	Tier 3	
JOENJA ORAL TABLET 70 MG	Tier 3	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	Tier 3	
VIJOICE ORAL GRANULES IN PACKET 50 MG	Tier 3	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 3	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	Tier 3	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 3	PA
<b>Thyroid Hormone Receptor (Thr) Agonist</b>		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 3	PA
<b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	Tier 3	

Drug	Status	Notes
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	Tier 1	
<i>bendamustine intravenous solution 25 mg/ml</i> (Belrapzo)	Tier 3	
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	Tier 3	
<i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)	Tier 1	
<i>carboplatin intravenous recon soln 150 mg</i>	Tier 1	
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	Tier 1	
<i>carmustine intravenous recon soln 100 mg</i> (BiCNU)	Tier 1	
<i>carmustine intravenous recon soln 300 mg</i>	Tier 1	
<i>cisplatin intravenous recon soln 50 mg</i>	Tier 1	
<i>cisplatin intravenous solution 1 mg/ml</i> (Kemoplat)	Tier 1	
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 1	
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i>	Tier 1	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 1	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	Tier 3	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 3	PA
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Tier 3	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)	Tier 1	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 1	
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML (cisplatin)	Tier 1	
LEUKERAN ORAL TABLET 2 MG	Tier 2	
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran (as HCl))	Tier 1	
MYLERAN ORAL TABLET 2 MG	Tier 2	
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	Tier 1	
TEMODAR INTRAVENOUS RECON SOLN 100 MG	Tier 3	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 1	PA
TEPADINA INJECTION RECON SOLN 100 MG (thiotepa)	Tier 3	
<i>thiotepa injection recon soln 100 mg, 15 mg</i> (Tepadina)	Tier 1	
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	Tier 3	
YONDELIS INTRAVENOUS RECON SOLN 1 MG	Tier 3	PA
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	Tier 3	PA
<b>Antiandrogenic Agents</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	Tier 1	PA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 2	PA
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 1	QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 2	PA
XTANDI ORAL CAPSULE 40 MG	Tier 2	PA
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 2	PA
YONSA ORAL TABLET 125 MG	Tier 3	PA
<b>Antibiotic Antineoplastics</b>		
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 1	
<i>dactinomycin intravenous recon soln 0.5 mg</i> (Cosmegen)	Tier 1	
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 1	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	Tier 1	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	Tier 1	
<i>epirubicin intravenous recon soln 50 mg</i>	Tier 1	
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i> (Ellence)	Tier 1	
<i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)	Tier 1	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> (Mutamycin)	Tier 1	

Drug	Status	Notes
MUTAMYCIN INTRAVENOUS RECON SOLN 20 MG, 40 MG, 5 MG (mitomycin)	Tier 1	
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	Tier 1	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (valrubicin)	Tier 3	
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	Tier 3	
<b>Anti-Cd20 (B Lymphocyte) Monoclonal Antibody</b>		
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	Tier 3	PA
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	Tier 3	PA
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	Tier 3	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	Tier 3	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	PA
<b>Antimetabolites</b>		
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	Tier 1	
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 1	PA
<i>cladribine intravenous solution 10 mg/10 ml</i>	Tier 1	
<i>clofarabine intravenous solution 1 mg/ml</i>	Tier 1	
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	Tier 1	
<i>cytarabine injection solution 20 mg/ml</i>	Tier 1	
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	Tier 1	
<i>floxuridine injection recon soln 0.5 gram</i>	Tier 1	
<i>fludarabine intravenous recon soln 50 mg</i>	Tier 1	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	Tier 1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (pralatrexate)	Tier 3	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	Tier 1	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	Tier 1	
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	Tier 3	
INQOVI ORAL TABLET 35-100 MG	Tier 2	PA
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 2	PA
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
<i>nelarabine intravenous solution 250 mg/50 ml</i> (Arranon)	Tier 1	
NIPENT INTRAVENOUS RECON SOLN 10 MG (pentostatin)	Tier 3	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 2	PA
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	Tier 1	PA
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i> (Alimta)	Tier 1	PA
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	Tier 1	PA
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	Tier 1	PA
<i>pemetrexed intravenous solution 25 mg/ml</i> (Pemfexy)	Tier 1	PA
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (pemetrexed)	Tier 3	PA

Drug	Status	Notes
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	PA
<i>pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)</i> (Folotyn)	Tier 1	PA
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 2	ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 2	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
<b>Antineoplast Egf Receptor Blocker Rcmb Mc Antibody</b>		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	Tier 3	PA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	Tier 3	PA
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 3	PA
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 2	PA
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	Tier 3	PA
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 2	PA
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 3	PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	Tier 3	PA
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	Tier 3	PA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	Tier 3	PA
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 2	PA

Drug	Status	Notes
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	Tier 3	PA
<b>Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody</b>		
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML	Tier 3	PA
MVASI INTRAVENOUS SOLUTION 25 MG/ML	Tier 2	PA
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	Tier 2	PA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	Tier 2	PA
<b>Antineoplastic - Antibiotic And Antimetabolite</b>		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	Tier 3	PA
<b>Antineoplastic - Anti-Cd38 Monoclonal Antibody</b>		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	Tier 3	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	Tier 3	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	Tier 3	PA
<b>Antineoplastic - Anti-Slamf7 Monoclonal Antibody</b>		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	Tier 3	PA
<b>Antineoplastic Aromatase Inhibitors</b>		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>exemestane oral tablet 25 mg</i> (Aromasin)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 2	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	Tier 3	PA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	Tier 3	PA

Drug	Status	Notes
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 2	PA
ZELBORAF ORAL TABLET 240 MG	Tier 2	PA
<b>Antineoplastic - Cd19 (B Lymphocyte) Mc Antibody</b>		
MONJUVI INTRAVENOUS RECON SOLN 200 MG	Tier 3	PA
<b>Antineoplastic - Egfr And Met Receptor Inhib, Mab</b>		
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	PA
<b>Antineoplastic - Epothilones And Analogs</b>		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	Tier 3	PA
<b>Antineoplastic - Halichondrin B Analogs</b>		
<i>eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)</i> (Halaven)	Tier 1	PA
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (eribulin)	Tier 3	PA
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 2	PA
ERIVEDGE ORAL CAPSULE 150 MG	Tier 2	PA
ODOMZO ORAL CAPSULE 200 MG	Tier 2	PA
<b>Antineoplastic - Immunotherapy, T-Cell Engager</b>		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	Tier 3	PA
<b>Antineoplastic - Interleukin-15 Receptor Agonists</b>		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	Tier 3	PA
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA
<b>Antineoplastic - Kras Protein Inhibitor</b>		
KRAZATI ORAL TABLET 200 MG	Tier 2	PA
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Tier 2	PA



Drug	Status	Notes
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
COTELLIC ORAL TABLET 20 MG	Tier 2	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 2	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 2	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 2	PA
MEKTOVI ORAL TABLET 15 MG	Tier 2	PA
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	Tier 1	PA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	Tier 1	PA
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> (Torisel)	Tier 1	PA
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))	Tier 1	PA
<b>Antineoplastic - Protein Methyltransferase Inhibit</b>		
TAZVERIK ORAL TABLET 200 MG	Tier 2	PA
<b>Antineoplastic - Topoisomerase I Inhibitors</b>		
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML (irinotecan)	Tier 3	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)	Tier 1	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	Tier 1	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	Tier 3	PA
<i>topotecan intravenous recon soln 4 mg</i>	Tier 1	
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	Tier 1	
<b>Antineoplastic - Vegf-A,B &amp; P1gf Inhibitor</b>		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	Tier 3	PA
<b>Antineoplastic - Vegfr Antagonist</b>		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	PA

Drug	Status	Notes
<b>Antineoplastic- Cd22 Antibody- Cytotoxic Antibiotic</b>		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	Tier 3	PA
<b>Antineoplastic- Cd33 Antibody- Cytotoxic Antibiotic</b>		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	Tier 3	PA
<b>Antineoplastic Immunomodulator Agents</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Tier 1	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 2	PA
<b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 3	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG	Tier 2	PA
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
ALECENSA ORAL CAPSULE 150 MG	Tier 2	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 3	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 3	PA
AUGTYRO ORAL CAPSULE 40 MG	Tier 2	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 2	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 2	PA
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	Tier 1	PA
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	Tier 1	PA
<i>bortezomib intravenous recon soln 3.5 mg</i>	Tier 1	PA
<i>bortezomib intravenous solution 1 mg/ml, 2.5 mg/ml</i>	Tier 1	PA

Drug	Status	Notes
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 2	PA
BRUKINSA ORAL CAPSULE 80 MG	Tier 2	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 2	PA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 2	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 3	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 2	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 3	PA
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	Tier 1	PA
<i>erlotinib oral tablet 100 mg</i> (Tarceva)	Tier 1	PA
<i>erlotinib oral tablet 150 mg, 25 mg</i>	Tier 1	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 2	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 2	
GAVRETO ORAL CAPSULE 100 MG	Tier 2	PA
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Tier 1	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 2	PA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 3	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 3	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 2	PA
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 1	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 2	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 2	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 2	PA
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 2	PA
INREBIC ORAL CAPSULE 100 MG	Tier 2	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
IWILFIN ORAL TABLET 192 MG	Tier 2	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 2	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 2	PA
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	Tier 3	PA
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 1	PA
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 3	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 2	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 2	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Tier 2	PA
NERLYNX ORAL TABLET 40 MG	Tier 2	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 2	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 3	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 2	PA
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Tier 1	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 2	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 2	PA
QINLOCK ORAL TABLET 50 MG	Tier 2	PA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 2	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 2	PA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 2	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
RYDAPT ORAL CAPSULE 25 MG	Tier 2	PA
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	Tier 3	PA
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 2	PA
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	Tier 1	PA
STIVARGA ORAL TABLET 40 MG	Tier 2	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 1	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 2	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 2	PA
TEPMETKO ORAL TABLET 225 MG	Tier 2	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 2	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 2	PA
TURALIO ORAL CAPSULE 125 MG	Tier 2	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 2	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 2	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 2	PA
VONJO ORAL CAPSULE 100 MG	Tier 2	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 2	PA
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	Tier 2	PA
XOSPATA ORAL TABLET 40 MG	Tier 2	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 2	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	PA
ZYKADIA ORAL TABLET 150 MG	Tier 2	PA

Drug	Status	Notes
<b>Antineoplastic,Anti-Programmed Death-1 (Pd-1) Mab</b>		
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	PA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 3	PA
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	Tier 3	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	Tier 3	PA
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	Tier 3	PA
<b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	Tier 3	PA
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (romidepsin)	Tier 3	PA
<i>romidepsin intravenous recon soln 10 mg/2 ml</i> (Istodax)	Tier 1	PA
<i>romidepsin intravenous solution 5 mg/ml</i>	Tier 1	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 2	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 2	PA
<b>Antineoplastic-Enzyme Inhib, Antiandrogen Comb.</b>		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 2	PA
<b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>		
WELIREG ORAL TABLET 40 MG	Tier 2	PA
<b>Antineoplastic-Immunotherapy Checkpoint Inhib Comb</b>		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	Tier 3	PA
<b>Antineoplastic-Interleukin-6(IL-6)Inhib,Antibody</b>		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	Tier 3	PA

Drug	Status	Notes
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 3	PA
REZLIDHIA ORAL CAPSULE 150 MG	Tier 2	PA
TIBSOVO ORAL TABLET 250 MG	Tier 2	PA
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 2	PA
<b>Antineoplastics Antibody/Antibody-Drug Complexes</b>		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Tier 3	PA
BLINCYTO INTRAVENOUS KIT 35 MCG	Tier 3	PA
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG	Tier 3	PA
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	Tier 3	PA
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	Tier 3	PA
ENHERTU INTRAVENOUS RECON SOLN 100 MG	Tier 3	PA
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	Tier 3	PA
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	Tier 3	PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	Tier 3	PA
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	Tier 3	PA
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	Tier 3	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	Tier 3	PA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	Tier 3	PA
TIVDAK INTRAVENOUS RECON SOLN 40 MG	Tier 3	PA
TRODELVY INTRAVENOUS RECON SOLN 180 MG	Tier 3	PA
<b>Antineoplastics, Miscellaneous</b>		
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	Tier 1	
<i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox)	Tier 1	

Drug	Status	Notes
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	Tier 3	PA
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i> (Docivyx)	Tier 1	
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	Tier 1	
<i>etoposide oral capsule 50 mg</i>	Tier 1	
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	Tier 3	
LYSODREN ORAL TABLET 500 MG	Tier 2	
MATULANE ORAL CAPSULE 50 MG	Tier 2	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	Tier 1	PA
ONCASPASPAR INJECTION SOLUTION 750 UNIT/ML	Tier 3	PA
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	Tier 1	
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	Tier 1	PA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 3	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 1	
TRISENOX INTRAVENOUS SOLUTION (arsenic trioxide) 2 MG/ML	Tier 3	
<b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 2	PA
<b>Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab</b>		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	Tier 3	PA
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	PA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	Tier 3	PA
<b>Chemotherapy Rescue/Antidote Agents</b>		



Drug	Status	Notes
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	Tier 3	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg</i>	Tier 1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	Tier 1	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	Tier 1	
MESNEX ORAL TABLET 400 MG	Tier 3	
<b>Cytotoxic T-Lymphocyte Antigen(Ctla-4)Rmc Antibody</b>		
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	Tier 3	PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	Tier 3	PA
<b>Intrapleural Sclerosing Agents, Antineoplast. Adj.</b>		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
<b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
<b>Radioactive Therapeutic Agents</b>		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML)	Tier 3	PA
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 1	
<b>Selective Estrogen Receptor Modulators (Serm)</b>		

Drug	Status	Notes
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	Tier 1	PA
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 3	PA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 1	PA
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 1	PA
<b>Steroid Antineoplastics</b>		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
<b>Vinca Alkaloids</b>		
<i>vinblastine intravenous solution 1 mg/ml</i>	Tier 1	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	Tier 1	
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 2	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 2	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 2	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 2	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 2	PA
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 2	PA
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	Tier 3	PA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	Tier 2	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 1	PA
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	Tier 1	PA
GILENYA ORAL CAPSULE 0.25 MG	Tier 3	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Glatopa)	Tier 1	PA

Drug	Status	Notes
GLATOPA SUBCUTANEOUS SYRINGE (glatiramer) 20 MG/ML, 40 MG/ML	Tier 1	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 2	PA
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	Tier 3	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 2	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 2	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 2	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	Tier 3	PA
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	Tier 3	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 2	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 2	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	PA

Drug	Status	Notes
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	Tier 1	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 2	PA
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 1	PA
FIRDAPSE ORAL TABLET 10 MG	Tier 3	PA
<b>Amyotrophic Lateral Sclerosis Agents</b>		
<i>edaravone intravenous solution 30 mg/100 ml</i> (Radicava)	Tier 1	PA
<i>edaravone intravenous solution 60 mg/100 ml</i>	Tier 1	PA
RADICAVA INTRAVENOUS SOLUTION (edaravone) 30 MG/100 ML	Tier 3	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 3	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 3	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 3	PA
<b>Anti-Cd19 (B Lymphocyte) Monoclonal Antibody</b>		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	PA
<b>Genetic Disorder Therapy - Hdac Inhibitor</b>		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 3	PA
<b>Glypromate (Gpe) Analogs</b>		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 3	PA
<b>Heat Shock Protein (Hsp) Modulating Agents</b>		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 2	PA
<b>Leukocyte Adhesion Inhib,Alpha4- Mediat Igg4k Mc Ab</b>		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 3	PA

Drug	Status	Notes
<b>Metabolic Disease Enzyme Replacement, Batten Disease</b>		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	Tier 3	PA
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML	Tier 3	PA
<b>Metabolic Disease Enzyme Replacement, Moco</b>		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 3	PA
<b>Movement Disorders(Drug Therapy)</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 2	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 2	PA
AUSTEDO XR TITRATION KIT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 2	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 2	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 2	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 2	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)</i>	Tier 1	PA
<b>Nuclear Factor Erythroid 2-Rel. Factor 2 Activator</b>		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 3	PA
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
<b>Sphingosine 1-Phosphate (S1p) Receptor Modulator</b>		
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 3	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 3	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 3	PA
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		

Drug	Status	Notes
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	Tier 1	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 1	
Q-CARE RX Q2 KIT 0.12 %	Tier 3	
Q-CARE RX Q4 KIT 0.12 %	Tier 3	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	
<b>Keratinocyte Growth Factor (Kgf)</b>		
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	Tier 3	
<b>Nose Preparations, Miscellaneous (Rx)</b>		
<i>cocaine nasal solution 4 %</i> (Numbrino)	Tier 1	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 % (cocaine)	Tier 1	
<b>Periodontal Collagenase Inhibitors</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<b>Other Drugs</b>		
<b>Abortifacient, Progesterone Receptor Antagonist-Typ</b>		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	
<b>Agents For Stomatological Use</b>		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 3	
<b>Antivenins</b>		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 3	
<b>Appetite Stim. For Anorexia, Cachexia, Wasting Synd.</b>		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
<b>Blood Collection Set With Local Anesthetics</b>		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	

Drug	Status	Notes
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %- 2.5 %	Tier 3	
<b>Blood Testing Preparations,In-Vitro</b>		
COAGUCHEK XS	Tier 3	
<b>Cardioplegic Solutions</b>		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM), 60 MEQ/830 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	

Drug	Status	Notes
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 3	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 1	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 1	
<i>cardioplegic soln perfusion solution 16 (Plegisol) meq/l (= k+)</i>	Tier 1	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 1	
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L	Tier 3	
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
<b>Cholinesterase Reactivat.&amp;Muscarinic Antg.Antidote</b>		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
<b>Cholinesterase Reactivating,Organophos. Antidotes</b>		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
<b>Conception Assistance Supplies</b>		
CONCEPTION KIT	Tier 3	
<b>Condoms</b>		
AIMSCO LATEX CONDOM DEVICE	\$0 COPAY	
DUREX AIR CONDOM DEVICE	\$0 COPAY	
DUREX AVANTI BARE REAL FEEL	\$0 COPAY	
DUREX EXTRA SENSITIVE CONDOM DEVICE	\$0 COPAY	
DUREX TROPICAL CONDOM DEVICE	\$0 COPAY	
FANTASY CONDOM DEVICE	\$0 COPAY	
FC2 FEMALE CONDOM	\$0 COPAY	
KIMONO LUBRICATED CONDOMS DEVICE	\$0 COPAY	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
KIMONO MICROTHIN AQUA LUBE CON DEVICE	\$0 COPAY	
KIMONO MICROTHIN CONDOMS DEVICE	\$0 COPAY	
KIMONO MICROTHIN LARGE CONDOMS DEVICE	\$0 COPAY	
KIMONO TEXTURED CONDOMS DEVICE	\$0 COPAY	
KIMONO THIN LUBRICATED CONDOMS DEVICE	\$0 COPAY	
TROJAN BARESKIN DEVICE	\$0 COPAY	
TROJAN EXTENDED PLEASURE DEVICE	\$0 COPAY	
TROJAN PLEASURE PACK DEVICE	\$0 COPAY	
TROJAN ULTRA RIBBED CONDOM DEVICE	\$0 COPAY	
TROJAN ULTRA THIN DEVICE	\$0 COPAY	
TRUE COVER CONDOM DEVICE	\$0 COPAY	
TRUSTEX LATEX CONDOM DEVICE	\$0 COPAY	
TRUSTEX LUBRICATED CONDOMS DEVICE	\$0 COPAY	
TRUSTEX NON-LUB CONDOMS DEVICE	\$0 COPAY	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	\$0 COPAY	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	\$0 COPAY	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	\$0 COPAY	
<b>Cryopreservative Agents</b>		
CRYOSERV SOLUTION 99 %	Tier 3	
<b>Diagnostic Test Devices And Supplies</b>		
<i>eva patient assessment</i>	Tier 3	
<b>Diluent Solutions</b>		
<i>diluent for decitabine intravenous solution</i>	Tier 1	
<i>diluent for melphalan intravenous solution 10 ml</i>	Tier 1	
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 3	
<i>diluent, carmustine (ethanol) intravenous solution</i> (Diluent for BiCNU)	Tier 1	
<i>diluent, romidepsin (prop gly) intravenous solution 2.2 ml</i> (Diluent For Istodax)	Tier 1	

Drug	Status	Notes
<i>diluent, voretigene neparvovec subretinal solution</i>	Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
<b>Drugs To Treat Hereditary Tyrosinemia</b>		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	Tier 1	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 2	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 2	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 2	PA
<b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>		
CERDELGA ORAL CAPSULE 84 MG	Tier 2	
<i>miglustat oral capsule 100 mg</i> (Yargesa)	Tier 1	PA
OPFOLDA ORAL CAPSULE 65 MG	Tier 3	PA
YARGESA ORAL CAPSULE 100 MG (miglustat)	Tier 1	PA
<b>Environment Allergens And Irritants, Other</b>		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED	Tier 3	
<b>General Anesthetics - Benzodiazepine, Injectable</b>		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
<b>General Anesthetics,Inhalant</b>		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 1	
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 1	
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 % (desflurane)	Tier 3	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 1	
<b>General Inhalation Agents</b>		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	

Drug	Status	Notes
sodium chloride inhalation solution for nebulization 0.9 %, 10 %	Tier 1	
sodium chloride inhalation solution for nebulization 3 % (NebuSal)	Tier 1	
sodium chloride inhalation solution for nebulization 7 % (Hyper-Sal)	Tier 1	
<b>Homeopathic Drugs</b>		
AURUMHEEL ORAL DROPS	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 3	
CRALONIN ORAL DROPS	Tier 3	
EYE ORAL TABLET,SOLUBLE	Tier 3	
LAMIOFLUR ORAL DROPS	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 3	
POPULUS COMPOSITUM ORAL DROPS	Tier 3	
PSORINOHEEL ORAL DROPS	Tier 3	
RENEEL ORAL TABLET,SOLUBLE	Tier 3	
SABAL-HOMACCORD ORAL DROPS	Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
<b>Intra-Uterine Devices (IUD's)</b>		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	\$0 COPAY	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0 COPAY	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	\$0 COPAY	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	\$0 COPAY	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	\$0 COPAY	
<b>Medical Imaging Supplies</b>		
ECOVUE HV ULTRASOUND GEL TOPICAL GEL	Tier 3	

Drug	Status	Notes
ECOVUE ULTRASOUND GEL TOPICAL GEL	Tier 3	
<b>Metabolic Deficiency Agents</b>		
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Tier 1	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 3	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 1	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 1	
<b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 2	PA
<b>Metabolic Dx Enzyme Replace, Mucopolysaccharidosis</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	Tier 3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	Tier 3	
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	Tier 3	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	Tier 3	PA
<b>Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.</b>		
REVCОВI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 3	PA
<b>Metallic Poison,Agents To Treat</b>		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
CUVRIOR ORAL TABLET 300 MG	Tier 3	PA
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	Tier 1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 1	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 1	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	Tier 1	PA
<i>deferoxamine injection recon soln 2 gram</i>	Tier 1	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Tier 1	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	

Drug	Status	Notes
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 1	PA
<i>trientine oral capsule 500 mg</i>	Tier 1	PA
WILZIN ORAL CAPSULE 25 MG (ZINC)	Tier 3	
<b>Muscarinic Receptor Antagonists</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
<b>Needles/Needleless Devices</b>		
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	
HALO VIAL CONVERTER DEVICE 13 MM	Tier 3	
UNIFINE PROTECT NEEDLE 30 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
UNIFINE SAFECONTROL NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
<b>Neuromuscular Blocking Agents</b>		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	Tier 3	PA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	Tier 3	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	Tier 3	PA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	Tier 3	PA
<b>Ointment/Cream Bases</b>		
RADIAGEL TOPICAL GEL	Tier 3	
<b>Ophthalmic Vegf-A And Ang-2 Inhib, Bispecific Ab</b>		

Drug	Status	Notes
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	Tier 3	PA
<b>Oral Lipid Supplements</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 3	PA
<b>Oral Mucositis/Stomatitis Agents</b>		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
<b>Protein Replacement</b>		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	Tier 2	PA
<b>Saliva Stimulant Agents</b>		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
<b>Saliva Substitute Agents</b>		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
<b>Sexual Dysfunction Devices</b>		
RAPPORT VACUUM THERAPY KIT	Tier 3	
<b>Skin Tissue Replacement</b>		
APLIGRAF TOPICAL DISK	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 3	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM	Tier 3	

Drug	Status	Notes
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 3	
<b>Solvents</b>		
ALCOHOL, RUBBING SOLUTION 70 % (isopropyl alcohol)	Tier 3	
DY-O-DERM SOLUTION (isopropyl alcohol)	Tier 3	
INSTACLEAN SOLUTION (isopropyl alcohol)	Tier 3	
<i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)	Tier 3	
<i>isopropyl alcohol solution 91 %, 99 %</i>	Tier 3	
MURI-LUBE OIL	Tier 3	
<b>Somatostatic Agents</b>		
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml, 60 mg/0.2 ml, 90 mg/0.3 ml</i> (Somatuline Depot)	Tier 1	PA
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	Tier 3	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 1	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 1	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 1	
<i>octreotide, microspheres intramuscular suspension, extended rel recon 20 mg, 30 mg</i> (Sandostatin LAR Depot)	Tier 1	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG	Tier 3	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 20 MG, 30 MG (octreotide, microspheres)	Tier 3	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 3	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML (lanreotide)	Tier 2	PA
<b>Support Hosiery</b>		
T.E.D. ANTI-EMBOLISM STOCKING	Tier 3	
T.E.D. KNEE LENGTH-M-LONG	Tier 3	

Drug	Status	Notes
T.E.D. KNEE LENGTH-S-REGULAR	Tier 3	
<b>Surfactants</b>		
IV SOLN STABILIZER-IMDELLTRA INTRAVENOUS SOLUTION	Tier 3	
<b>Suspending Agents</b>		
GELFILM IMPLANT FILM	Tier 3	
<i>hydroxypropyl cellulose powder</i>	Tier 3	
<b>Tissue/Wound Adhesives</b>		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 3	
<b>Urine Acetone Test Aids</b>		
KETONE CARE STRIP	Tier 3	
KETONE URINE TEST STRIP	Tier 3	
KETOSTIX STRIP	Tier 3	
TRUEPLUS KETONE STRIP	Tier 3	
<b>Urine Multiple Test Aids</b>		
CHEMSTRIP (CALIBRATION) STRIP	Tier 3	
<b>Vehicles</b>		
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	
GEL VEHICLE FOR NEXOBRID TOPICAL GEL	Tier 3	
<b>Water</b>		
BACTERIOSTATIC WATER-OGIVRI INJECTION SOLUTION	(water for inject, bacteriostat)	Tier 1
<b>Wound Healing Agents, Local</b>		
FILSUVEZ TOPICAL GEL 10 %	Tier 3	PA
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
<i>pirfenidone oral capsule 267 mg</i>	(Esbriet)	Tier 1
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	(Esbriet)	Tier 1
<i>pirfenidone oral tablet 534 mg</i>		Tier 1
<b>Cystic Fib. Transmemb Conduct.Reg.(Cftr)Potentiator</b>		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 2	PA



Drug	Status	Notes
KALYDECO ORAL TABLET 150 MG	Tier 2	PA
<b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 2	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 2	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 2	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 2	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 2	PA
<b>Lung Surfactants</b>		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
<b>Mucolytics</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 2	PA
<b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 2	PA
<b>Pain Management - Analgesics</b>		
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	

Drug	Status	Notes
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 1	
<b>Analgesic, Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	Tier 1	
<b>Analgesic, Non-Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
butalbital-acetaminophen-caff oral capsule 50-300-40 mg (Fioricet)	Tier 1	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	Tier 1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg (Esgic)	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Tier 1	
<b>Analgesic/Antipyretics, Salicylates</b>		
aspirin oral tablet 325 mg (Bayer Aspirin)	\$0 COPAY	
aspirin oral tablet, delayed release (dr/ec) 325 mg (Bayer Aspirin)	\$0 COPAY	
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	\$0 COPAY	
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	\$0 COPAY	
choline, magnesium salicylate oral liquid 500 mg/5 ml	Tier 1	
diflunisal oral tablet 500 mg	Tier 1	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	\$0 COPAY	
salsalate oral tablet 500 mg, 750 mg (Disalcid)	Tier 1	
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
<b>Analgesics, Neuronal-Type Calcium Channel Blockers</b>		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML	Tier 3	
<b>Analgesics, Non-Narcotics</b>		
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml) (Duraclon (PF))	Tier 1	
clonidine (pf) epidural solution 5,000 mcg/10 ml	Tier 1	

Drug	Status	Notes
<b>Analgesics,Narcotics</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	Tier 1	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone (pf))	Tier 3	
<i>fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i>	Tier 1	
<i>fentanyl (pf)-bupivacaine-nacl epidural syringe 1.5 mcg/ml- 0.125 %, 2 mcg/ml- 0.125 %</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	

Drug	Status	Notes
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%, 100 mcg/50 ml (2mcg/ml)-0.15%</i>	Tier 1	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml</i> (Dilaudid (PF))	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)

Drug	Status	Notes
<i>methadone injection solution 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL (methadone) CONCENTRATE 10 MG/ML	Tier 1	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 1	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg</i> (Methadose)	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET, SOLUBLE (methadone) 40 MG	Tier 1	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	PA
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>	Tier 1	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 1	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	

Drug	Status	Notes
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 3	QL (6 EA per 1 day)
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	Tier 1	
<i>oxycodone oral tablet, oral only 15 mg, 30 mg, 5 mg</i> (RoxyBond)	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg</i> (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)

Drug	Status	Notes
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone)	Tier 3	
<i>tramadol oral solution 5 mg/ml</i> (Qdolo)	Tier 1	PA
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
<b>Antimigraine Preparations</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA

Drug	Status	Notes
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 2	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non- aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 2	PA



Drug	Status	Notes
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 3	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 3	PA
<i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i> (Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)

Drug	Status	Notes
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
<b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA
<b>Narc. &amp; Non-Sal. Analgesic, Barbiturate &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminop-caff-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caff-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<b>Narcotic &amp; Salicylate Analgesics, Barb. &amp; Xanthine</b>		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-bitalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	Tier 3	ST: Requires prior prescription for generic Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)

Drug	Status	Notes
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> (Apadaz)	Tier 1	ST: Requires prior prescription for generic Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	Tier 1	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
<b>Narcotic Withdrawal Therapy Agents</b>		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.36 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.32 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.48 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.64 ML per 5 days)

Drug	Status	Notes
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.18 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.16 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.27 ML per 21 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 COPAY	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film (Suboxone) 12-3 mg, 8-2 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film (Suboxone) 2-0.5 mg, 4-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	\$0 COPAY	QL (3 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	Tier 3	PA
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
<b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>		
<i>lofexidine oral tablet 0.18 mg (Lucemyra)</i>	Tier 1	PA
<b>Skeletal Muscle Relaxant,Salicylate,Narc Analgesic</b>		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism Drugs,Anticholinergic</b>		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
<b>Antiparkinsonism Drugs,Other</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	Tier 1	PA
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	Tier 1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	Tier 1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 3	PA
<i>entacapone oral tablet 200 mg</i>	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG	Tier 3	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 3	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 2	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	

Drug	Status	Notes
<i>pramipexole oral tablet extended release</i> 24 hr 0.375 mg, 0.75 mg, 4.5 mg	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>pramipexole oral tablet extended release</i> (Mirapex ER) 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 1	QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST: Prior prescription for generic carbidopa/levodopa ER within the past 120 days.; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 1	ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 3	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
<b>Decarboxylase Inhibitors</b>		

Drug	Status	Notes
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
<b>Anticonvulsant - Cannabinoid Type</b>		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 2	ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid within the past 365 days
<b>Anticonvulsants</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	QL (2 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 1	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	Tier 1	

Drug		Status	Notes
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	(carbamazepine)	Tier 2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	(divalproex)	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	(divalproex)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	(divalproex)	Tier 2	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		Tier 3	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		Tier 3	PA
DILANTIN EXTENDED ORAL CAPSULE 100 MG	(phenytoin sodium extended)	Tier 2	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	(phenytoin)	Tier 2	
DILANTIN ORAL CAPSULE 30 MG		Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	(phenytoin)	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	(Depakote Sprinkles)	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	(Depakote ER)	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	(Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG	(carbamazepine)	Tier 1	
EPRONTIA ORAL SOLUTION 25 MG/ML		Tier 3	PA
<i>ethosuximide oral capsule 250 mg</i>	(Zarontin)	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	(Zarontin)	Tier 1	
<i>felbamate oral suspension 600 mg/5 ml</i>		Tier 1	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i>	(Felbatol)	Tier 1	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i>	(Felbatol)	Tier 1	QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML		Tier 3	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		Tier 2	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG		Tier 2	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG		Tier 2	QL (120 EA per 30 days)



Drug	Status	Notes
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 2	QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 1	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 1	
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	Tier 1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	Tier 1	QL (2 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	Tier 1	
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	Tier 1	
<i>lamotrigine oral tablet,disintegrating 100 mg</i> (Lamictal ODT)	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 200 mg</i> (Lamictal ODT)	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i> (Lamictal Starter (Blue) Kit)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)</i> (Lamictal Starter (Orange) Kit)	Tier 1	
<i>lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)</i> (Lamictal Starter (Green) Kit)	Tier 1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Tier 1	
<i>methsuximide oral capsule 300 mg</i> (Celontin)	Tier 1	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i> (Oxtellar XR)	Tier 1	QL (1 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i> (Oxtellar XR)	Tier 1	QL (4 EA per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	Tier 2	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 1	
<i>phenytoin oral tablet,chewable 50 mg</i> (Dilantin Infatabs)	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Tier 1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	Tier 1	
<i>primidone oral tablet 125 mg</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Tier 1	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Tier 1	QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	Tier 1	QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	Tier 1	QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 3	PA
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Tier 2	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	QL (4 EA per 1 day)

Drug	Status	Notes
tiagabine oral tablet 16 mg	Tier 1	QL (3 EA per 1 day)
topiramate oral capsule, sprinkle 15 mg, 25 mg (Topamax)	Tier 1	
topiramate oral capsule, extended release 24hr 100 mg, 200 mg (Trokendi XR)	Tier 1	QL (2 EA per 1 day)
topiramate oral capsule, extended release 24hr 25 mg (Trokendi XR)	Tier 1	QL (8 EA per 1 day)
topiramate oral capsule, extended release 24hr 50 mg (Trokendi XR)	Tier 1	QL (4 EA per 1 day)
topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg (Qudexy XR)	Tier 1	QL (1 EA per 1 day)
topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg (Qudexy XR)	Tier 1	QL (2 EA per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Topamax)	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
vigabatrin oral powder in packet 500 mg (Vigadrone)	Tier 1	PA
vigabatrin oral tablet 500 mg (Vigadrone)	Tier 1	PA
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 1	PA
VIGADRONE ORAL TABLET 500 MG (vigabatrin)	Tier 1	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 3	PA
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 1	PA
VIMPAT ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14)	Tier 2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 2	QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 3	PA
zonisamide oral capsule 100 mg, 25 mg (Zonegran)	Tier 1	
zonisamide oral capsule 50 mg	Tier 1	

Drug	Status	Notes
<b>Neuroactive Steroid Gaba-A Receptor Modulator</b>		
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 3	PA
<b>Skeletal Muscle Disorder</b>		
<b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>		
<i>dichlorphenamide oral tablet 50 mg</i> (Ormalvi)	Tier 1	PA
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 2	PA
ORMALVI ORAL TABLET 50 MG (dichlorphenamide)	Tier 1	PA
<b>Joint Contracture Therapy, Collagenase Enzyme</b>		
XIAFLEX INJECTION RECON SOLN 0.9 MG	Tier 3	
<b>Retinoic Acid Receptor (Rar) Agonists</b>		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 3	PA
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i> (Ozobax DS)	Tier 1	PA
<i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)	Tier 1	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> (Fleqsuvy)	Tier 1	PA
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 1	QL (4 EA per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>dantrolene oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	Tier 1	QL (3 EA per 1 day)
<i>dantrolene oral capsule 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>metaxalone oral tablet 400 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)	Tier 1	QL (8 EA per 1 day)

Drug	Status	Notes
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	Tier 1	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	Tier 1	QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 1	QL (9 EA per 1 day)
<b>Smoking Cessation</b>		
<b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>		
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 COPAY	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>		
<i>varenicline oral tablet 0.5 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline oral tablet 1 mg</i> (Chantix)	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)

Drug	Status	Notes
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<b>Smoking Deterrents, Other</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<b>Upper Gastrointestinal Disorders - Digestive</b>		
<b>Gastric Enzymes</b>		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 3	PA
<b>Pancreatic Enzymes</b>		
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 3	
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 2	
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
<b>Belladonna Alkaloids</b>		
ED-SPAZ ORAL TABLET, DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Tier 1	

Drug	Status	Notes
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	Tier 1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 3	
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>		
<b>Anticholinergics, Quaternary Ammonium</b>		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Tier 1	
DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG	Tier 3	ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF)	Tier 1	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	Tier 1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	Tier 1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	Tier 1	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate (pf))	Tier 3	
<b>Anti-Ulcer Preparations</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 1	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 1	



Drug	Status	Notes
<b>Anti-Ulcer-H.Pylori Agents</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	Tier 1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 3	PA
<b>Histamine H2-Receptor Inhibitors</b>		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
<b>Intestinal Motility Stimulants</b>		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 3	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 1	
<b>Potassium-Competitive Acid Blockers (Pcabs)</b>		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA
<b>Proton-Pump Inhibitors</b>		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i> (Dexilant)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	\$0 COPAY	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	\$0 COPAY	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	\$0 COPAY	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	\$0 COPAY	QL (2 EA per 1 day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	\$0 COPAY	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> (Prevacid)	\$0 COPAY	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	\$0 COPAY	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	\$0 COPAY	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	\$0 COPAY	ST: Requires prior prescription for Omeprazole, Pantoprazole caps/tabs, or Prilosec Suspension within the past 120 days
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	\$0 COPAY	

Drug	Status	Notes
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	\$0 COPAY	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	\$0 COPAY	QL (1 EA per 1 day)
<b>Urinary Tract - Functional Disorders</b>		
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 1	
<b>Bph Agents, 5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 1	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
<b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 3	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 2	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 2	PA
<b>Endothelin-Angiotensin Receptor Antagonist</b>		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 3	PA
<b>Kidney Stone Agents</b>		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 2	
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 1	
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i> (Thiola EC)	Tier 1	

Drug	Status	Notes
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	Tier 2	
MYRBETRIQ ORAL TABLET (mirabegron) EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 1	QL (1 EA per 1 day)
<b>Oxalosis Agent - Oxalate Inhibitor, Sirna Based</b>		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 3	PA
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 3	PA
<b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 2	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 2	PA
<b>Urinary Ph Modifiers</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (sodium citrate-citric acid)	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
<b>Urinary Tract Analgesic Agents</b>		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
<b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>		

Drug	Status	Notes
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
<b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 1	
<b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	Tier 1	QL (1 EA per 1 day)
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 1	
<i>tropium oral capsule,extended release 24hr 60 mg</i>	Tier 1	
<i>tropium oral tablet 20 mg</i>	Tier 1	
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: At least 2 prior prescriptions for Clindamycin vaginal cream, Metronidazole vaginal gel, Tinidazole, or Vandazole gel within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 3	ST: Requires prior prescription for Clindamycin vaginal cream within the past 120 days
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram)	Tier 1	

Drug	Status	Notes
<i>metronidazole vaginal gel 1.3 % (65 mg/5 gram)</i> (Nuessa)	Tier 1	
NUESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 3	
<b>Vaginal Antifungals</b>		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
<b>Vaginal Antiseptics</b>		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 3	
<b>Vaginal Estrogen For Sexual Dysfunction</b>		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days)
<b>Vaginal Estrogen Preparations</b>		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	Tier 1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 1	
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Fluoride Preparations</b>		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	

Drug	Status	Notes
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i> (Sodium Fluoride 5000 Dry Mouth)	Tier 1	
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i> (SoluVita)	\$0 COPAY	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride)	\$0 COPAY	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	
FRAICHE 5000 KIDS PLUS DENTAL GEL 1.1-4 %	Tier 3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Denta 5000 Plus Sensitive)	Tier 1	
<b>Folic Acid Preparations</b>		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0 COPAY	
<b>Iron Replacement</b>		
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML	Tier 1	
INJECTAFER INTRAVENOUS SOLUTION 50 MG IRON/ML	Tier 3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 3	

Drug	Status	Notes
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 3	
<b>Multivitamin Preparations</b>		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG- 265 MG	Tier 1	
<b>Prenatal Vitamin Preparations</b>		
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	Tier 3	
MYNATAL ADVANCE ORAL TABLET 90- 1-50 MG	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Tier 1	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	Tier 3	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 1	
PRENAISSANCE ORAL CAPSULE 29- 1.25-55-325 MG	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 1	



Drug	Status	Notes
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG	Tier 3	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 1	
<b>Vitamin B Preparations</b>		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	
<b>Vitamin B1 Preparations</b>		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
<b>Vitamin B12 Preparations</b>		
<i>cyanocobalamin (vitamin b-12) injection (Dodex) solution 1,000 mcg/ml</i>	Tier 1	
DODEX INJECTION SOLUTION 1,000 (cyanocobalamin (vitamin MCG/ML b-12))	Tier 1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 1	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 1	
<b>Vitamin B6 Preparations</b>		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
<b>Vitamin C Preparations</b>		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	Tier 3	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
<b>Vitamin D Preparations</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml (Rocaltrol)</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule (Vitamin D2) 1,250 mcg (50,000 unit)</i>	Tier 1	
VITAMIN D2 ORAL CAPSULE 1,250 (ergocalciferol (vitamin MCG (50,000 UNIT) d2))	Tier 1	
<b>GLP-1 Cardiovascular Events (MACE)</b>		
<b>Glucagon-Like Peptide-1 Recep Agonist</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 2	PA; COVERED FOR CARDIOVASCULAR RISK REDUCTION ONLY. EXCLUDED FOR WEIGHT LOSS.

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