

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), 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
AGE	Age Restriction	Coverage depends upon member age
PA	Prior Authorization	Requires specific physician request and clinical criteria be met for prescription to be covered
QL	Quantity Limit	Prescription quantity limits for specific drugs and/or time period needed for coverage
ST	Step Therapy	Coverage requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug
SP	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 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 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

Formulary exclusions and their preferred alternatives are listed after the index at the end of the document.

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
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED
Allergenic Extracts, Therapeutics		
<i>all ext-cal pepper tree pollen injection solution 1 :20</i>	Tier 3	
<i>all ext-weed pol-sheep sorrel injection solution 1 :20</i>	Tier 3	
<i>all xt-weed pol-russian thistl injection solution 1:20</i>	Tier 3	
<i>all.xt,kblue-june grass pollen injection solution 100,000 bau/ml</i>	Tier 3	
<i>aller ext-alternaria alternata injection solution 1:20</i>	Tier 3	
<i>aller ext-alternaria alternata injection solution 36,000 unit/ml</i>	Tier 1	
<i>aller ext-american cockroach injection solution 1:20</i>	Tier 3	
<i>aller ext-spiny pigweed pollen injection solution 1:20</i>	Tier 3	
<i>aller ext-tree poll,red cedar injection solution 1:20</i>	Tier 3	
<i>aller ext-tree pollen,am elm injection solution 1:20</i>	Tier 3	
<i>aller ext-tree pollen,bayberry injection solution 1:20</i>	Tier 3	
<i>aller ext-tree pollen,mesquite injection solution 1:20</i>	Tier 3	
<i>aller ext-weed pollen-kochia injection solution 1:20</i>	Tier 3	
<i>aller xt-shagbark hickory poll injection solution 1:20</i>	Tier 3	
<i>aller xt-tree pol,e.cottonwood injection solution 1:20</i>	Tier 3	
<i>aller xt-tree pollen,box elder injection solution 1:20</i>	Tier 3	
<i>aller xt-tree pollen,hackberry injection solution 1 :20</i>	Tier 3	
<i>aller xt-tree pollen,red birch injection solution 1:20</i>	Tier 3	
<i>aller xt-tree pollen,white ash injection solution 1:20</i>	Tier 3	
<i>aller xt-tree pollen-melaleuca injection solution 1:20</i>	Tier 3	
<i>aller xt-tree pollen-white oak injection solution 1:20</i>	Tier 3	
<i>aller xt-weed pollen-cocklebur injection solution 1:20</i>	Tier 3	
<i>aller xt-weed pollen-goldenrod injection solution 1:20</i>	Tier 3	
<i>aller xt-weed pollen-sagebrush injection solution 1:20</i>	Tier 3	
<i>aller xt-weed poll-yellow dock injection solution 1:20</i>	Tier 3	
<i>allerg ex,grass pollen-bermuda injection solution 10,000 bau/ml</i>	Tier 3	
<i>allerg ex,grass pollen-orchard injection solution 100,000 bau/ml</i>	Tier 3	
<i>allerg ex-grass pollen-johnson injection solution 1:20</i>	Tier 3	
<i>allerg ext,grass pollen-redtop injection solution 100,000 bau/ml</i>	Tier 3	
<i>allerg ext-acremonium strictum injection solution 53,000 unit/ml, 94,000 unit/ml</i>	Tier 3	

Drug	Status	Notes
<i>allerg ext-black walnut pollen injection solution 1:20</i>	Tier 3	
<i>allerg ext-grass,perennial rye injection solution 100,000 bau/ml</i>	Tier 3	
<i>allerg ext-penicillium notatum injection solution 1:20 , 31,000 unit/ml</i>	Tier 1	
<i>allerg ext-tall ragweed pollen injection solution 1:20</i>	Tier 3	
<i>allerg ext-tree pollen-acacia injection solution 1:20</i>	Tier 3	
<i>allerg ext-tree pollen-alder injection solution 1:20</i>	Tier 3	
<i>allerg ext-tree pollen-red oak injection solution 1:20</i>	Tier 3	
<i>allerg ext-tree poll-jun, west injection solution 1:20</i>	Tier 3	
<i>allerg ext-tree poll-red maple injection solution 1:20</i>	Tier 3	
<i>allerg ext-weed pollen-mugwort injection solution 1:20</i>	Tier 3	
<i>allerg ex-weed pol-rgh pigweed injection solution 1:20</i>	Tier 3	
<i>allerg xt,d.farinae-d.pteronys injection solution 5,000-5,000 unit/ml</i>	Tier 3	
<i>allerg xt,grass pollen-timothy injection solution 100,000 bau/ml</i>	Tier 3	
<i>allerg xt,grass-meadow fescue injection solution 100,000 bau/ml</i>	Tier 3	
<i>allerg xt-sheep sor,yellw dock injection solution 1:20</i>	Tier 3	
<i>allerg xt-tree poll-elm, cedar injection solution 1:20</i>	Tier 3	
<i>allerg xt-weed poll-dog fennel injection solution 1 :20</i>	Tier 3	
<i>allerg xt-white birch pollen injection solution 1:20</i>	Tier 3	
<i>allerg xt-white pine pollen injection solution 1:20</i>	Tier 3	
<i>allergen ext-amer beech pollen injection solution 1:20</i>	Tier 3	
<i>allergen ext-aspergillus fumig injection solution 1:20</i>	Tier 1	
<i>allergen ext-aspergillus fumig injection solution 8,000 unit/ml</i>	Tier 3	
<i>allergen ext-aureoba.pullulans injection solution 1:20 , 51,000 unit/ml</i>	Tier 1	
<i>allergen ext-aureoba.pullulans injection solution 36,000 unit/ml</i>	Tier 3	
<i>allergen ext-botrytis cinerea injection solution 1:20 , 43,000 unit/ml</i>	Tier 3	
<i>allergen ext-c.cladosporioides injection solution 1:20 , 64,000 unit/ml</i>	Tier 3	
<i>allergen ext-candida albicans injection solution 1:1000</i>	Tier 3	
<i>allergen ext-cattle epithelium injection solution 1:20</i>	Tier 3	
<i>allergen ext-crop pollen-corn injection solution 1:20</i>	Tier 3	
<i>allergen ext-english plantain injection solution 1:20</i>	Tier 3	
<i>allergen ext-german cockroach injection solution 1 :20</i>	Tier 3	
<i>allergen ext-olive tree pollen injection solution 1:20</i>	Tier 3	

Drug	Status	Notes
<i>allergen ext-rabbit epithelium injection solution 1:10 , 1:20</i>	Tier 3	
<i>allergen extract-s. cerevisiae injection solution 1:20</i>	Tier 1	
<i>allergen ext-t. mentagrophytes injection solution 1:20</i>	Tier 3	
<i>allergen ext-tree pollen,pecan injection solution 1:20</i>	Tier 3	
<i>allergen xt-am.sycamore pollen injection solution 1:20</i>	Tier 3	
<i>allergen xt-grass pollen-bahia injection solution 1:20</i>	Tier 3	
<i>allergen xt-grass pollen-brome injection solution 1:20</i>	Tier 3	
<i>allergen xt-grass pollen-quack injection solution 1:10</i>	Tier 3	
<i>allergen xt-mite,d. pteronyssin injection solution 10,000 unit/ml</i>	Tier 3	
<i>allergen xt-queen palm pollen injection solution 1 :20</i>	Tier 3	
<i>allergen xt-virginia live oak injection solution 1:20</i>	Tier 3	
<i>allergenic ex-horse epithelium injection solution 1 :10, 1:20</i>	Tier 3	
<i>allergenic ext, mixed feathers injection solution 1:20</i>	Tier 3	
<i>allergenic ext-dog epithelium injection solution 1:10 , 1:20</i>	Tier 3	
<i>allergenic ext-grass pollen injection solution 100,000 bau/ml</i>	Tier 1	
<i>allergenic ext-mite, d farinae injection solution 10,000 unit/ml</i>	Tier 3	
<i>allergenic ext-mixed ragweed injection solution 1:20</i>	Tier 3	
<i>allergenic ext-mucor plumbeus injection solution 1:20 , 30,000 unit/ml</i>	Tier 3	
<i>allergenic ext-mucor plumbeus injection solution 57,000 unit/ml</i>	Tier 1	
<i>allergenic extract-alfalfa injection solution 1:20</i>	Tier 1	
<i>allergenic extract-cockroach injection solution 1:20</i>	Tier 3	
<i>allergenic extract-corn smut injection solution 1:20</i>	Tier 3	
<i>allergenic extract-fire ant injection solution 1:10 , 1:20</i>	Tier 3	
<i>allergenic extract-guinea pig injection solution 1:20</i>	Tier 1	
<i>allergenic extract-mosquito injection solution 1:100</i>	Tier 3	
<i>allergenic extract-weed pollen injection solution 1:20</i>	Tier 1	
<i>allergenic ext-tree pollen injection solution 1:20</i>	Tier 1	
<i>allergenic xt-epicoccum nigrum injection solution 1:20</i>	Tier 1	
<i>allergenic xt-epicoccum nigrum injection solution 27,000 unit/ml</i>	Tier 3	
<i>allergenic xt-mouse epithelium injection solution 1:20</i>	Tier 3	
<i>allergen-weed-lambsquarters injection solution 1:20</i>	Tier 3	
<i>allergn ext-mount.cedar pollen injection solution 1:20</i>	Tier 3	
<i>allergn xt-red mulberry pollen injection solution 1:20</i>	Tier 3	

Drug	Status	Notes
<i>allergn xt-wht mulberry pollen injection solution 1:20</i>	Tier 3	
<i>cat hair std allergenic ext injection solution 10,000 bau/ml</i>	Tier 3	
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Tier 2	PA
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	Tier 2	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
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 2	PA
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	Tier 2	PA
PALFORZIA INITIAL (4-17 YRS) 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
<i>std grass pollen-sweet vernal injection solution 100,000 bau/ml</i>	Tier 3	
<i>tree pollen-arizona cypress injection solution 1:20</i>	Tier 3	
<i>tree pollen-bald cypress injection solution 1:20</i>	Tier 3	
<i>tree pollen-privet injection solution 1:20</i>	Tier 3	
<i>tree pollen-sweet gum injection solution 1:20</i>	Tier 3	
<i>weed pollen-carelessweed injection solution 1:40</i>	Tier 3	
<i>weed pollen-short ragweed injection solution 1:20</i>	Tier 3	

Drug	Status	Notes
<i>weed pollen-true marsh elder injection solution 1:20</i>	Tier 3	
<i>weed pollen-western ragweed injection solution 1:20</i>	Tier 3	
Antihistamines - 1St Generation		
<i>brompheniramine in nacl,iso-os intramuscular solution 10 mg/ml</i>	Tier 1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i>	Tier 1	ST: TRIAL OF IMMEDIATE-RELEASE CARBINOXAMINE MALEATE ORAL SOLUTION REQUIRED.; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
CARBZAH ORAL LIQUID 4 MG/5 ML	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
CLEMSZA ORAL TABLET 2.68 MG	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	Tier 1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	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, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine injection solution 25 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	
Antihistamines - 2Nd Generation		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: TRIAL OF DESLORATADINE OR LEVOCETIRIZINE TABLET REQUIRED.
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST: TRIAL OF DESLORATADINE TABLET, LEVOCETIRIZINE TABLET, OR CETIRIZINE SOLUTION IN THE PAST 120 DAYS
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	
Nasal Antihistamine		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	Tier 1	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		

Drug	Status	Notes
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	Tier 1	ST: TRIAL OF FLUTICASONE OR FLUNISOLIDE (NASAL FORMULATION) IN THE PAST 120 DAYS; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
<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>	Tier 1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	Tier 1	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (10.6 GM per 30 days)
SINUVA SINUS IMPLANT 1,350 MCG	Tier 3	PA
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 2	ST: TRIAL OF ONE OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS : MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN THE PAST 120 DAYS; QL (32 ML per 30 days)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: TRIAL OF GENERIC DRONABINOL CAPSULES IN THE PAST 120 DAYS; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	Tier 3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	Tier 3	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 21 FILLS)
ANTIVERT ORAL TABLET,CHEWABLE 25 MG	Tier 3	
APONVIE INTRAVENOUS EMULSION 32 MG/4.4 ML (7.2 MG/ML)	Tier 3	
<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>	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	Tier 1	QL (3 EA per 21 days)
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML)	Tier 2	
BARHEMSYS INTRAVENOUS SOLUTION 5 MG/2 ML (2.5 MG/ML)	Tier 3	

Drug	Status	Notes
CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML)	Tier 3	
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>dimenhydrinate injection solution 50 mg/ml</i>	Tier 1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	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)
FOCINVEZ INTRAVENOUS SOLUTION 150 MG/50 ML (3 MG/ML)	Tier 3	
<i>fosaprepitant intravenous recon soln 150 mg</i>	Tier 1	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	Tier 1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	Tier 1	
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: TRIAL OF ONDANSETRON TABLETS OR ODT REQUIRED.; QL (10 EA per 21 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>meclizine oral tablet, chewable 25 mg</i>	Tier 1	
NEREUS ORAL CAPSULE 85 MG	Tier 3	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	Tier 1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	Tier 1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (150 ML per 21 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>palonosetron intravenous solution 0.25 mg/2 ml</i>	Tier 3	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	Tier 1	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	Tier 1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST: TRIAL OF ONDANSETRON TABLETS OR ODT REQUIRED.; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 1	
SUSTOL SUBCUTANEOUS LIQUID, EXTENDED RELEASE SYRING 10 MG/0.4 ML	Tier 3	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	Tier 3	

Drug	Status	Notes
<i>trimethobenzamide intramuscular solution 100 mg/ml</i>	Tier 1	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 2	QL (2 EA per 14 days)
Asthma And Copd		
Anticholinergic, Orally Inhaled Short Acting		
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	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	Tier 1	QL (30 EA per 30 days)
<i>umeclidinium inhalation blister with device 62.5 mcg/actuation</i>	Tier 1	QL (30 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 3	QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<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>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 1	6.7gm/Pkg
<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	
<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>	Tier 1	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	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)
Beta-Adrenergic And Anticholinergic Combinations		

Drug	Status	Notes
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)
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Tier 2	10.7gm/Pkg; QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 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	Tier 1	QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	Tier 1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	Tier 2	QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	Tier 1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	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	Tier 1	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 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)
Glucocorticoids, Orally Inhaled		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	QL (13 GM per 30 days)

Drug	Status	Notes
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 3	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	Not Covered	QL (120 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)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 2	QL (21.2 GM per 30 days)
Interleukin-4(II-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA
Interleukin-5(II-5) Receptor Alpha Antagonist, Mab		
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
Leukotriene Receptor Antagonists		
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	
<i>montelukast oral tablet 10 mg</i>	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Monoclonal Antibodies To Immunoglobulin E(Ige)		
OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 2	PA
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

Drug	Status	Notes
Monoclonal Antibody - Interleukin-5 Antagonists		
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
Phosphodiesterase-4 (Pde4) Inhibitors		
JASCAYD ORAL TABLET 18 MG, 9 MG	Tier 2	PA; QL (2 EA per 1 day)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Tier 3	PA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	QL (1 EA per 1 day)
Thymic Stromal Lymphopoietin (Tslp) Inhibitors		
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
Xanthines		
<i>aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml</i>	Tier 1	
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
<i>caffeine-sodium benzoate injection solution 250 mg/ml (125 mg/ml caffeine)</i>	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>	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	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN 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>	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: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (28 EA per 28 days)
Alzheimer's Thx, Nmda Recept Antag & Cholines Inhib		

Drug	Status	Notes
<i>memantine-donepezil oral capsule, sprinkle, er 24hr</i> 14-10 mg, 21-10 mg, 28-10 mg	Tier 1	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 7- 10 MG	Tier 2	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
Amyloid Directed Monoclonal Antibody		
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML	Tier 3	PA
LEQEMBI IQLIK SUBCUTANEOUS AUTO- INJECTOR 360 MG/1.8 ML	Tier 3	PA
Cholinesterase Inhibitors		
ANTICHOLIUM INTRAVENOUS SOLUTION 0.4 MG/ML	Tier 3	
BLOXIVERZ INTRAVENOUS SYRINGE 5 MG/5 ML (1 MG/ML)	Tier 3	
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	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,</i> <i>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>neostigmine in sterile water injection syringe 5 mg/5</i> <i>ml</i>	Tier 1	
<i>neostigmine methylsulfate intravenous solution 0.5</i> <i>mg/ml, 1 mg/ml</i>	Tier 1	
<i>neostigmine methylsulfate intravenous syringe 2 mg/2</i> <i>ml (1 mg/ml), 3 mg/3 ml (1 mg/ml), 4 mg/4 ml (1</i> <i>mg/ml), 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
PREVDUO INTRAVENOUS SYRINGE 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML)	Tier 3	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release</i> <i>105 mg</i>	Tier 3	
<i>pyridostigmine bromide oral tablet extended release</i> <i>180 mg</i>	Tier 1	
REGONOL INJECTION SOLUTION 5 MG/ML	Tier 3	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5</i> <i>mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24</i> <i>hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	Tier 1	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	Tier 3	ST: TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN THE PAST 120 DAYS; QL (2 EA per 1 day)
Neonatal Fc Receptor (FcRn) Inhibitors		
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

Drug	Status	Notes
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	Tier 3	PA
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	Tier 3	PA
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Maois - Non-Selective & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenelzine oral tablet 15 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>tranylcypromine oral tablet 10 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Monoamine Oxidase(Mao) Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF PHENELZINE, TRANLYCYPROMINE, OR MARPLAN IN THE PREVIOUS 120 DAYS; QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG	Tier 3	QL (51 EA per 29 days)
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	Not Covered	ST: TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Selective Serotonin Reuptake Inhibitor (Ssris)		

Drug	Status	Notes
<i>citalopram oral solution 10 mg/5 ml</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Not Covered	CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO MAGELLAN MEDICAID AT 1 (877) 624-5204 [INTERNAL_REJECT_CODE=930 NCPDP_REJECT_CODE=831]]CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO PRIME THERAPEUTI
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF PAROXETINE, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, OR FLUVOXAMINE IR REQUIRED.; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sertraline oral concentrate 20 mg/ml</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RALDESY ORAL SOLUTION 10 MG/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>trazodone oral tablet 25 mg, 75 mg</i>	Not Covered	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		

Drug	Status	Notes
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Not Covered	ST: REQUIRES TRIAL OF 2 OF THE FOLLOWING: GENERIC PAROXETINE HCL, VENLAFAXINE ER OR IR, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, MIRTAZAPINE, OR BUPROPION IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Tier 3	ST: TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	Not Covered	ST: TRIAL OF GENERIC DULOXETINE TWO 20MG CAPSULES REQUIRED.; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	Not Covered	ST: TRIAL OF ONE OF THE FOLLOWING: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, DESVENLAFAXINE, FLUVOXAMINE, OR DULOXETINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Ssri & 5Ht1a Partial Agonist Antidepressant		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Tricyclic Antidepressant/Phenothiazine Combinatns		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>doxepin oral concentrate 10 mg/ml</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>nortriptyline oral solution 10 mg/5 ml</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (4 EA per 1 day)

Drug	Status	Notes
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; 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>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
<i>lisdexamfetamine oral capsule 10 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>lisdexamfetamine oral capsule 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO MAGELLAN MEDICAID AT 1 (877) 624-5204 [INTERNAL_REJECT_CODE=930 NCPDP_REJECT_CODE=831]]CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO PRIME THERAPEUTI; QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)

Drug	Status	Notes
<i>lisdexamfetamine oral tablet, chewable 30 mg</i>	Tier 1	CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO MAGELLAN MEDICAID AT 1 (877) 624-5204 [INTERNAL_REJECT_CODE=930 NCPDP_REJECT_CODE=831][CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO PRIME THERAPEUTI; QL (1 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (150 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2	
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2	
ZENZEDI ORAL TABLET 2.5 MG	Tier 3	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
ZENZEDI ORAL TABLET 7.5 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
Anti-Alcoholic Preparations		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	Tier 3	
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>diazepam injection solution 5 mg/ml</i>	Tier 1	
<i>diazepam injection syringe 5 mg/ml</i>	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Anti-Anxiety Drugs		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Anti-Mania Drugs		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 300 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 3	PA
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>	Tier 3	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 3	PA
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG	Tier 3	

Drug	Status	Notes
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 400 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.; QL (3 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2.4 ML per 14 days)

Drug	Status	Notes
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRINGE 882 MG/3.2 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF GENERIC ARIPIPRAZOLE TABLETS IN THE PAST 120 DAYS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 200 MG, 50 MG	Tier 3	
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 2	QL (0.75 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML, 351 MG/2.25 ML	Tier 2	QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 2	QL (0.25 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 2	QL (0.5 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	Tier 3	CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO MAGELLAN MEDICAID AT 1 (877) 624-5204 [INTERNAL_REJECT_CODE=930 NCPDP_REJECT_CODE=831] CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO PRIME THERAPEUTI; ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	Tier 3	CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO MAGELLAN MEDICAID AT 1 (877) 624-5204 [INTERNAL_REJECT_CODE=930 NCPDP_REJECT_CODE=831] CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO PRIME THERAPEUTI; ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (0.5 ML per 21 days)

Drug	Status	Notes
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (0.88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2.63 ML per 70 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 3	ST: TRIAL OF ONE GENERIC ATYPICAL ANTIPSYCHOTIC IN THE PAST 365 DAYS; QL (1 EA per 1 day)
<i>olanzapine intramuscular recon soln 10 mg</i>	Tier 1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 28 days)
<i>quetiapine oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<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>	Tier 1	QL (1 EA per 14 days)
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	Tier 2	QL (1 EA per 14 days)

Drug	Status	Notes
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (1 EA per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (0.21 ML per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (18 ML per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	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)
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antipsychotics,Dopamine Antagonists,Butyrophenones		
<i>droperidol injection solution 2.5 mg/ml</i>	Tier 1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 1	

Drug	Status	Notes
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antipsychotics,Dopamine Antagonist,Dihydroindolones		
<i>molindone oral tablet 10 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Anti-Psychotics,Phenothiazines		
<i>chlorpromazine injection solution 25 mg/ml</i>	Tier 1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Barbiturates		
<i>pentobarbital sodium injection solution 50 mg/ml</i>	Tier 1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<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	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	Tier 1	
SEZABY INTRAVENOUS RECON SOLN 100 MG	Tier 3	
Benzodiazepine Antagonists		
<i>flumazenil intravenous solution 0.1 mg/ml</i>	Tier 1	
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		

Drug	Status	Notes
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 3	PA
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>ramelteon oral tablet 8 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF ZOLPIDEM IR (AMBIEN), ZALEPLON (SONATA) OR ESZOPICLONE (LUNESTA) REQUIRED WITHIN THE PAST 120 DAYS
<i>tasimelteon oral capsule 20 mg</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Narcolepsy And Sleep Disorder Therapy Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Narcotic Antagonists		
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	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>nalmefene injection solution 1 mg/ml</i>	Tier 1	
<i>naloxone injection solution 0.4 mg/ml</i>	Tier 1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	Tier 1	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>naltrexone oral tablet 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Tier 3	QL (4 EA per 30 days)
REZENOPY NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 3	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 3	QL (2 ML per 30 days)

Drug	Status	Notes
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML	Tier 3	QL (2 ML per 30 days)
Sedative-Hypnotics - Benzodiazepines		
estazolam oral tablet 1 mg, 2 mg	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
flurazepam oral capsule 15 mg, 30 mg	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
lorazepam injection solution 2 mg/ml, 4 mg/ml	Tier 1	
lorazepam injection syringe 2 mg/ml	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
quazepam oral tablet 15 mg	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF 1 OF THE FOLLOWING ORAL GENERICS: ZOLPIDEM TABLETS, ZALEPLON, ESZOPICLONE, TEMAZEPAM OR FLURAZEPAM WITHIN THE PAST 120 DAYS.
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Sedative-Hypnotics,Non-Barbiturate		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 2	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
dexmedetomidine (pf) intravenous solution 100 mcg/ml	Tier 1	
dexmedetomidine in 0.9 % nacl intravenous solution 1,000 mcg/250ml (4 mcg/ml), 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml), 80 mcg/20 ml (4 mcg/ml)	Tier 1	
dexmedetomidine in 0.9 % nacl intravenous syringe 20 mcg/5 ml (4 mcg/ml), 40 mcg/10 ml	Tier 1	
dexmedetomidine in dextrose 5% intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml)	Tier 3	
dexmedetomidine intravenous solution 100 mcg/ml	Tier 1	
doxepin oral tablet 3 mg, 6 mg	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED.; QL (1 EA per 1 day)

Drug	Status	Notes
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 1	
PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1,000 MCG/250ML (4 MCG/ML), 200 MCG/50 ML (4 MCG/ML), 400 MCG/100 ML (4 MCG/ML), 80 MCG/20 ML (4 MCG/ML)	Tier 3	
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 3	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NUPLAZID ORAL TABLET 10 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO MAGELLAN MEDICAID AT 1 (877) 624-5204 [INTERNAL_REJECT_CODE=930 NCPDP_REJECT_CODE=831]]CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO PRIME THERAPEUTI

Drug	Status	Notes
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF A GENERIC NON-STIMULANT AGENT FOR ADHD (ATOMOXETINE, CLONIDINE ER, GUANFACINE ER) OR ATONCY IN THE PAST 120 DAYS; QL (4 ML per 1 day)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 3	QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Tier 3	QL (2 EA per 1 day)
<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>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	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>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable 10 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (90 EA per 30 days)
<i>methylphenidate oral tablet,disinteg er biphas 24h 17.3 mg, 8.6 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate oral tablet,disinteg er biphas 24h 25.9 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION REQUIRED.; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	120mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	150mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	180mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	60mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (60 ML per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>atomoxetine oral solution 4 mg/ml</i>	Tier 1	ST: TRIAL OF A GENERIC NON-STIMULANT AGENT FOR ADHD (ATOMOXETINE, CLONIDINE ER, GUANFACINE ER) OR ONYDA XR IN THE PAST 120 DAYS
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE IN THE PAST 120 DAYS; QL (3 EA per 1 day)
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
<i>adenosine intravenous solution 3 mg/ml</i>	Tier 1	
<i>adenosine intravenous syringe 3 mg/ml</i>	Tier 1	
<i>amiodarone in dextrose 5 % intravenous solution 450 mg/250 ml (1.8 mg/ml), 900 mg/500 ml (1.8 mg/ml)</i>	Tier 1	
<i>amiodarone intravenous solution 50 mg/ml</i>	Tier 1	
<i>amiodarone intravenous syringe 150 mg/3 ml</i>	Tier 1	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>ibutilide fumarate intravenous solution 0.1 mg/ml</i>	Tier 1	
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>	Tier 1	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	Tier 1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	Tier 1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	Tier 3	
PACERONE ORAL TABLET 100 MG, 200 MG	Tier 1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	Tier 1	
<i>procainamide intravenous syringe 100 mg/ml</i>	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	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Local Anesthetics		
<i>lidocaine in nacl,iso-osmo(pf) injection syringe 100 mg/10 ml (1 %)</i>	Tier 1	
Cardiovascular Disease - Cardiac Stimulant		

Drug	Status	Notes
Adrenergic Agents,Catecholamines		
ADRENALIN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 10 MG/250 ML (40 MCG/ML), 2 MG/250 ML (8 MCG/ML), 4 MG/250 ML (16 MCG/ML), 5 MG/250 ML (20 MCG/ML), 8 MG/250 ML (32 MCG/ML)	Tier 3	
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	Tier 1	
dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml)	Tier 1	
epineph bitart in 0.9% sod chl intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml)	Tier 3	
epineph bitart in 0.9% sod chl intravenous syringe 100 mcg/10 ml (10 mcg/ml)	Tier 1	
epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)	Tier 1	
epinephrine hcl in 0.9 % nacl intravenous solution 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml)	Tier 1	
epinephrine hcl in 0.9 % nacl intravenous syringe 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml)	Tier 1	
epinephrine hcl in 5% dextrose intravenous solution 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml)	Tier 1	
epinephrine hcl in 5% dextrose intravenous syringe 100 mcg/10 ml (10 mcg/ml)	Tier 1	
epinephrine in 0.9 % sod chlor intravenous solution 8 mg/250 ml (32 mcg/ml)	Tier 1	
epinephrine in sod chl,iso(pf) injection syringe 1 mg/ml	Tier 1	
epinephrine in sod chlor,iso intravenous syringe 1 mg/10 ml (100 mcg/ml)	Tier 1	
epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)	Tier 1	
epinephrine injection syringe 0.1 mg/ml	Tier 1	
epinephrine intravenous solution 0.1 mg/ml	Tier 1	
isoproterenol hcl injection solution 0.2 mg/ml	Tier 1	
norepinephrine bitartrate intravenous solution 1 mg/ml	Tier 1	
norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)	Tier 1	
norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 32 mg/250 ml (128 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)	Tier 1	
Digitalis Glycosides		
digoxin injection solution 250 mcg/ml (0.25 mg/ml)	Tier 1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	Tier 2	

Drug	Status	Notes
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	Tier 1	PA
LANOXIN INJECTION SOLUTION 500 MCG/2 ML (0.5 MG/2 ML)	Tier 3	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 2	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	Tier 2	PA
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML)	Tier 3	
Inotropic Drugs		
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	Tier 1	
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	Tier 1	
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>	Tier 1	
<i>milrinone intravenous solution 1 mg/ml</i>	Tier 1	
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Not Covered	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Not Covered	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Not Covered	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Not Covered	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Not Covered	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Not Covered	
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>labetalol intravenous solution 5 mg/ml</i>	Tier 1	
<i>labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml)</i>	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier 1	
Alpha-Adrenergic Blocking Agents		

Drug	Status	Notes
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
phenoxybenzamine oral capsule 10 mg	Tier 1	PA
phentolamine injection recon soln 5 mg	Tier 1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
TEZRULY ORAL SOLUTION 1 MG/ML	Tier 3	PA
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
olmesartan-amlodipin-hcthiazid oral tablet 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	
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	
Antihypertensives, Ace Inhibitors		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Not Covered	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Not Covered	
enalapril maleate oral solution 1 mg/ml	Not Covered	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Not Covered	
enalaprilat intravenous solution 1.25 mg/ml	Tier 1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Not Covered	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Not Covered	

Drug	Status	Notes
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Not Covered	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Not Covered	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	PA
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Not Covered	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Not Covered	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Not Covered	
Antihypertensives, Angiotensin Receptor Antagonist		
ARBLI ORAL SUSPENSION 10 MG/ML	Tier 3	PA
<i>azilsartan medoxomil oral tablet 40 mg, 80 mg</i>	Tier 1	ST: TRIAL OF ACE INHIBITOR, ACE-I COMBO, ARB, OR ARB COMBO REQUIRED
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	
Antihypertensives, Ganglionic Blockers		
VECAMEYL ORAL TABLET 2.5 MG	Tier 3	PA
Antihypertensives, Miscellaneous		
<i>metirosine oral capsule 250 mg</i>	Tier 1	PA
NIPRIDE RTU INTRAVENOUS SOLUTION 20 MG/100 ML (0.2 MG/ML), 50 MG/100 ML (0.5 MG/ML)	Tier 3	
<i>nitroprusside in 0.9 % nacl intravenous solution 20 mg/100 ml (0.2 mg/ml), 50 mg/100 ml (0.5 mg/ml)</i>	Tier 1	
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	Tier 1	
Antihypertensives, Sympatholytic		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML)	Tier 3	PA; QL (120 ML per 1 day)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
Antihypertensives, Vasodilators		
<i>hydralazine injection solution 20 mg/ml</i>	Tier 1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Antihypertensives, Endothelin Receptor Antagonists		
TRYVIO ORAL TABLET 12.5 MG	Tier 3	PA
VANRAFIA ORAL TABLET 0.75 MG	Tier 2	PA
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	

Drug	Status	Notes
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)</i>	Tier 1	
<i>esmolol in sterile water intravenous parenteral solution 2,000 mg/100 ml (20 mg/ml), 2,500 mg/250 ml (10 mg/ml)</i>	Tier 1	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	Tier 1	
<i>esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)</i>	Tier 1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: TRIAL OF GENERIC PROPRANOLOL ORAL SOLUTION REQUIRED WITHIN THE PAST 120 DAYS; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
LOPRESSOR ORAL SOLUTION 10 MG/ML	Tier 3	PA
LOPRESSOR ORAL TABLET 12.5 MG	Tier 3	QL (4 EA per 1 day)
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 12.5 mg</i>	Tier 3	QL (4 EA per 1 day)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propranolol intravenous solution 1 mg/ml</i>	Tier 1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
RAPIBLYK INTRAVENOUS RECON SOLN 280 MG	Tier 3	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 1	
<i>sotalol intravenous solution 150 mg/10 ml (15 mg/ml)</i>	Tier 3	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	250mL Bottle; ST: TRIAL OF SOTALOL TABLETS REQUIRED WITHIN THE PAST 120 DAYS; QL (2000 ML per 30 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
CARDAMYST NASAL SPRAY, NON-AEROSOL 70 MG/2 SPRAY	Tier 3	QL (2 EA per 1 FILL)
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML)	Tier 3	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML), 40 MG/200 ML (0.2 MG/ML)	Tier 3	
CARDENE IV INTRAVENOUS SOLUTION 25 MG/10 ML	Tier 3	
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50 ML, 50 MG/100 ML	Tier 3	
CONJUPRI ORAL TABLET 2.5 MG	Tier 3	PA
<i>diltiazem hcl in nacl, iso-osm intravenous solution 100 mg/100 ml (1 mg/ml)</i>	Tier 3	
<i>diltiazem hcl in nacl, iso-osm intravenous solution 125 mg/125 ml (1 mg/ml)</i>	Tier 1	
<i>diltiazem hcl intravenous recon soln 100 mg</i>	Tier 1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	Tier 1	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	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>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem in dextrose 5 % intravenous solution 125 mg/125 ml (1 mg/ml)</i>	Tier 1	
DILT-XR ORAL CAPSULE, EXT. REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>nicardipine in 0.9 % sod chlor intravenous syringe 1 mg/10 ml</i>	Tier 1	
<i>nicardipine in nacl (iso-os) intravenous piggyback 20 mg/200 ml (0.1 mg/ml), 40 mg/200 ml (0.2 mg/ml)</i>	Tier 1	
<i>nicardipine intravenous solution 25 mg/10 ml</i>	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>	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, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 3	PA
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 3	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 3	PA
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>verapamil intravenous solution 2.5 mg/ml</i>	Tier 1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	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	
Loop Diuretics		
<i>bumetanide injection solution 0.25 mg/ml</i>	Tier 1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 3	PA
<i>furosemide in 0.9 % nacl intravenous piggyback 100 mg/100 ml (1 mg/ml)</i>	Tier 1	
<i>furosemide injection solution 10 mg/ml</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	

Drug	Status	Notes
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
LASIX ONYU SUBCUTANEOUS KIT 80 MG/2.67 ML	Tier 3	PA
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Osmotic Diuretics		
<i>mannitol 20 % intravenous parenteral solution 20 %</i>	Tier 1	
<i>mannitol 25 % intravenous solution 25 %</i>	Tier 1	
Potassium Sparing Diuretics		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 2	
<i>spironolactone oral suspension 25 mg/5 ml</i>	Tier 1	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
Potassium Sparing Diuretics In Combination		
<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	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 2	PA
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
ALYQ ORAL TABLET 20 MG	Tier 1	PA; QL (2 EA per 1 day)
<i>sildenafil (pulm.hypertension) 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 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 1	PA; QL (1 EA per 5 days)
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 1	PA
<i>bosentan oral tablet for suspension 32 mg</i>	Tier 1	PA
<i>macitentan oral tablet 10 mg</i>	Tier 1	PA
Pulmonary Antihyper Agent, Actriia-Fc		
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	Tier 2	PA
Pulmonary Antihypertensives, Prostacyclin-Type		
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	Tier 1	PA

Drug	Status	Notes
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
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 2	PA
REMODULIN INJECTION SOLUTION 0.4 MG/ML, 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Tier 3	PA
<i>treprostinil sodium injection solution 1 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, 32-64 MCG, 48 MCG, 48-64 MCG, 48-80 MCG, 64 MCG, 80 MCG	Tier 2	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 2	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 2	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 2	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 2	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 SOLN 0.5 MG	Tier 3	PA
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	Tier 2	PA
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 2	PA
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 1	
Thiazide And Related Diuretics		
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	Tier 1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	
HEMICLOR ORAL TABLET 12.5 MG	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	

Drug	Status	Notes
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	Tier 3	PA
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
THALITONE ORAL TABLET 15 MG	Tier 3	
Vasodilators, Combination		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	
Vasodilators, Miscellaneous		
<i>alprostadil injection solution 500 mcg/ml</i>	Tier 1	
AURLUMYN INTRAVENOUS SOLUTION 100 MCG/ML	Tier 3	PA
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML	Tier 3	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	Tier 1	
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	Tier 1	PA
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	Tier 3	QL (1 EA per 1 day)
Antihyperlipidemic - Angiopoietin-Like 3 Inhibitor		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	Tier 3	PA
Antihyperlipidemic - Apo B-100 Synthesis Inhibitor		
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	Tier 2	PA; QL (0.5 ML per 90 days)
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML	Tier 2	PA
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 3	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Not Covered	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	Tier 3	PA

Drug	Status	Notes
<i>fluvastatin oral capsule 20 mg</i>	\$0 COPAY	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral capsule 40 mg</i>	\$0 COPAY	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	\$0 COPAY	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>lovastatin oral tablet 40 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 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 SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Not Covered	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS

Drug	Status	Notes
<i>simvastatin oral tablet 80 mg</i>	Not Covered	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 2	PA
Antihyperlipidemic - Pcsk9 Inhibitors		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Bile Salt Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i>	Tier 1	
<i>colesevelam oral tablet 625 mg</i>	Tier 1	
<i>colestipol oral granules 5 gram</i>	Tier 1	
<i>colestipol oral packet 5 gram</i>	Tier 1	
<i>colestipol oral tablet 1 gram</i>	Tier 1	
PREVALITE ORAL POWDER 4 GRAM	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 1	
Lipotropics		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 1	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
<i>icosapent ethyl oral capsule 0.5 gram</i>	Tier 1	QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i>	Tier 1	QL (4 EA per 1 day)
<i>niacin oral tablet 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	

Drug	Status	Notes
NIACOR ORAL TABLET 500 MG	Tier 1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	ST: TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS; QL (4 EA per 1 day)
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)		
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	Tier 3	QL (8 EA per 1 day)
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	Tier 1	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	Tier 1	
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	QL (15 ML per 1 day)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	Tier 1	ST: TRIAL OF METOPROLOL SUCCINATE, BISOPROLOL, OR CARVEDILOL REQUIRED IN THE PAST 120 DAYS.; QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	QL (1 EA per 1 day)
Cardiac Myosin Inhibitor		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 2	PA
Protein Stabilizers		
ATTRUBY ORAL TABLET 356 MG	Tier 3	PA
VYNDAMAX ORAL CAPSULE 61 MG	Tier 2	PA
Renin-Angiotensin-Aldosterone Sys. (Raas) Hormones		
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML	Tier 3	
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
Cardiovascular Disease - Vasodilation		
Vasodilators,Coronary		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	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	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 2	

Drug	Status	Notes
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	Tier 1	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	Tier 1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal ointment 2 %</i>	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>	Tier 1	
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	
Vasodilators,Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	\$0 COPAY	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	\$0 COPAY	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	\$0 COPAY	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 COPAY	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	\$0 COPAY	
Contraceptives,Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0 COPAY	
Contraceptives,Injectable		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0 COPAY	QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0 COPAY	QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0 COPAY	QL (1 ML per 84 days)
Contraceptives,Intravaginal		
PHEXX VAGINAL GEL 1.8-1-0.4 %	\$0 COPAY	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0 COPAY	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0 COPAY	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	\$0 COPAY	
Contraceptives,Oral		

Drug	Status	Notes
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	\$0 COPAY	
AFTER PILL ORAL TABLET 1.5 MG	\$0 COPAY	
AFTERA ORAL TABLET 1.5 MG	\$0 COPAY	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	\$0 COPAY	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$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)	\$0 COPAY	QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	\$0 COPAY	
APRI ORAL TABLET 0.15-0.03 MG	\$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)	\$0 COPAY	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	\$0 COPAY	
AUBRA ORAL TABLET 0.1-20 MG-MCG	\$0 COPAY	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 COPAY	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 COPAY	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0 COPAY	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 COPAY	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 COPAY	
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)	\$0 COPAY	
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0 COPAY	
AYUNA ORAL TABLET 0.15-0.03 MG	\$0 COPAY	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$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)	\$0 COPAY	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 COPAY	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 COPAY	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	\$0 COPAY	
CAMILA ORAL TABLET 0.35 MG	\$0 COPAY	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	\$0 COPAY	QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0 COPAY	QL (91 EA per 84 days)

Drug	Status	Notes
CAZANT (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)	\$0 COPAY	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	\$0 COPAY	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	\$0 COPAY	
CYRED EQ ORAL TABLET 0.15-0.03 MG	\$0 COPAY	
CYRED ORAL TABLET 0.15-0.03 MG	\$0 COPAY	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$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)	\$0 COPAY	QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	\$0 COPAY	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 COPAY	
DOLISHALE ORAL TABLET 90-20 MCG (28)	\$0 COPAY	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	\$0 COPAY	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 COPAY	
ECONTRA EZ ORAL TABLET 1.5 MG	\$0 COPAY	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	\$0 COPAY	
ELINEST ORAL TABLET 0.3-30 MG-MCG	\$0 COPAY	
ELLA ORAL TABLET 30 MG	\$0 COPAY	
EMZAHH ORAL TABLET 0.35 MG	\$0 COPAY	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0 COPAY	
ENSKYCE ORAL TABLET 0.15-0.03 MG	\$0 COPAY	
ERRIN ORAL TABLET 0.35 MG	\$0 COPAY	
ESTARYLLA ORAL TABLET 0.25-0.035 MG	\$0 COPAY	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0 COPAY	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	\$0 COPAY	
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	\$0 COPAY	
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG	\$0 COPAY	
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	\$0 COPAY	
GALBRIELA ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	\$0 COPAY	
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	\$0 COPAY	

Drug	Status	Notes
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0 COPAY	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 COPAY	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 COPAY	
HAILEY ORAL TABLET 1.5-30 MG-MCG	\$0 COPAY	
HEATHER ORAL TABLET 0.35 MG	\$0 COPAY	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0 COPAY	QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	\$0 COPAY	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0 COPAY	QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	\$0 COPAY	
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0 COPAY	QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	\$0 COPAY	
JENCYCLA ORAL TABLET 0.35 MG	\$0 COPAY	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0 COPAY	QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	\$0 COPAY	QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	\$0 COPAY	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 COPAY	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 COPAY	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 COPAY	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 COPAY	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0 COPAY	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	\$0 COPAY	
KALLIGA ORAL TABLET 0.15-0.03 MG	\$0 COPAY	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0 COPAY	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 COPAY	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	\$0 COPAY	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 COPAY	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 COPAY	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0 COPAY	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 COPAY	

Drug	Status	Notes
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 COPAY	
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0 COPAY	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0 COPAY	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	\$0 COPAY	QL (28 EA per 28 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0 COPAY	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	\$0 COPAY	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 COPAY	QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$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)	\$0 COPAY	QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	\$0 COPAY	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	\$0 COPAY	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	\$0 COPAY	
LUIZZA ORAL TABLET 1-20 MG-MCG, 1.5-30 MG-MCG	\$0 COPAY	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	\$0 COPAY	
LYLEQ ORAL TABLET 0.35 MG	\$0 COPAY	
LYZA ORAL TABLET 0.35 MG	\$0 COPAY	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	\$0 COPAY	
MELEYA ORAL TABLET 0.35 MG	\$0 COPAY	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	\$0 COPAY	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 COPAY	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 COPAY	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 COPAY	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 COPAY	
MILI ORAL TABLET 0.25-0.035 MG	\$0 COPAY	
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	\$0 COPAY	QL (28 EA per 28 days)
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	\$0 COPAY	
MY CHOICE ORAL TABLET 1.5 MG	\$0 COPAY	
MY WAY ORAL TABLET 1.5 MG	\$0 COPAY	

Drug	Status	Notes
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	\$0 COPAY	
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	\$0 COPAY	QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	\$0 COPAY	
NORA-BE ORAL TABLET 0.35 MG	\$0 COPAY	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 COPAY	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0 COPAY	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0 COPAY	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 COPAY	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 COPAY	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 COPAY	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i>	\$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	\$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	\$0 COPAY	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 COPAY	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	\$0 COPAY	
OPIII ORAL TABLET 0.075 MG	\$0 COPAY	
OPTION-2 ORAL TABLET 1.5 MG	\$0 COPAY	
ORQUIDEA ORAL TABLET 0.35 MG	\$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	\$0 COPAY	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	\$0 COPAY	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	\$0 COPAY	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	\$0 COPAY	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	\$0 COPAY	
ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	\$0 COPAY	

Drug	Status	Notes
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0 COPAY	QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	\$0 COPAY	
SHEWISE ORAL TABLET 1.5 MG	\$0 COPAY	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0 COPAY	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0 COPAY	QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)	\$0 COPAY	QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	\$0 COPAY	
SYEDA ORAL TABLET 3-0.03 MG	\$0 COPAY	
TAKE ACTION ORAL TABLET 1.5 MG	\$0 COPAY	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0 COPAY	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 COPAY	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 COPAY	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	\$0 COPAY	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	\$0 COPAY	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	\$0 COPAY	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	\$0 COPAY	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	\$0 COPAY	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	\$0 COPAY	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	\$0 COPAY	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	\$0 COPAY	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	\$0 COPAY	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	\$0 COPAY	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	\$0 COPAY	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	\$0 COPAY	
TULANA ORAL TABLET 0.35 MG	\$0 COPAY	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	\$0 COPAY	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	\$0 COPAY	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	\$0 COPAY	

Drug	Status	Notes
VALTYA ORAL TABLET 1-35 MG-MCG, 1-50 MG-MCG	\$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	\$0 COPAY	
VIENVA ORAL TABLET 0.1-20 MG-MCG	\$0 COPAY	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0 COPAY	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0 COPAY	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	\$0 COPAY	
VYLIBRA ORAL TABLET 0.25-0.035 MG	\$0 COPAY	
WERA (28) ORAL TABLET 0.5-35 MG-MCG	\$0 COPAY	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	\$0 COPAY	
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	\$0 COPAY	
XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	\$0 COPAY	
YOUR CHOICE ORAL TABLET 1.5 MG	\$0 COPAY	
ZARAH ORAL TABLET 3-0.03 MG	\$0 COPAY	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	\$0 COPAY	
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	\$0 COPAY	
Contraceptives, Transdermal		
GWYN LO TRANSDERMAL PATCH WEEKLY 220-20 MCG/24 HR	\$0 COPAY	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 COPAY	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	\$0 COPAY	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	\$0 COPAY	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	\$0 COPAY	
Diaphragms/Cervical Cap		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	\$0 COPAY	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	\$0 COPAY	
Intra-Uterine Devices (IUD's)		
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	

Drug	Status	Notes
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	\$0 COPAY	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	\$0 COPAY	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	\$0 COPAY	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	\$0 COPAY	
Oxytocics		
<i>carboprost tromethamine intramuscular solution 250 mcg/ml</i>	Tier 1	
<i>carboprost tromethamine intramuscular syringe 250 mcg/ml</i>	Tier 1	
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML	Tier 3	
<i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>	Tier 1	
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)
<i>oxytocin in 0.9 % sod chloride intravenous solution 20 unit/1000 ml, 30 unit/500 ml, 40 unit/1000 ml</i>	Tier 1	
<i>oxytocin in lactated ringers intravenous solution 10 unit/500 ml, 15 unit/250 ml, 20 unit/1,000 ml, 30 unit/500 ml</i>	Tier 1	
<i>oxytocin injection solution 10 unit/ml</i>	Tier 3	
PITOCIN INJECTION SOLUTION 10 UNIT/ML	Tier 3	
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	Tier 1	
1St Gen Antihist-Decongest-Anticholinergic Comb		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
Antitussives,Non-Narcotic		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
Narcotic Antitussive-1St Generation Antihistamine		
<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: TRIAL OF PROMETHAZINE/CODEINE REQUIRED IN THE PREVIOUS 120 DAYS.; QL (2 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.		
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION 5-1.5 MG/5 ML	Tier 3	QL (30 ML per 1 day); Age (Min 18 Years)

Drug	Status	Notes
HYCODAN ORAL SOLUTION 5-1.5 MG/5 ML (5 ML)	Tier 3	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
<i>promethazine-dm oral solution 6.25-15 mg/5 ml</i>	Tier 1	
Sympathomimetic Agents		
AKOVAZ INTRAVENOUS SYRINGE 25 MG/5 ML (5 MG/ML)	Tier 3	
BIORPHEN INTRAVENOUS SOLUTION 0.1 MG/ML	Tier 3	
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML	Tier 3	
EMERPHED INTRAVENOUS SYRINGE 25 MG/5 ML (5 MG/ML)	Tier 3	
EMERPHED INTRAVENOUS SYRINGE 50 MG/10 ML (5 MG/ML)	Tier 1	
<i>ephedrine sulfate intravenous solution 5 mg/ml, 50 mg/ml</i>	Tier 1	
<i>ephedrine sulfate intravenous syringe 25 mg/5 ml (5 mg/ml), 50 mg/10 ml (5 mg/ml)</i>	Tier 1	
<i>ephedrine sulfate-0.9%nacl(pf) intravenous syringe 10 mg/ml (1 ml), 100 mg/10 ml (10 mg/ml), 15 mg/3 ml (5 mg/ml), 25 mg/5 ml (5 mg/ml), 50 mg/10 ml (5 mg/ml), 50 mg/5 ml (10 mg/ml)</i>	Tier 1	
IMMPHENTIV INTRAVENOUS SOLUTION 0.1 MG/ML	Tier 3	
<i>phenylephrine hcl in 0.9% nacl intravenous solution 0.8 mg/10 ml (80 mcg/ml), 1 mg/10 ml (100 mcg/ml), 10 mg/250 ml (40 mcg/ml), 100 mg/250 ml (400 mcg/ml), 20 mg/250 ml (80 mcg/ml), 200 mg/250 ml (800 mcg/ml), 25 mg/250 ml (100 mcg/ml), 40 mg/250 ml (160 mcg/ml), 50 mg/250 ml (200 mcg/ml), 80 mg/250 ml (320 mcg/ml)</i>	Tier 1	
<i>phenylephrine hcl in 0.9% nacl intravenous syringe 0.4 mg/10 ml (40 mcg/ml), 0.5 mg/5 ml (100 mcg/ml), 0.8 mg/10 ml (80 mcg/ml), 1 mg/10 ml (100 mcg/ml), 20 mg/50 ml (400 mcg/ml), 400 mcg/5 ml (80 mcg/ml), 5 mg/50 ml (100 mcg/ml), 8 mg/50 ml (160 mcg/ml)</i>	Tier 1	
<i>phenylephrine hcl injection solution 10 mg/ml</i>	Tier 1	
<i>phenylephrine hcl intravenous solution 0.1 mg/ml</i>	Tier 3	
REZIPRES INTRAVENOUS SOLUTION 4.7 MG/ML	Tier 1	
Dermatology - Acne		
Acne Agents,Systemic		

Drug	Status	Notes
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
Acne Agents, Topical		
ACIOXIAY TOPICAL CREAM 15-4 %	Tier 3	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 %	Tier 3	
ADALINA TOPICAL GEL 5-4 %	Tier 3	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	Tier 1	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %	Tier 3	
ADERMICA TOPICAL GEL 0.025-2.5-1-2 %	Tier 3	
ADMIRAZOL DUAL TOPICAL CREAM 6-5-2 %	Tier 3	
ADMIRAZOL HP DUAL TOPICAL CREAM 8.5-5-2 %	Tier 3	
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %	Tier 3	
ADMIRAZOL TOPICAL CREAM 6-5-2 %	Tier 3	
ALIXI HP TOPICAL CREAM 8.5-4 %	Tier 3	
ALIXI TOPICAL CREAM 6-4 %	Tier 3	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %	Tier 3	
ALOMIRA LP TOPICAL GEL 0.025-5-1-2 %	Tier 3	
ALOMIRA TOPICAL GEL 0.05-5-1-2 %	Tier 3	
ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 %	Tier 3	
ALURIS HP TOPICAL CREAM 0.1-4 %	Tier 3	
ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 %	Tier 3	
ALURIS LP TOPICAL CREAM 0.025-4 %	Tier 3	
ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 %	Tier 3	
ALURIS TOPICAL CREAM 0.05-4 %	Tier 3	
ALURIS TOPICAL GEL 0.05-4 %	Tier 3	
ALUXOF DUAL TOPICAL GEL 0.025-5-1-2-2 %	Tier 3	
ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 %	Tier 3	
ALUXOF TOPICAL GEL 0.05-10-2-4-4 %	Tier 3	
APEXOL HP TOPICAL SUSPENSION 5-10 %	Tier 3	
APEXOL TOPICAL SUSPENSION 2-8 %	Tier 3	
APHORIA TOPICAL GEL 0.3-2.5-4 %	Tier 3	
APORIX TOPICAL GEL 1-4 %	Tier 3	
APORIX TOPICAL LOTION 1-4 %	Tier 3	

Drug	Status	Notes
ARTILIS HP TOPICAL GEL 5-1-4 %	Tier 3	
ARTILIS TOPICAL GEL 2.5-1-4 %	Tier 1	
AUGUSTIL TOPICAL GEL 0.025-1-2-4 %	Tier 3	
AVIDORA HP TOPICAL CREAM 0.05-1-4 %	Tier 3	
AVIDORA TOPICAL CREAM 0.025-1-4 %	Tier 3	
AVIDORA TOPICAL SOLUTION 0.025-1-4 %	Tier 3	
AWANIS TOPICAL CREAM 0.025-8.5-2 %	Tier 3	
AZALTA HP TOPICAL GEL 0.05-5-2 %	Tier 3	
AZALTA TOPICAL GEL 0.025-5-2 %	Tier 3	
AZELEX TOPICAL CREAM 20 %	Tier 3	PA
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Tier 3	PA
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 % (1 % base) -3.75 %</i>	Tier 1	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	Tier 1	ST: TRIAL OF GENERIC CLINDAMYCIN/BENZOYL PEROXIDE GEL REQUIRED
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	Tier 1	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
<i>dapsone topical gel 5 %, 7.5 %</i>	Tier 1	
<i>dapsone topical gel with pump 7.5 %</i>	Tier 1	
DEOXIA TOPICAL GEL 1-4 %	Tier 3	
DEOXIA TOPICAL LOTION 1-4 %	Tier 3	
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 %	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 %	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 %	Tier 3	
DIAOXIA TOPICAL GEL 6-4 %	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 %	Tier 3	

Drug	Status	Notes
DIASOXIA TOPICAL CREAM 8.5-4 %	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 %	Tier 3	
DIMOXIA TOPICAL GEL 5-4 %	Tier 3	
DRAXACE TOPICAL SUSPENSION 2-8 %	Tier 3	
DRAXACEY TOPICAL SUSPENSION 2-8 %	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 %	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 %	Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 %	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %	Tier 3	
INZDEOXIA TOPICAL GEL 2.5-1-4 %	Tier 3	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %	Tier 3	
MELZARA TOPICAL CREAM 10-6-2 %	Tier 3	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	Tier 3	
NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 %	Tier 1	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %	Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %	Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %	Tier 3	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 %	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %	Tier 3	
ONZDEOXIA TOPICAL GEL 5-1-4 %	Tier 3	
OXIATAR TOPICAL CREAM 0.025-0.5-4 %	Tier 3	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 %	Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 %	Tier 3	
RUMILO TOPICAL CREAM 15-4 %	Tier 3	
SAROXIA TOPICAL CREAM 0.05-4 %	Tier 3	
SIRVANA TOPICAL GEL 0.025-5 %	Tier 3	
SORIXIA TOPICAL CREAM 0.05-4 %	Tier 3	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 1	
TARDEOXIA TOPICAL CREAM 0.025-1-4 %	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 %	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 %	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 %	Tier 3	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %	Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 %	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 %	Tier 3	

Drug	Status	Notes
Antibiotics, Miscellaneous, Other		
<i>bacitracin intramuscular recon soln 50,000 unit</i>	Tier 1	
Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 2	
Rosacea Agents, Topical		
AVEIDA TOPICAL GEL 1-1 %	Tier 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 %	Tier 3	
<i>azelaic acid topical gel 15 %</i>	Tier 1	
BAXONIL TOPICAL OINTMENT 1-2 %	Tier 3	
<i>brimonidine topical gel with pump 0.33 %</i>	Tier 1	
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>	Tier 1	ST: TRIAL OF FINACEA GEL OR FOAM REQUIRED
<i>metronidazole topical cream 0.75 %</i>	Tier 1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i>	Tier 1	
REMYDA TOPICAL GEL 0.25 %	Tier 3	
RENSOTI TOPICAL CREAM 1-1-4 %	Tier 3	
RESTIMO TOPICAL GEL 1-1 %	Tier 3	
ROCELIX TOPICAL CREAM 1-4 %	Tier 3	
ROSADAN TOPICAL CREAM 0.75 %	Tier 1	
ROSITARA TOPICAL GEL 1-1-4 %	Tier 3	
ROVIS TOPICAL GEL 0.25-1-1-4 %	Tier 3	
Topical Antiandrogenic Agents		
WINLEVI TOPICAL CREAM 1 %	Tier 3	PA; QL (60 GM per 30 days)
Topical Preparations, Antibacterials		
BASADROX TOPICAL GEL IN PACKET	Tier 3	
CORTI-SAV TOPICAL CREAM 1-1 %	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 3	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 3	
IODOSORB TOPICAL GEL 0.9 %	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 %	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 3	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	

Drug	Status	Notes
STRONG IODINE TOPICAL SOLUTION 5-10 %	Tier 1	
Vitamin A Derivatives		
<i>adapalene topical cream 0.1 %</i>	Tier 1	
<i>adapalene topical gel 0.3 %</i>	Tier 1	
<i>adapalene topical gel with pump 0.3 %</i>	Tier 1	
<i>adapalene topical lotion 0.1 %</i>	Tier 1	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	Tier 1	ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% REQUIRED; Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
Vitamin A Derivatives, Topical Acne Agents		
ALVOX HP TOPICAL CREAM 0.1-4 %	Tier 3	
ALVOX TOPICAL CREAM 0.05-4 %	Tier 3	
ETHOXIA TOPICAL CREAM 0.05-4 %	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 %	Tier 3	
Dermatology - Antiinfective		
Topical Antibiotics		
AMZEEQ TOPICAL FOAM 4 %	Tier 3	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS; Age (Min 9 Years)
BATIZIA TOPICAL OINTMENT 2-2 %	Tier 3	
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 3	
<i>clindamycin phosphate topical foam 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 1	
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i>	Tier 1	
ERY PADS TOPICAL SWAB 2 %	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i>	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>	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)

Drug	Status	Notes
<i>mupirocin topical ointment 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 %	Tier 3	
XEPI TOPICAL CREAM 1 %	Tier 3	ST: TRIAL OF MUPIROCIN OINTMENT REQUIRED IN PREVIOUS 120 DAYS
Topical Antifungal/Antiinflammatory, Steroid Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DELIBON TOPICAL CREAM 2-2.5 %	Tier 3	
DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 %	Tier 3	
DIVENDO TOPICAL SHAMPOO 0.77-0.05 %	Tier 3	
DIYRA TOPICAL SHAMPOO 0.77-0.05-0.2 %	Tier 3	
DOREVI TOPICAL SHAMPOO 0.77-0.05-3-0.2 %	Tier 3	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 %	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 %	Tier 3	
PHEYO TOPICAL CREAM 2-2.5 %	Tier 3	
Topical Antifungal-Antibiotic-Anti-Inflamm Steroid		
DAZINIA TOPICAL CREAM 2-1-2.5 %	Tier 3	
PHEODOYO TOPICAL CREAM 2-1-2.5 %	Tier 3	
Topical Antifungals		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
<i>ciclopirox topical cream 0.77 %</i>	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>	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i>	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
DAFILOR TOPICAL SHAMPOO 0.77-2 %	Tier 3	
DENVITA TOPICAL CREAM 2-4 %	Tier 3	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %	Tier 3	
<i>econazole nitrate topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
<i>econazole nitrate topical foam 1 %</i>	Tier 1	
EXELDERM TOPICAL CREAM 1 %	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	Tier 2	
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
FENOVIA TOPICAL SOLUTION 4-2-1-4 %	Tier 3	
FERVINA TOPICAL LOTION 3-5-20 %	Tier 3	
FIDILA TOPICAL SHAMPOO 2-2 %	Tier 3	
FILOMA TOPICAL SOLUTION 8-1-1 %	Tier 3	
FRIVO TOPICAL CREAM 1-4 %	Tier 3	

Drug	Status	Notes
HAXDRAX TOPICAL SHAMPOO 0.77-2 %	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 %	Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	Tier 3	
IMIOXIA TOPICAL CREAM 1-4 %	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	Tier 1	
<i>luliconazole topical cream 1 %</i>	Tier 1	ST: TRIAL OF KETOCONAZOLE AND CLOTRIMAZOLE CREAM REQUIRED.; QL (60 GM per 28 days)
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	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>	Tier 1	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	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>	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	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 %	Tier 3	
<i>sulconazole topical cream 1 %</i>	Tier 1	
<i>sulconazole topical solution 1 %</i>	Tier 1	
<i>tavaborole topical solution with applicator 5 %</i>	Tier 1	PA
Topical Antiparasitics		
<i>malathion topical lotion 0.5 %</i>	Tier 1	
<i>permethrin topical cream 5 %</i>	Tier 1	
<i>spinosad topical suspension 0.9 %</i>	Tier 1	
ULESFIA TOPICAL LOTION 5 %	Tier 3	
Topical Antivirals		
<i>acyclovir topical ointment 5 %</i>	Tier 1	
Topical Sulfonamides		
ABENOR HP TOPICAL LOTION 15-4 %	Tier 3	
ABENOR TOPICAL CREAM 10-4 %	Tier 3	

Drug	Status	Notes
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	Tier 1	
ECEOXIA TOPICAL CREAM 10-4 %	Tier 3	
OXIAICE TOPICAL LOTION 15-4 %	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
SSD TOPICAL CREAM 1 %	Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 8-4 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 %	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	Tier 3	
Dermatology - Antiinflammatory		
Interleukin-13 (Il-13) Inhibitors, Mab		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 2	PA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	Tier 2	PA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	Tier 2	PA
Interleukin-31(II-31)Receptor Alpha Antagonist,Mab		
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	Tier 2	PA
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib		
ADQUEY TOPICAL OINTMENT 1 %	Tier 3	
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	PA; QL (100 GM per 30 days)
ZORYVE TOPICAL CREAM 0.05 %, 0.15 %	Tier 2	PA; QL (60 GM per 30 days)
ZORYVE TOPICAL FOAM 0.3 %	Tier 2	PA; QL (60 GM per 30 days)
Topical Antibiotics/Antiinflammatory,Steroidal		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: TRIAL OF GENERIC FLUOCINOLONE ACETONIDE CREAM, OIL, OINTMENT OR SOLUTION IN THE PAST 120 DAYS
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: TRIAL OF GENERIC FLUOCINOLONE ACETONIDE CREAM, OIL, OINTMENT OR SOLUTION IN THE PAST 120 DAYS
Topical Anti-Inflammatory Steroidal		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 3	

Drug	Status	Notes
ALA-CORT TOPICAL CREAM 1 %	Tier 1	
ALA-SCALP TOPICAL LOTION 2 %	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	ST: TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCINOLONE 0.5% (OINT, CREAM), OR MOMETASONE 0.1% OINT IN 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>	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>	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 %	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 %	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 %	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 %	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>	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i>	Tier 1	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i>	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i>	Tier 1	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	Tier 3	

Drug	Status	Notes
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED (OINT, GEL, LOTION), FLUOCINONIDE 0.1% CREAM, CLOBETASOL (SPRAY, LOTION, GEL, OINT, CRM, SOLN), OR HALOBETASOL 0.05% (CREAM, OINT) IN PAST 120 DAS; QL (2 EA per 30 days)
<i>desonide topical cream 0.05 %</i>	Tier 1	
<i>desonide topical gel 0.05 %</i>	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN 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>	Tier 1	
<i>desoximetasone topical gel 0.05 %</i>	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED 0.05% (CRM, GEL, LTN, OINT), DESOXIMETASONE (CRM,GEL,OINT), FLUOCINONIDE (CRM,GEL), CLOBETASOL (EXCEPT FOAM/SHAMPOO), OR HALOBETASOL (CRM,OINT)
DIVINIX TOPICAL CREAM 0.05-4 %	Tier 3	
DIVINIX TOPICAL OINTMENT 0.05-4 %	Tier 3	
DIVINIX TOPICAL SOLUTION 0.05-4 %	Tier 3	
DOMELA TOPICAL CREAM 0.01-4 %	Tier 3	
DYNOMA TOPICAL CREAM 0.05-4 %	Tier 3	
EVESSE TOPICAL LOTION 0.1 %	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (236 ML per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	Tier 1	

Drug	Status	Notes
<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 %	Tier 1	
<i>fluocinonide-emoilient topical cream 0.05 %</i>	Tier 1	
FLUOXIA TOPICAL CREAM 0.05-4 %	Tier 3	
<i>flurandrenolide topical cream 0.05 %</i>	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>flurandrenolide topical lotion 0.05 %</i>	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i>	Tier 1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN 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>	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i>	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
<i>halcinonide topical solution 0.1 %</i>	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL SOLUTION 0.1 %	Tier 3	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	

Drug	Status	Notes
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (236 ML per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical lotion 2 %</i>	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical solution 2.5 %</i>	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
ILEXOR TOPICAL SHAMPOO 0.05-2 %	Tier 3	
<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 %	Tier 3	
PANDEL TOPICAL CREAM 0.1 %	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	

Drug	Status	Notes
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 3	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
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	
TELIORA TOPICAL GEL 0.1-0.5 %	Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 %	Tier 3	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
TRIDERM TOPICAL CREAM 0.5 %	Tier 1	QL (454 GM per 30 days)
Topical Anti-Inflammatory, Nsaids		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Tier 1	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	Tier 1	ST: TRIAL OF DICLOFENAC 1% GEL OR DICLOFENAC 1.5% DROPS IN THE PAST 120 DAYS; QL (224 GM per 28 days)
KERAXA TOPICAL GEL 3-2-4 %	Tier 3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	ST: TRIAL OF GENERIC FLECTOR PATCH IN THE LAST 120 DAYS; QL (1 EA per 1 day)
ROAOXIA TOPICAL GEL 3-2-4 %	Tier 3	
Topical Janus Kinase (Jak) Inhibitors		
OPZELURA TOPICAL CREAM 1.5 %	Tier 2	PA; QL (60 GM per 30 days)
Dermatology - Antipruritic Drugs		
Antipruritics, Systemic		
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML	Tier 3	PA
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 2	
DRYSOL TOPICAL SOLUTION 20 %	Tier 2	
Antiseborrheic Agents		
PLEXION NS TOPICAL SHAMPOO 9.8 %	Tier 3	

Drug	Status	Notes
<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>	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	Tier 1	
Antiseptics, General		
ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 3	
<i>alcohol swabs topical pads, medicated</i>	Tier 3	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	Tier 3	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	Tier 3	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 3	
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 3	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	Tier 3	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 3	
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	
PRO-COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 3	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 3	
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	Tier 3	
WEBCOL TOPICAL PADS, MEDICATED	Tier 3	
Antiseptics, Miscellaneous		
<i>guaiacol liquid</i>	Tier 3	
<i>phenol injection solution 6 %</i>	Tier 1	
Emollients		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	

Drug	Status	Notes
<i>ammonium lactate topical lotion 12 %</i>	Tier 1	
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	
NEW DAY SKIN SPRAY TOPICAL EMULSION	Tier 3	
XCLAIR TOPICAL CREAM	Tier 3	
Iodine Antiseptics		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	Tier 1	
Irrigants		
<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>	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	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 3	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	
Irritants/Counter-Irritants		
<i>methyl salicylate oil</i>	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
WINTERGREEN OIL OIL	Tier 1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 3	PA
Keratolytics		
<i>benzoyl peroxide topical foam 9.8 %</i>	Tier 1	
BPO TOPICAL GEL 8 %	Tier 1	
CEM-UREA TOPICAL GEL 45 %	Tier 1	
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	

Drug	Status	Notes
PODOCON TOPICAL LIQUID 25 %	Tier 1	
<i>podofilox topical gel 0.5 %</i>	Tier 1	ST: TRIAL OF 0.5% PODOFILOX SOLUTION REQUIRED; 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>	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>	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	Tier 1	
<i>salicylic acid topical foam 6 %</i>	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>	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 3	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	Tier 1	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %	Tier 3	
URAMAXIN TOPICAL FOAM 20 %	Tier 3	
URAMAXIN TOPICAL LOTION 45 %	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 %	Tier 1	
<i>urea topical cream 39 %, 40 %, 45 %, 50 %</i>	Tier 1	
<i>urea topical foam 35 %</i>	Tier 1	
<i>urea topical gel 45 %</i>	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	
WAYZEN TOPICAL GEL 40-5 %	Tier 3	
WELERIS TOPICAL GEL 17-2 %	Tier 3	
WENIXRA TOPICAL OINTMENT 5-30 %	Tier 3	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 3	
XIRUN TOPICAL GEL 10-40 %	Tier 3	
Oxidizing Agents		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION	Tier 3	
RENOVAR TOPICAL SOLUTION	Tier 3	
Protectives		

Drug	Status	Notes
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 TOPICAL OINTMENT IN PACKET	Tier 1	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 3	
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste 25 %</i>	Tier 1	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN 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>	Tier 1	
LIDOCORT TOPICAL CREAM 3-0.5 %	Tier 3	
PRAMOSONE TOPICAL CREAM 1-1 %	Tier 2	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 2	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE TOPICAL OINTMENT 2.5-1 %	Tier 2	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>bexarotene topical gel 1 %</i>	Tier 1	PA
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	
<i>fluorouracil topical cream 0.5 %</i>	Tier 1	PA
<i>fluorouracil topical cream 5 %</i>	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	Tier 3	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 %	Tier 3	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
Topical Local Anesthetics		
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	Tier 3	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 3	

Drug	Status	Notes
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 %	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 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	
L.E.T.(LIDO-RACEPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 1	
L.E.T.(LIDO-RACEPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	Tier 1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	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	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Tier 1	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Tier 1	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	
LIDOTHOL ES TOPICAL ADHESIVE PATCH,MEDICATED 4-5 %	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %	Tier 3	
NOBELA TOPICAL OINTMENT 10-10-20 %	Tier 3	
NOLIRA TOPICAL CREAM 23-7 %	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	
TRANZAREL TOPICAL GEL 4 %	Tier 3	
Topical Preparations,Miscellaneous		
KEFUNOVA TOPICAL CREAM 5-0.005 %	Tier 3	
Topical/Mucous Membr./Subcut. Enzymes		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	Tier 3	

Drug	Status	Notes
HYLENEX INJECTION SOLUTION 150 UNIT/ML	Tier 3	
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA
Dermatology - Pigmentation Disorders		
Hyperpigmentation Agents, Systemic		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	Tier 3	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents, Systemic		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	Tier 2	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	Tier 2	PA
ICOTYDE ORAL TABLET 200 MG	Tier 2	
<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, 300 MG/2 ML	Tier 3	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA
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
Antipsoriatics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
PELLIX SCALP SOLUTION 0.005 %	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
PURAZIL TOPICAL CREAM 0.005-4 %	Tier 3	
<i>tazarotene topical cream 0.05 %</i>	Tier 1	Age (Max 39 Years)

Drug	Status	Notes
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
TRILITAS TOPICAL GEL 0.1 %	Tier 1	Age (Max 39 Years)
VTAMA TOPICAL CREAM 1 %	Tier 2	PA; QL (60 GM per 30 days)
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
ZORYVE TOPICAL CREAM 0.3 %	Tier 2	PA; QL (60 GM per 30 days)
II-23 Receptor Antagonist, Monoclonal Antibody		
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML)	Tier 2	PA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 2	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 2	PA
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 INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	Tier 2	PA
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 2	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	Tier 2	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	Tier 2	PA
Topical Agents,Miscellaneous		
COLLANEX TOPICAL POWDER 100 %	Tier 3	
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 3	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
OCM TOPICAL OINTMENT IN PACKET	Tier 3	
SIVORA TOPICAL CREAM 0.3 %	Tier 3	
URACIN TOPICAL CREAM 20 %	Tier 3	
<i>urea topical cream 20 %</i>	Tier 1	
Topical Immunosuppressive Agents		
ELYZIA (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	Tier 3	
ELYZIA TOPICAL OINTMENT 0.1-4 %	Tier 3	
HOVYN TOPICAL SOLUTION 0.1 %	Tier 3	

Drug	Status	Notes
HYFTOR TOPICAL GEL 0.2 %	Tier 3	PA
NUJU TOPICAL SOLUTION 0.1 %	Tier 3	
NUJU TOPICAL CREAM 0.1 %	Tier 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	Tier 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 %	Tier 3	
<i>pimecrolimus topical cream 1 %</i>	Tier 1	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% OR 0.5% OINTMENT IN THE PAST 120 DAYS
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% OR 0.5% OINTMENT IN THE PAST 120 DAYS
VEVEN TOPICAL CREAM 0.1 %	Tier 3	
Topical Vit D Analog/Anti-inflammatory, Steroidal		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 %	Tier 3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 2	
PLENURA TOPICAL SOLUTION 0.05-0.005 %	Tier 3	
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING: ENSTILAR AND GENERIC TOPICAL CALCIPOTRIENE-BETAMETHASONE PRODUCT IN THE PAST 365 DAYS
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
<i>sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg</i>	Tier 1	QL (2 EA per 1 day)
Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist)		
<i>exenatide subcutaneous pen injector 10 mcg/dose (250 mcg/ml) 2.4 ml</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (2.4 ML per 30 days)

Drug	Status	Notes
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (9 ML per 30 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1 EA per 1 day)
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; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; 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; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (2 ML per 28 days)
Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib		
<i>dapagliflozin oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: PRIOR PRESCRIPTION FOR METFORMIN(GLUCOPHAGE), METFORMIN ER, GLYBURIDE/METFORMIN (GLUCOVANCE) OR GLIPIZIDE/METFORMIN (METAGLIP) WITHIN THE PAST 180 DAYS
Antihyperglycemic - Incretin Mimetics Combination		
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; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (0.5 ML per 7 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antihyperglycemic, Dpp-4 Inhibitors		
<i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
<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)

Drug	Status	Notes
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 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	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)		
<i>metformin oral solution 500 mg/5 ml</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	
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLQUA 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)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
Antihyperglycemic,Insulin-Response & Release Comb.		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYLUREA COMBO REQUIRED WITHIN THE PAST 120 DAYS
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG	Tier 2	PA
<i>mifepristone oral tablet 300 mg</i>	Tier 1	PA
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb		
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-500 mg, 5-500 mg</i>	Tier 1	QL (1 EA per 1 day)
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)

Drug	Status	Notes
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG	Tier 3	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYLUREA COMBO REQUIRED WITHIN THE PAST 120 DAYS
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
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)
Blood Sugar Diagnostics		
CONTOUR NEXT TEST STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP	Tier 2	QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 2	QL: 300 IN 30 DAYS IF 20 YEARS OF AGE OR YOUNGER 200 IN 30 DAYS WITH HISTORY OF INSULINS OR 100 IN 30 DAYS WITH NO HISTORY OF INSULINS IF 21 YEARS OF AGE OR OLDER; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	Tier 2	QL: 300 IN 30 DAYS IF 20 YEARS OF AGE OR YOUNGER 200 IN 30 DAYS WITH HISTORY OF INSULINS OR 100 IN 30 DAYS WITH NO HISTORY OF INSULINS IF 21 YEARS OF AGE OR OLDER; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 2	QL: 300 IN 30 DAYS IF 20 YEARS OF AGE OR YOUNGER 200 IN 30 DAYS WITH HISTORY OF INSULINS OR 100 IN 30 DAYS WITH NO HISTORY OF INSULINS IF 21 YEARS OF AGE OR OLDER; QL (200 EA per 30 days)
FREESTYLE TEST STRIP	Tier 2	QL: 300 IN 30 DAYS IF 20 YEARS OF AGE OR YOUNGER 200 IN 30 DAYS WITH HISTORY OF INSULINS OR 100 IN 30 DAYS WITH NO HISTORY OF INSULINS IF 21 YEARS OF AGE OR OLDER; QL (200 EA per 30 days)

Drug	Status	Notes
PRECISION XTRA TEST STRIP	Tier 2	QL: 300 IN 30 DAYS IF 20 YEARS OF AGE OR YOUNGER 200 IN 30 DAYS WITH HISTORY OF INSULINS OR 100 IN 30 DAYS WITH NO HISTORY OF INSULINS IF 21 YEARS OF AGE OR OLDER; QL (200 EA per 30 days)
Diabetic Supplies		
ASSURE TITANIUM GLUCOSE SYSTEM	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	
CEQUR SIMPLICITY DEVICE 1 UNIT (240 UNIT)	Tier 3	
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT), 2 UNIT (240 UNIT)	Tier 2	QL (10 EA per 30 days)
CEQUR SIMPLICITY INSERTER	Tier 2	QL (1 EA per 365 days)
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 15 DAY SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 30 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
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	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; 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)
GLUCOCOM AUTOLINK	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
ILET INFUSION KIT-FLEX 23" COMBO PACK	Tier 3	
ILET INFUSION KIT-INSET 23" COMBO PACK	Tier 3	
ILET INFUSION KIT-INSET 32" COMBO PACK	Tier 3	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	Tier 3	
ILET INSULIN PUMP	Tier 3	PA
ILET STARTER KIT CONTACT KIT	Tier 3	
ILET STARTER KIT-INSET KIT	Tier 3	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 2	
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	

Drug	Status	Notes
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 2	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	Tier 3	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET	Tier 3	
MEDTRONIC EXT INFUSION SET 43" INFUSION SET	Tier 3	
MINIMED 780G INSULIN PUMP	Tier 3	PA
MINIMED APP MANAGER	Tier 3	
MINIMED FLEX	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 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	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 3	
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE	Tier 2	
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 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	
SIMPLERA SENSOR DEVICE	Tier 3	PA
SIMPLERA SYNC SENSOR DEVICE	Tier 3	PA
T:SLIM X2 CONTROL-IQ	Tier 3	PA
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Tier 3	

Drug	Status	Notes
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK	Tier 3	
TANDEM MOBI SYSTEM	Tier 3	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	Tier 3	
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK	Tier 3	
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK	Tier 3	
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK	Tier 3	
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK	Tier 3	
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK	Tier 3	
TANDEM T:SLIM X2 STARTER KIT	Tier 3	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT	Tier 2	
TWIIST STARTER KIT KIT	Tier 2	QL (1 EA per 365 days)
V-GO 20 DEVICE	Tier 2	
V-GO 30 DEVICE	Tier 2	
V-GO 40 DEVICE	Tier 2	
Disease Modifying Agents For Type 1 Diabetes		
TZIELD INTRAVENOUS SOLUTION 1 MG/ML	Tier 3	PA
Hyperglycemics		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 2	QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 1	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)
Insulins		

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
AWIQLI FLEXTOUCH SUBCUTANEOUS INSULIN PEN 700 UNIT/ML (1.5 ML)	Tier 3	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 2	QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 FILLS)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	QL (30 ML per 28 FILLS)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	QL (40 ML per 28 FILLS)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 FILLS)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	QL (40 ML per 28 FILLS)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (30 ML per 28 FILLS)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 FILLS)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 FILLS)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 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 FILLS)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 2	QL (30 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Tier 2	QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Tier 1	QL (30 ML per 28 FILLS)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	Tier 1	QL (30 ML per 28 FILLS)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	Tier 1	QL (30 ML per 28 FILLS)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	Tier 1	QL (40 ML per 28 FILLS)

Drug	Status	Notes
LANGLARA U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (30 ML per 28 FILLs)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 FILLs)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 FILLs)
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)	Tier 3	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70- 30)	Tier 2	QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 2	QL (18 ML per 28 FILLs)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 2	QL (13.5 ML per 28 FILLs)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 FILLs)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (18 ML per 28 FILLs)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 FILLs)
Urine Glucose Test Aids		

Drug	Status	Notes
DIASTIX STRIP	Tier 3	
Urine Glucose/Acetone Test Aids, Strips		
KETO-DIASTIX STRIP	Tier 3	
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 1	
Ear Preparations, Misc. Anti-Infectives		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
CLOTIC OTIC (EAR) DROPPERETTE 1 %	Tier 3	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
Ear Preparations, Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	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	
Otic Preparations, Anti-Inflammatory-Antibiotics		
<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>	Tier 1	
<i>ciprofloxacin-hydrocortisone otic (ear) drops, suspension 0.2-1 %</i>	Tier 1	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
<i>tolvaptan oral tablet 15 mg</i>	Tier 1	QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 1	QL (60 EA per 365 days)
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML	Tier 3	
Bicarbonate Producing/Containing Agents		
<i>sodium acetate intravenous solution 2 meq/ml, 4 meq/ml</i>	Tier 1	
<i>sodium bicarbonate in d5w intravenous solution 150 meq/1,000 ml</i>	Tier 1	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %</i>	Tier 1	
<i>sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)</i>	Tier 1	
Drugs Used To Treat Acidosis		
THAM INTRAVENOUS SOLUTION 36 MG/ML (0.3 M)	Tier 3	

Drug	Status	Notes
<i>tromethamine in sterile water intravenous syringe 1.8 gram/50 ml (0.3 molar)</i>	Tier 1	
<i>tromethamine intravenous solution 36 mg/ml (0.3 m)</i>	Tier 1	
Electrolyte Depleters		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
<i>ferric citrate oral tablet 210 mg iron</i>	Tier 1	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (3 EA per 1 day)
KIONEX ORAL SUSPENSION 15 GRAM/60 ML	Tier 1	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
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>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	Tier 1	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</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 1 GRAM, 16.8 GRAM, 8.4 GRAM	Tier 3	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 3	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (2 EA per 1 day)
Electrolyte Maintenance		
<i>electrolyte-148 intravenous parenteral solution</i>	Tier 1	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	Tier 1	
<i>electrolyte-a intravenous parenteral solution</i>	Tier 1	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 3	

Drug	Status	Notes
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	Tier 3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	Tier 3	
<i>lactated ringers intravenous parenteral solution</i>	Tier 3	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	Tier 3	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 3	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	Tier 3	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	Tier 3	
PLASMA-LYTE 148 PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	Tier 3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	Tier 3	
<i>ringer's intravenous parenteral solution</i>	Tier 1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	Tier 3	
Phosphate Replacement		
<i>potassium phos in 0.9 % nacl intravenous piggyback 15 mmol/100 ml</i>	Tier 1	
<i>potassium phos in 0.9 % nacl intravenous solution 15 mmol/250 ml, 30 mmol/500 ml</i>	Tier 1	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	Tier 1	
<i>sodium phosphate intravenous solution 3 mmol/ml</i>	Tier 1	
Potassium Replacement		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	Tier 1	
<i>potassium acetate intravenous solution 2 meq/ml</i>	Tier 1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	Tier 1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/250 ml (80 meq/l), 20 meq/l, 40 meq/500 ml (80 meq/l), 40 meq/l</i>	Tier 1	

Drug	Status	Notes
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	Tier 1	
<i>potassium chloride in Ir-d5 intravenous parenteral solution 20 meq/l</i>	Tier 1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	Tier 1	
<i>potassium chloride in water intravenous syringe 10 meq/5 ml (2 meq/ml), 100 meq/50 ml</i>	Tier 1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	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>	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	Tier 1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	Tier 1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	Tier 1	
<i>potassium cl-lido-0.9 % sodchl intravenous piggyback 10 meq-10 mg /100 ml</i>	Tier 1	
Sodium/Saline Preparations		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE	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>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe, with swab cap</i>	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 3 % hypertonic intravenous parenteral solution 3 %</i>	Tier 1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 1	

Drug	Status	Notes
<i>sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml</i>	Tier 1	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	ST: TRIAL OF GENERIC VIAGRA IN 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	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	Tier 1	
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG-50 MCG	Tier 3	
Fertility Stimulating Preparations,Non-Fsh		
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	
MILOPHENE ORAL TABLET 50 MG	Tier 1	
Follicle Stim./Luteinizing Hormones		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	
Follicle-Stimulating Hormone (Fsh)		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Tier 3	
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML	Tier 2	
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT	Tier 2	
Human Chorionic Gonadotropin (Hcg)		
<i>chorionic gonadotropin, human injection recon soln 6,000 unit</i>	Tier 1	
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	Tier 3	
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 3	
Pregnancy Facilitating/Maintaining Agent,Hormonal		

Drug	Status	Notes
CRINONE VAGINAL GEL 8 %	Tier 2	
<i>progesterone micronized vaginal insert 100 mg</i>	Tier 1	
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 3	PA
RECORLEV ORAL TABLET 150 MG	Tier 3	PA
Adrenocorticotrophic Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antidiuretic And Vasopressor Hormones		
<i>desmopressin injection solution 4 mcg/ml</i>	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>	Tier 1	
NOC DURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	QL (1 EA per 1 day)
NOC DURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	QL (1 EA per 1 day)
TERLIVAZ INTRAVENOUS RECON SOLN 0.85 MG	Tier 3	
<i>vasopressin in 0.9 % sod chlor intravenous solution 20 unit/100 ml (0.2 unit/ml), 40 unit/100 ml (0.4 unit/ml)</i>	Tier 1	
<i>vasopressin in 0.9 % sod chlor intravenous syringe 2 unit/2 ml (1 unit/ml)</i>	Tier 1	
<i>vasopressin in dextrose 5 % intravenous solution 20 unit/100 ml (0.2 unit/ml), 50 unit/50 ml (1 unit/ml)</i>	Tier 1	
<i>vasopressin in dextrose 5 % intravenous syringe 5 unit/5 ml (1 unit/ml)</i>	Tier 1	
<i>vasopressin intravenous solution 20 unit/ml</i>	Tier 1	
VASOSTRICT INTRAVENOUS SOLUTION 0.2 UNIT/ML, 0.4 UNIT/ML	Tier 3	
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	Tier 3	PA
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 2	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 2	PA

Drug	Status	Notes
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 2	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 2	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 1	PA
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	Tier 3	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	Tier 3	PA
VABRINTY (1 MONTH) SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 1	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 3	PA
Bone Formation Stim. Agents - Parathyroid Hormone		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	Tier 1	PA
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 2	PA
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	
Bone Resorption Inhibitors		
<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, 70 mg</i>	Tier 1	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 1	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	Tier 1	
<i>ibandronate intravenous solution 3 mg/3 ml</i>	Tier 1	ST: PREVIOUS RX FOR IBANDRONATE OR ALENDRONATE REQUIRED
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	Tier 1	ST: PREVIOUS RX FOR IBANDRONATE OR ALENDRONATE REQUIRED
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 2	PA
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	Tier 1	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	Tier 1	
<i>raloxifene oral tablet 60 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i>	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 30 days)

Drug	Status	Notes
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i>	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 2	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, 5 mg/100 ml</i>	Tier 1	
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	Tier 1	
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	Tier 1	
<i>cinacalcet oral tablet 90 mg</i>	Tier 1	QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML	Tier 3	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 2	
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 3	PA
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Tier 3	PA
Growth Hormones		
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 FLEXPRO 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
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
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 2	PA

Drug	Status	Notes
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
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	Tier 1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 2	QL (2 EA per 1 day)
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 3	PA
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
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
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 3	PA
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
<i>cetrotorelix subcutaneous kit 0.25 mg</i>	Tier 1	
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 1	
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 1	
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	Tier 3	PA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	Tier 3	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	Tier 3	PA
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
YUWIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG	Tier 3	PA; QL (1 EA per 28 days)
YUWIWEL SUBCUTANEOUS RECON SOLN 5.5 MG	Tier 3	PA; QL (2 EA per 28 days)
Parathyroid Hormones		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Tier 3	PA
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	

Drug	Status	Notes
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 3	PA
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 3	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
Insulin-Like Growth Factor Receptor (Igf-R) Inhib		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	Tier 3	PA
Iodine Containing Agents		
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	Tier 1	
LUGOLS ORAL SOLUTION 5 %	Tier 3	
<i>potassium iodide oral solution 1 gram/ml</i>	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML	Tier 1	
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
Thyroid Hormones		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 2	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 2	
AMERITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 1	
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 2	
ARMOUR THYROID ORAL TABLET 15 MG	Tier 2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 2	
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	Tier 1	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 2	
EVEXITHROID ORAL TABLET 180 MG, 45 MG, 75 MG	Tier 2	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	Tier 1	
<i>levothyroxine intravenous solution 100 mcg/ml, 20 mcg/ml, 40 mcg/ml</i>	Tier 1	
<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>	Tier 1	PA

Drug	Status	Notes
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 1	
<i>liothyronine intravenous solution 10 mcg/ml</i>	Tier 1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 2	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 2	
RENTHYROID ORAL TABLET 45 MG, 75 MG	Tier 2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 2	QL (20 ML per 1 day)
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
TIROSINT 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	Tier 2	PA
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 2	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 2	PA
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<i>dexamet-moxifl-ketoro-nacl(pf) intraocular solution 1-0.5-0.4 mg/ml</i>	Tier 1	
<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-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %</i>	Tier 1	
Eye Antibiotic-Corticoid Combinations		

Drug	Status	Notes
<i>dexameth-moxiflox(pf)-nacl,iso intraocular solution 1-5 mg/ml</i>	Tier 1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	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	
<i>tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %</i>	Tier 1	
Eye Antihistamines		
<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>	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	Tier 1	QL (3 ML per 30 days)
Eye Antiinflammatory Agents		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	ST: TRIAL OF ILEVRO 0.3% AND ONE OF THE FOLLOWING: DICLOFENAC 0.1% OR KETOROLAC 0.5% IN THE PAST 365 DAYS; QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i>	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (3.4 ML per 16 days)
BYQLOVI OPHTHALMIC (EYE) DROPS,SUSPENSION 0.05 %	Tier 3	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (3.5 ML per 14 days)

Drug	Status	Notes
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Tier 1	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN 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	
DEXYCU (PF) INTRAOCULAR SUSPENSION 9 %	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>	Tier 1	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	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>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	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>	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	Tier 1	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN 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>	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	

Drug	Status	Notes
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</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	
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML	Tier 3	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML	Tier 3	
YUTIQ INTRAVITREAL IMPLANT 0.18 MG	Tier 3	
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	ST: TRIAL OF ORAL ACYCLOVIR, VALACYCLOVIR OR FAMCICLOVIR IN THE PAST 120 DAYS
Eye Local Anesthetics		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
<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>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 1	
Eye Sulfonamides		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	PA
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 2	PA
Ophthalmic (Eye) Antiparasitics		
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 2	PA
Ophthalmic Antibiotics		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	

Drug	Status	Notes
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	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	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	Tier 1	
<i>moxifloxacin (pf)-bss intracameral solution 1 mg/ml</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	
<i>moxifloxacin-sod chlor,iso(pf) intraocular solution 0.8 mg/0.8 ml, 4 mg/0.8 ml, 5 mg/ml</i>	Tier 1	
<i>moxifloxacin-sod chlor,iso(pf) intraocular syringe 0.3 mg/0.3 ml, 1.6 mg/ml</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	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 water ophthalmic (eye) drops 2.5 %</i>	Tier 1	
Ophthalmic Antifungal Agents		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	ST: TRIAL OF TWO OF THE FOLLOWING: MIEBO, XIIDRA, TYRVAYA OR GENERIC RESTASIS IN THE PAST 365 DAYS; QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
Ophthalmic Complement Inhibitors		

Drug	Status	Notes
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML	Tier 3	PA
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML	Tier 3	PA
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 3	PA
Ophthalmic Mast Cell Stabilizers		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML	Tier 3	
DISCOVISC INTRAOCULAR SYRINGE 40-17 MG/ML	Tier 3	
DUOVISC VISCO ELASTIC INTRAOCULAR SYRINGE 3 %-4 %(0.35ML) 1 % (0.4 ML), 3 %-4 %(0.5 ML) 1 % (0.55 ML), 4 %-3 % (0.5ML) 1 % (0.85 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	
VISCOAT INTRAOCULAR SYRINGE 4-3 % (40-30 MG/ML)	Tier 3	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Miotics/Other Intraoc. Pressure Reducers		
<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 (2.5 ML per 25 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 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	

Drug	Status	Notes
<i>brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %</i>	Tier 1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	Tier 1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	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>	Tier 1	ST: TRIAL OF DORZOLAMIDE/TIMOLOL (NON-COSOPT PF FORMULATION) REQUIRED; QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	
DURYSTA INTRACAMERAL IMPLANT 10 MCG	Tier 3	
IDOSE TR INTRACAMERAL IMPLANT 75 MCG	Tier 3	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 1	QL (2.5 ML per 25 days)
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML)	Tier 3	
MIOSTAT INTRAOCULAR SOLUTION 0.01 %	Tier 3	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>	Tier 1	QL (10 ML per 30 days)
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	Tier 3	QL (2 EA per 1 day)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	ST: TRIAL OF DORZOLAMIDE OR DORZOLAMIDE/TIMOLOL IN THE PAST 120 DAYS
<i>tafluprost (pf) ophthalmic (eye) 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) 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>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %</i>	Tier 1	
<i>timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %</i>	Tier 1	

Drug	Status	Notes
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
<i>timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %</i>	Tier 1	
<i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 1	
<i>timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 1	QL (2.5 ML per 25 days)
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 %	Tier 3	QL (1 EA per 1 day)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	QL (2.5 ML per 30 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	QL (2.5 ML per 25 days)
YUVEZZI OPHTHALMIC (EYE) DROPPERETTE 2.75-0.1 %	Tier 3	QL (1 EA per 1 day)
Mydriatics		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %, 1 %</i>	Tier 1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %	Tier 3	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	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-kef-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	Tier 1	
<i>lidocaine-phenylephrin-bss(pf) intraocular syringe 1-1.5 %</i>	Tier 1	
<i>lidocaine-phenylephrn in water intraocular solution 1-1.5 %</i>	Tier 1	
<i>lidocaine-phenyleph-sod cl(pf) intracameral syringe 1-1.5 %</i>	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>racepineph-lidocaine-bss 7(pf) intraocular solution 0.025-0.75 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1	
Ophthalmic Antifibrotic Agents		
<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	

Drug	Status	Notes
Eye - Miscellaneous		
Artificial Tears		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 2	
Eye Irrigations		
BSS PLUS INTRAOCULAR SOLUTION	Tier 3	
Eye Mydriatic And Nsaid Combinations		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	Tier 1	
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %	Tier 3	
Ocular Photoactivated Vessel-Occluding Agents		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG	Tier 3	
Ophth Vasc. Endothelial Growth Factor Antagonists		
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
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML	Tier 3	PA
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML	Tier 3	PA
YESAFILI INTRAVITREAL SYRINGE 2 MG/0.05 ML	Tier 1	
Ophth. Vegf-A Receptor Antag. Rcmb Mc Antibody		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML	Tier 3	PA
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2.25 mg/0.09 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 SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	Tier 3	PA
NUFYMCO INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	Tier 3	
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML	Tier 3	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML	Tier 3	PA
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 2	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 2	PA
Ophthalmic Vegf-A And Ang-2 Inhib, Bispecific Ab		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	Tier 3	PA
VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML	Tier 3	PA
Fluid Replacement		
Iv Solutions: Dextrose And Lactated Ringers		

Drug	Status	Notes
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	Tier 1	
Iv Solutions: Dextrose-Saline		
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	Tier 1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	Tier 1	
D5 % (D-GLUCOSE)-0.9 % SODCHLR INTRAVENOUS PARENTERAL SOLUTION	Tier 1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	Tier 1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	Tier 1	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	Tier 1	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	Tier 1	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	Tier 1	
Iv Solutions: Dextrose-Water		
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	Tier 1	
<i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i>	Tier 1	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	Tier 1	
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	Tier 1	
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	Tier 1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	Tier 1	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	Tier 1	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	Tier 1	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	Tier 1	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	Tier 1	
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 2	PA
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 3	QL (10 ML per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	

Drug	Status	Notes
<i>allopurinol sodium intravenous recon soln 500 mg</i>	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	
Hyperuricemia Tx - Urate-Oxidase Enzyme-Type		
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	Tier 3	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50 ML, 8 MG/ML	Tier 3	PA
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	PA
CABLIVI INJECTION KIT 11 MG	Tier 3	PA
Anticoagulant Reversal Agents		
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	Tier 3	
Anticoagulants, Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	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>	Tier 1	
Antifibrinolytic Agents		
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	Tier 1	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG), 2 GRAM (1,400 MG-2,600 MG)	Tier 3	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	Tier 3	
<i>tranexamic acid in nacl,iso-os intravenous piggyback 1,000 mg/100 ml (10 mg/ml)</i>	Tier 1	
<i>tranexamic acid in nacl,iso-os intravenous solution 1,000 mg/100 ml (10 mg/ml)</i>	Tier 1	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antihemophilic Factors		
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	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 3	
KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

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	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NUWIIQ INTRAVENOUS RECON SOLN 1,500 UNIT	Tier 3	
NUWIIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antiporphyria Factors		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	Tier 3	
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Citrates As Anticoagulants		
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	
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter solution 4 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
TRICITRASOL INJECTION CONCENTRATE 46.7 %	Tier 3	
Coagulants		
protamine intravenous solution 10 mg/ml	Tier 1	
Direct Factor Xa Inhibitors		
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)

Drug	Status	Notes
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3)	Tier 2	QL (32 EA per 1 day)
ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)	Tier 3	QL (32 EA per 1 day)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	Tier 2	QL (4 EA per 1 day)
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>	Tier 1	QL (20 ML per 1 day)
<i>rivaroxaban oral tablet 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
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)
Drugs To Treat Acute Hepatic Porphyria (Ahp)		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	Tier 3	PA
Erythroid Maturation Agents		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	Tier 3	PA
Factor Ix Complex (Pcc) Preparations		
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT	Tier 3	
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	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Hematinics,Other		
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML	Tier 3	PA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 3	PA
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
Hemophilia Treatment Agents,Non-Factor Replacement		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 75 MG/0.5 ML	Tier 3	PA
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Heparin And Related Preparations		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	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>	Tier 1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	Tier 1	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	Tier 1	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	Tier 1	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	Tier 1	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 3	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 3	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 3	QL (60 ML per 30 days)

Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 3	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 3	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 3	QL (18 ML per 30 days)
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 30,000 unit/1,000 ml, 5,000 unit/1,000 ml, 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	Tier 1	
<i>heparin (porcine) in nacl (pf) intravenous syringe 20 unit/20 ml (1 unit/ml), 50 unit/50 ml (1 unit/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	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 12,500 unit/250 ml</i>	Tier 3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 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 syringe 1 unit/ml, 10 unit/ml, 100 unit/ml</i>	Tier 1	
Human Monoclonal Antibody Complement(C5) Inhibitor		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	PA
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML	Tier 3	
FABHALTA ORAL CAPSULE 200 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TAVNEOS ORAL CAPSULE 10 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	Tier 3	PA

Drug	Status	Notes
VEOPOZ INJECTION SOLUTION 200 MG/ML	Tier 3	PA
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 3	PA
Leukocyte (Wbc) Stimulants		
ARMLUPEG SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 2	PA
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
Plasma Expanders		
<i>hetastarch 6 % in 0.9 % nacl intravenous solution 6 %</i>	Tier 1	
HEXTEND INTRAVENOUS SOLUTION 6 %	Tier 3	
LMD 10 % IN 0.9 % SODIUM CHLOR INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 3	
LMD 10 % IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 3	
Plasma Proteins		
ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION 25 %	Tier 3	
ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 3	
<i>albumin, human 25 % intravenous parenteral solution 25 %</i>	Tier 3	
<i>albumin, human 5 % intravenous parenteral solution 5 %</i>	Tier 3	
ALBUMINEX 25 % INTRAVENOUS SOLUTION 25 %	Tier 3	
ALBUMINEX 5 % INTRAVENOUS SOLUTION 5 %	Tier 3	
ALBURX (HUMAN) 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %	Tier 3	
ALBURX (HUMAN) 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 3	
ALBUTEIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %	Tier 3	
ALBUTEIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 3	

Drug	Status	Notes
FLEXBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %	Tier 3	
FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 3	
OCTAPLAS (BLOOD GROUP A) INTRAVENOUS SOLUTION 45 TO 70 MG/ML	Tier 3	
OCTAPLAS (BLOOD GROUP AB) INTRAVENOUS SOLUTION 45 TO 70 MG/ML	Tier 3	
OCTAPLAS (BLOOD GROUP B) INTRAVENOUS SOLUTION 45 TO 70 MG/ML	Tier 3	
OCTAPLAS (BLOOD GROUP O) INTRAVENOUS SOLUTION 45 TO 70 MG/ML	Tier 3	
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
THROMBATE III INTRAVENOUS RECON SOLN 500 (+/-) UNIT	Tier 3	
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0 COPAY	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0 COPAY	
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	Tier 3	
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML)	Tier 3	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	\$0 COPAY	
<i>aspirin oral tablet,chewable 81 mg</i>	\$0 COPAY	
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	\$0 COPAY	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0 COPAY	
CHILDREN'S ASPIRIN ORAL 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>	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	
KENGREAL INTRAVENOUS RECON SOLN 50 MG	Tier 3	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	\$0 COPAY	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0 COPAY	

Drug	Status	Notes
<i>ticagrelor oral tablet 60 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>ticagrelor oral tablet 90 mg</i>	Tier 1	
<i>tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml)</i>	Tier 1	
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
Protein C Preparations		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	Tier 3	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	Tier 3	
Pyruvate Kinase Activators		
AQVESME ORAL TABLET 100 MG	Tier 3	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Sickle Cell Anemia Agents		
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 GRAM	Tier 3	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 1	PA
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: TRIAL OF GENERIC HYDROXYUREA AND DROXIA REQUIRED.
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML	Tier 3	PA
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 2	PA
WAYRILZ ORAL TABLET 400 MG	Tier 3	PA
Thrombin Inhibitors,Sel.,Direct,&Rev.-Hirudin Type		
<i>bivalirudin intravenous recon soln 250 mg</i>	Tier 1	
<i>bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)</i>	Tier 1	
Thrombin Inhibitors,Selective,Direct, & Reversible		
<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	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
Thrombolytic Enzymes		
ACTIVASE INTRAVENOUS RECON SOLN 100 MG, 50 MG	Tier 3	
CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN 2 MG	Tier 3	
TNKASE INTRAVENOUS RECON SOLN 25 MG, 50 MG	Tier 3	

Drug	Status	Notes
Thrombopoietin Receptor Agonists		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 2	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
DOPTelet SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG	Tier 2	PA
<i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i>	Tier 1	PA
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA
MULPLETA ORAL TABLET 3 MG	Tier 3	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	Tier 3	PA
Topical Hemostatics		
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	
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	
GEL-FLOW NT TOPICAL SYRINGE	Tier 3	
GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT	Tier 3	
MONSEL'S TOPICAL SOLUTION 0.2 TO 0.22 GRAM/ML IRON	Tier 3	
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	
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 SOLUTION 20,000 UNIT/20 ML, 5,000 UNIT/5 ML	Tier 3	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT	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	

Drug	Status	Notes
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	
Vitamin K Preparations		
<i>phytonadione (vitamin k1) injection solution 1 mg/0.5 ml, 10 mg/ml</i>	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	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	Tier 1	
Hormonal Deficiency		
Androgenic Agents		
ANDRELA SUBCUTANEOUS SYRINGE 1.25 MG/0.05 ML, 10 MG/0.4 ML, 12.5 MG/0.05 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 2.5 MG/0.1 ML, 20 MG/0.4 ML, 5 MG/0.2 ML, 7.5 MG/0.3 ML	Tier 1	
ANDRENYX SUBCUTANEOUS SYRINGE 100 MG/0.4 ML, 150 MG/0.6 ML, 200 MG/0.8 ML, 25 MG/0.1 ML, 50 MG/0.2 ML, 75 MG/0.3 ML	Tier 1	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	Tier 3	
AZMIRO INTRAMUSCULAR SYRINGE 200 MG/ML	Tier 3	PA; QL (2 ML per 28 days)
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	Tier 3	PA; QL (10 ML per 28 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	Tier 3	PA; QL (4 EA per 1 day)
JATENZO ORAL CAPSULE 237 MG	Tier 3	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 150 MG, 200 MG	Tier 3	PA; QL (4 EA per 1 day)
METHITEST ORAL TABLET 10 MG	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML	Tier 3	
TESTOPEL IMPLANT PELLETT 75 MG	Tier 3	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 1	PA; QL (10 ML per 28 days)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA; QL (5 ML per 28 days)
<i>testosterone implant pellet 100 mg, 200 mg, 50 mg</i>	Tier 1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 1	PA; QL (4 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 1	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	Tier 1	PA; QL (10 GM per 1 day)

Drug	Status	Notes
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	Tier 1	PA; QL (1.25 GM per 1 day)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1	PA; QL (6 ML per 1 day)
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA; QL (4 EA per 1 day)
UNDECATREX ORAL CAPSULE 200 MG	Tier 3	PA; QL (4 EA per 1 day)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 2	PA; QL (2 ML per 28 days)
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
Estrogen And Progestin Combinations		
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)
Estrogen/Androgen Combinations		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG	Tier 1	
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG	Tier 3	
<i>estrogens-methyl/testosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	Tier 1	
Estrogenic Agents		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	Tier 1	
ABIGALE ORAL TABLET 1-0.5 MG	Tier 1	
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)
<i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	Tier 1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	Tier 3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	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	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (52 GM per 30 days)
<i>estradiol implant pellet 6 mg</i>	Tier 1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	Tier 1	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS

Drug	Status	Notes
<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>	Tier 1	QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i>	Tier 1	QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	Tier 1	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>	Tier 1	QL (2 EA per 7 days)
<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>	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	ST: TRIAL OF ONE GENERIC TRANSDERMAL ESTROGENS AND ONE ESTRADIOL TRANSDERMAL PATCH IN THE PAST 365 DAYS; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
LYLLANA 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	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	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
PREMARIN INJECTION RECON SOLN 25 MG	Tier 3	
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	
Menopausal Symptoms Suppressant - Ssr		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Not Covered	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF PAROXETINE HCL OR VENLAFAXINE REQUIRED; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Nk3 Receptor Antag		
VEOZAH ORAL TABLET 45 MG	Tier 3	
Progestational Agents		
CRINONE VAGINAL GEL 4 %	Tier 2	
GALLIFREY ORAL TABLET 5 MG	Tier 1	

Drug	Status	Notes
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	
Immunization		
Antisera		
ALYGLO INTRAVENOUS SOLUTION 10 %	Tier 3	PA
BABYBIG INTRAVENOUS RECON SOLN 100 MG	Tier 3	
BIVIGAM INTRAVENOUS SOLUTION 10 %	Tier 3	PA
CNJ-016 (NATIONAL STOCKPILE) INTRAVENOUS SOLUTION 50,000 UNIT	Tier 3	
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 ERC INJECTION SOLUTION 10 %	Tier 2	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 2	PA
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATER 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
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	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	Tier 3	

Drug	Status	Notes
HYPERRHO INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG)	Tier 3	
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML	Tier 3	
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
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	Tier 3	
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	Tier 3	
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATER THAN 312 UNIT/ML	Tier 3	
OCTAGAM INTRAVENOUS SOLUTION 10 %	Tier 2	PA
OCTAGAM INTRAVENOUS SOLUTION 5 %	Tier 3	PA
PANZYGA INTRAVENOUS SOLUTION 10 %	Tier 2	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	Tier 2	PA
QIVIGY INTRAVENOUS SOLUTION 10 %	Tier 3	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	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 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	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 2	PA
YIMMUGO INTRAVENOUS SOLUTION 10 %	Tier 3	PA
Covid-19 Vaccines		
COMIRNATY 2026-2027(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2026-27 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NUVAXOVID 2026-2027 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2026-2027(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2026-27 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Enteric Virus Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
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
Gram (-) Bacilli (Non-Enteric) Vaccines		
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	Tier 3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 3	
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
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
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 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
Gram Positive Cocci Vaccines		
CAPVAXIVE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
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
Influenza Virus Vaccines		
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML	Tier 3	
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE 7.5 MCG/0.5 ML	Tier 3	
FLUAD 2026-2027 (65 YR 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
FLUARIX 2026-2027 (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 2026-2027 (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 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2026-2027 (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
FLUMIST 2026-2027 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
FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) 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 2026-2027 (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 2026-2027 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2026-27 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MFLUSIVA 2026-2027 (PF) INTRAMUSCULAR SYRINGE 37.5 MCG (12.5 MCG X 3)/0.38ML	Tier 3	
Neurotoxic Virus Vaccines		
DENGVAIXA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	Tier 3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	Tier 3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	Tier 3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	Tier 3	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	Tier 3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	Tier 3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	Tier 3	
Toxin-Producing Bacilli Vaccines/Toxoids		
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	Tier 3	
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	
Vaccine/Toxoid Preparations,Combinations		
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

Drug	Status	Notes
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
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 20MCG-5LF- 62 DU/0.5 ML	\$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
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 SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Viral/Tumorigenic Vaccines		
ABRYSV0 (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML	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
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML	Tier 3	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 COPAY	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
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
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	Tier 3	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 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
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 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
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	Tier 3	
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 3	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 3	
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	Tier 3	PA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 3	PA
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	
KAZURI TOPICAL GEL 5-0.05-1 %	Tier 3	
KERIDA TOPICAL GEL 5-0.1-30 %	Tier 3	
KYNARA TOPICAL GEL 5-1-2 %	Tier 3	
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	Tier 3	
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 %	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 %	Tier 3	

Drug	Status	Notes
Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	Tier 2	
TRUTAKNA SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	Tier 3	
Immunosuppressant-Interferon Gamma Inhibitor, Mab		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	Tier 3	PA
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 3	PA
SAPHNELO PEN SUBCUTANEOUS AUTO-INJECTOR 120 MG/0.8 ML	Tier 2	PA; QL (3.2 ML per 28 days)
Immunosuppressives		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 2	
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>azathioprine sodium injection recon soln 100 mg</i>	Tier 1	
CELLCEPT ORAL CAPSULE 250 MG	Tier 3	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	Tier 3	
CELLCEPT ORAL TABLET 500 MG	Tier 3	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	
IMURAN ORAL TABLET 50 MG	Tier 3	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 3	PA
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	Tier 1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	Tier 1	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	Tier 3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML	Tier 2	
NULOJIX INTRAVENOUS RECON SOLN 250 MG	Tier 2	

Drug	Status	Notes
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Tier 2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	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 intravenous solution 5 mg/ml</i>	Tier 1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i>	Tier 1	ST: TRIAL OF GENERIC TACROLIMUS IN THE PAST 120 DAYS
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	Tier 2	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 3	
Rho Kinase Inhibitor		
REZUROCK ORAL TABLET 200 MG	Tier 2	PA
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	Tier 1	
Antibacterial Monoclonal Antibodies		
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML	Tier 3	
Betalactams		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	Tier 1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 2	PA
EMBLAVEO INTRAVENOUS RECON SOLN 2 GRAM	Tier 3	
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)	Tier 3	
Carbapenems (Thienamycins)		
<i>ertapenem injection recon soln 1 gram</i>	Tier 1	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	Tier 1	
<i>meropenem intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 1	
<i>meropenem-0.9% sodium chloride intravenous piggyback 1 gram/50 ml, 500 mg/50 ml</i>	Tier 1	
ORLYNVAH ORAL TABLET 500-500 MG	Tier 3	PA; QL (2 EA per 1 day)

Drug	Status	Notes
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	Tier 3	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	Tier 3	
Cephalosporin Antibiotics - Siderophore		
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	Tier 3	
Cephalosporins - Extended Spectrum, Anti-Mrsa		
<i>ceftaroline fosamil intravenous recon soln 400 mg, 600 mg</i>	Tier 1	
TEFLARO INTRAVENOUS RECON SOLN 600 MG	Tier 3	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	Tier 3	
ZEVTERA INTRAVENOUS RECON SOLN 667 MG	Tier 3	
Cephalosporins - 1St Generation		
<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>cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml</i>	Tier 1	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	Tier 1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/150 ml, 3 gram/50 ml</i>	Tier 1	
<i>cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml</i>	Tier 1	
<i>cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/10 ml, 2 gram/20 ml</i>	Tier 1	
<i>cefazolin injection recon soln 1 gram, 100 gram, 2 gram, 3 gram, 300 gram, 500 mg</i>	Tier 1	
<i>cefazolin intravenous recon soln 1 gram, 10 gram, 2 gram, 3 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	
Cephalosporins - 2Nd Generation		
<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	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	Tier 1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	Tier 1	

Drug	Status	Notes
<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	
<i>cefuroxime sodium injection recon soln 750 mg</i>	Tier 1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	Tier 1	
Cephalosporins - 3Rd Generation		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	Tier 3	
<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>cefotaxime injection recon soln 1 gram, 2 gram</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	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	Tier 1	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 3	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg</i>	Tier 1	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 2	
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	Tier 1	
TAZICEF INTRAVENOUS RECON SOLN 1 GRAM	Tier 1	
Cephalosporins - 4Th Generation		
<i>cefepime in dextrose 5 % intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 3	
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	Tier 3	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	Tier 1	
<i>cefepime intravenous recon soln 100 gram</i>	Tier 1	
Chemotherapeutics, Antibacterial, Misc.		
CONTEPO INTRAVENOUS RECON SOLN 6 GRAM	Tier 3	
<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	

Drug	Status	Notes
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	Tier 1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
URELLE ORAL TABLET 81-10.8-40.8 MG	Tier 3	
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	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
Cyclic Lipopeptides		
<i>daptomycin in 0.9 % sod chlor intravenous piggyback 1,000 mg/100 ml, 700 mg/100 ml</i>	Tier 3	
<i>daptomycin in 0.9 % sod chlor intravenous piggyback 350 mg/50 ml, 500 mg/50 ml</i>	Tier 1	
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	Tier 1	
Fecal Microbiota Transplantation (Fmt)		
REBYOTA RECTAL ENEMA 150 ML	Tier 3	PA
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	Tier 2	PA
Glycylcyclines		
<i>tigecycline intravenous recon soln 50 mg</i>	Tier 1	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i>	Tier 1	
<i>azithromycin oral packet 1 gram</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG	Tier 1	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG	Tier 1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 3	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Tier 1	

Drug	Status	Notes
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	Tier 3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1	
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	Tier 1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	Tier 1	
<i>fidaxomicin oral tablet 200 mg</i>	Tier 1	QL (20 EA per 10 days)
Nitrofurantoin Derivatives		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin monohydrate/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	PA
Oxazolidinones		
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	Tier 1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 1	
<i>linezolid oral tablet 600 mg</i>	Tier 1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	Tier 1	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	Tier 3	PA
SIVEXTRO ORAL TABLET 200 MG	Tier 2	PA
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	Tier 1	

Drug	Status	Notes
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	Tier 1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	Tier 1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	Tier 1	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	Tier 3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	Tier 3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	Tier 3	
LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 %	Tier 3	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	Tier 3	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	Tier 1	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	Tier 1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	Tier 1	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	Tier 1	
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	Tier 1	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	Tier 1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	Tier 1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT, 5 MILLION UNIT	Tier 1	
<i>piperacillin-tazobactam intravenous piggyback 2.25 gram/50 ml, 3.375 gram/50 ml</i>	Tier 3	
<i>piperacillin-tazobactam intravenous piggyback 4.5 gram/100 ml</i>	Tier 1	
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	Tier 1	
PIVYA ORAL TABLET 185 MG	Tier 3	PA
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	Tier 3	
Pleuromutilin Derivatives		

Drug	Status	Notes
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	Tier 3	
XENLETA ORAL TABLET 600 MG	Tier 3	PA
Quinolones		
BAXDELA INTRAVENOUS RECON SOLN 300 MG	Tier 3	
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	Tier 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	Tier 1	
<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>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>	Tier 1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	Tier 1	
<i>ofloxacin oral tablet 400 mg</i>	Tier 1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	Tier 1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 150 MG TABLET REQUIRED
<i>doxycycline hyclate oral tablet 50 mg</i>	Tier 1	ST: TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 1	ST: REQUIRES TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLET OR 50, 100 MG CAPSULE IN THE PAST 120 DAYS
<i>doxycycline monohydrate oral capsule 75 mg</i>	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Tier 1	PA
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLET OR 50, 100 MG CAPSULE IN THE PAST 120 DAYS
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 1	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG	Tier 3	PA
MINOCIN INTRAVENOUS RECON SOLN 100 MG	Tier 3	
<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	
<i>minocycline oral tablet extended release 24 hr 105 mg, 45 mg, 55 mg, 80 mg, 90 mg</i>	Tier 1	ST: TRIAL OF GENERIC MINOCYCLINE IR REQUIRED; QL (1 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 1	
MONDOXYNE NL ORAL CAPSULE 75 MG	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
NUZYRA INTRAVENOUS RECON SOLN 100 MG	Tier 3	
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	Tier 3	
Infectious Disease - Fungal		
Antifungal Agents		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	Tier 3	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	Tier 1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i>	Tier 1	

Drug	Status	Notes
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	Tier 3	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
<i>posaconazole intravenous solution 300 mg/16.7 ml</i>	Tier 1	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	Tier 1	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 1	PA
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
VIVJOA ORAL CAPSULE 150 MG	Tier 3	PA
<i>voriconazole intravenous recon soln 200 mg</i>	Tier 1	
<i>voriconazole intravenous solution 10 mg/ml</i>	Tier 1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	
<i>voriconazole-hpbcd intravenous recon soln 200 mg</i>	Tier 1	
Antifungal Antibiotics		
<i>amphotericin b injection recon soln 50 mg</i>	Tier 1	
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	Tier 1	
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i>	Tier 1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	Tier 3	
<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>micafungin in 0.9 % sodium chl intravenous piggyback 100 mg/100 ml, 50 mg/50 ml</i>	Tier 1	
<i>micafungin in 0.9 % sodium chl intravenous piggyback 150 mg/150 ml</i>	Tier 3	
<i>micafungin intravenous recon soln 100 mg, 50 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	
REZZAYO INTRAVENOUS RECON SOLN 200 MG	Tier 3	PA
Infectious Disease - Miscellaneous		
Aminoglycoside-Anticoagulant Combinations		
<i>gentamicin-sodium citrate intra-catheter solution 320 mcg/ml-4 %</i>	Tier 1	
<i>gentamicin-sodium citrate intra-catheter syringe 1,600 mcg/5 ml-4 %, 960 mcg/3 ml-4 %</i>	Tier 1	
Aminoglycosides		

Drug	Status	Notes
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	Tier 1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 3	PA
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	Tier 1	
<i>gentamicin injection solution 40 mg/ml</i>	Tier 1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	Tier 1	
<i>neomycin oral tablet 500 mg</i>	Tier 1	
<i>streptomycin intramuscular recon soln 1 gram</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>	Tier 1	PA
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Tier 1	PA
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	Tier 1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	Tier 1	PA
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	
Antibacterial Agents,Miscellaneous		
<i>glycine urologic solution irrigation solution 1.5 %</i>	Tier 1	
Antileprotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA
Anti-Mycobacterium Agents		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>isoniazid injection solution 100 mg/ml</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	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
Antitubercular Antibiotics		
<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 intravenous recon soln 600 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>rifapentine oral tablet 150 mg</i>	Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3	PA

Drug	Status	Notes
Chloramphenicol And Derivatives		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	Tier 1	
Lincosamides		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin in 0.9 % sod chlor intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	Tier 3	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	Tier 1	
<i>lincomycin injection solution 300 mg/ml</i>	Tier 1	
Lipoglycopeptide Antibiotic		
<i>dalbavancin intravenous solution 500 mg</i>	Tier 1	
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	Tier 3	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	Tier 3	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	Tier 3	
Polymyxin And Derivatives		
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	Tier 1	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	Tier 1	
Rifamycins And Related Derivative Antibiotics		
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	QL (3 EA per 1 day)
Vancomycin And Derivatives		
TYZAVAN INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	Tier 3	
<i>vancomycin in 0.9 % sodium chl intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/250 ml, 1.75 gram/500 ml, 2 gram/500 ml, 750 mg/150 ml, 750 mg/250 ml</i>	Tier 1	
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	
<i>vancomycin in dextrose 5 % intravenous piggyback 1.25 gram/250 ml, 1.5 gram/300 ml</i>	Tier 3	
<i>vancomycin in dextrose 5 % intravenous solution 1.25 gram/250 ml, 1.5 gram/250 ml</i>	Tier 1	
<i>vancomycin injection recon soln 100 gram</i>	Tier 1	

Drug	Status	Notes
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 1.75 gram, 10 gram, 2 gram, 5 gram, 500 mg, 750 mg</i>	Tier 1	
<i>vancomycin oral capsule 125 mg</i>	Tier 1	QL (77 EA per 28 FILLs)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i>	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	QL (600 ML per 1 FILL)
<i>vancomycin-diluent combo no.1 intravenous piggyback 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Amebacides		
HUMATIN ORAL CAPSULE 250 MG	Tier 3	
Anaerobic Antiprotozoal-Antibacterial Agents		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 3	PA
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	Tier 1	
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
EMVERM ORAL TABLET,CHEWABLE 100 MG	Tier 2	PA
<i>ivermectin oral tablet 3 mg, 6 mg</i>	Tier 1	
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
Antimalarial Drugs		
ARAKODA ORAL TABLET 100 MG	Tier 3	
<i>artesunate intravenous recon soln 110 mg</i>	Tier 3	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 1	
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>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg, 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	

Drug	Status	Notes
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 1	PA
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
SOVUNA ORAL TABLET 200 MG	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG	Tier 3	QL (60 EA per 30 days)
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous		
<i>atovaquone oral suspension 750 mg/5 ml</i>	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	
PENTAM INJECTION RECON SOLN 300 MG	Tier 3	
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 1	
<i>pentamidine injection recon soln 300 mg</i>	Tier 1	
Infectious Disease - Viral		
Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Ab		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	Tier 2	PA
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antiretroviral-Integrase Inhibitor And Nrtti Comb.		
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	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYM TUZA ORAL TABLET 800-150-200-10 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		

Drug	Status	Notes
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	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)
Antiviral Monoclonal Antibodies		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	\$0 COPAY	PA; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENFLONISIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML	Tier 3	
GOHIBIC (EUA) INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	PA
PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML	Tier 3	PA
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
VEKLURY INTRAVENOUS RECON SOLN 100 MG	Tier 3	QL (11 EA per 10 days)
Antivirals, General		
<i>acyclovir in 0.9 % sodium chlr intravenous piggyback 200 mg/100 ml</i>	Tier 1	
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Tier 1	
<i>cidofovir intravenous solution 75 mg/ml</i>	Tier 1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>foscarnet intravenous solution 24 mg/ml</i>	Tier 1	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	Tier 1	
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	Tier 1	
LIVTENCITY ORAL TABLET 200 MG	Tier 2	PA
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 1	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	Tier 3	PA
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	Tier 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	Tier 3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 3	QL (40 EA per 180 FILLS)
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 1	
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 2	
TEMBEXA ORAL TABLET 100 MG	Tier 2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	

Drug	Status	Notes
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 1	
<i>valganciclovir oral tablet 450 mg</i>	Tier 1	
XOFLUZA ORAL TABLET 40 MG	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 2	QL (2 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS ORAL CAPSULE 250 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (16 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	\$0 COPAY	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; \$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	\$0 COPAY	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; \$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)

Drug	Status	Notes
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet 150 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (31 ML per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (180 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>etravirine oral tablet 100 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>rilpivirine hcl oral tablet 25 mg</i>	Tier 1	QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (960 ML per 30 days)

Drug	Status	Notes
<i>abacavir oral tablet 300 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	\$0 COPAY	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; \$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 2	
<i>zidovudine oral capsule 100 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 COPAY	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; \$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (4 EA per 1 day)

Drug	Status	Notes
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg, 200 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (4 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antivirals,Hiv-1 Integrase Strand Transfer Inhibitr		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	\$0 COPAY	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF HIV TREATMENT IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (6 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (24 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)

Drug	Status	Notes
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (6 EA per 1 day)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>emtricitata-rilpivirine-tenofov oral tablet 200-25-300 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (6 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i>	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>	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)
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>ribavirin oral capsule 200 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>ribavirin oral tablet 200 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
MAVYRET ORAL TABLET 100-40 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
<i>penicillamine oral capsule 250 mg</i>	Tier 1	PA
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA
Anti-Arthritic, Folate Antagonist Agents		
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 2	QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 2	QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 2	QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 2	QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 2	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 2	QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 2	QL (2.4 ML per 28 days)

Drug	Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 2	QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml</i>	Tier 2	PA
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml</i>	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
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 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>	Tier 1	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	Tier 3	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 3	PA

Drug	Status	Notes
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
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Tier 3	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Tier 3	PA
Anti-Inflammatory, Interleukin-1 Beta Blockers		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 3	PA
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
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)	Tier 2	PA
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	Tier 2	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	Tier 2	PA
Anti-Inflammatory/Antiarthritics Agents, Misc.		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML (MW 2.4 -3.6 MILLION)	Tier 2	PA; QL (12 ML per 180 days)
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 2	PA; QL (12 ML per 180 days)
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 2	PA; QL (12 ML per 180 days)
Antinflammatory, Sel.Costim.Mod., T-Cell Inhibitor		
ORENCIA (WITH MALTOSSE) 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
Bradykinin B2 Receptor Antagonists		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 1	PA
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 1	PA
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
Glucocorticoids		
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
BETALOGAN SUIK KIT 6 MG/ML	Tier 3	
<i>betamethasone ace,sod phos-wtr injection suspension 7 mg/ml</i>	Tier 1	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	Tier 1	
<i>betamethasone sod phosph-water injection solution 6 mg/ml</i>	Tier 1	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	Tier 1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	Tier 1	ST: TRIAL OF BALSALAZIDE REQUIRED.
<i>cortisone oral tablet 25 mg</i>	Tier 1	
<i>deflazacort oral suspension 22.75 mg/ml</i>	Tier 1	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 1	PA
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Tier 3	
<i>dexamethasone ace-nacl,iso-osm injection suspension 8 mg/ml</i>	Tier 1	
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	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml, 4 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
DOUBLEDEX (PF) INJECTION KIT 10 MG/ML	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 3	PA
HEXATRIONE INJECTION SUSPENSION 20 MG/ML	Tier 3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	Tier 1	
JAYTHARI ORAL SUSPENSION 22.75 MG/ML	Tier 1	PA
JAYTHARI ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 1	PA
KENALOG INJECTION SUSPENSION 10 MG/ML	Tier 3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Tier 3	

Drug	Status	Notes
KYMBEE ORAL SUSPENSION 22.75 MG/ML	Tier 1	PA
KYMBEE ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 1	PA
LIDOCIDEX-I INJECTION SOLUTION 5-10 MG/1.5 ML	Tier 3	
MAS CARE-PAK (PF) INJECTION KIT 10 MG/ML	Tier 3	
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>methylpred ac(pf)-nacl,iso-osm injection suspension 80 mg/ml</i>	Tier 1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	Tier 1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	Tier 1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	Tier 1	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	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	
PYQUVI ORAL SUSPENSION 22.75 MG/ML	Tier 1	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 3	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	Tier 3	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML, 500 MG/4 ML	Tier 3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	Tier 3	PA

Drug	Status	Notes
<i>triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml</i>	Tier 1	
<i>triamcinolone acetone-0.9% nacl injection suspension 50 mg/ml</i>	Tier 1	
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml, 80 mg/ml</i>	Tier 1	
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	
TRILOAN SUIK KIT 40 MG/ML	Tier 3	
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON 32 MG	Tier 3	
Gold Salts		
<i>auranofin oral capsule 3 mg</i>	Tier 1	
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
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
Interleukin-6 (Il-6) Receptor Inhibitors		
AVTOZMA AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 2	PA
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 200 MG/1.14 ML	Tier 3	PA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 2	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
Janus Kinase (Jak) Inhibitors		
LISRAYA ORAL TABLET 30 MG	Tier 3	
LITFULO ORAL CAPSULE 50 MG	Tier 3	PA
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
<i>tofacitinib oral solution 1 mg/ml</i>	Tier 1	PA
<i>tofacitinib oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg</i>	Tier 1	PA

Drug	Status	Notes
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 2	PA
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 2	PA
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 2	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 2	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
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 2	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 2	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 2	PA
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
VYSCOXIA ORAL SUSPENSION 10 MG/ML	Tier 3	PA; QL (40 ML per 1 day)
Nsaids, Cyclooxygenase Inhibitor-Type		
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)	Tier 3	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	Tier 3	
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<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	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 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	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	

Drug	Status	Notes
<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, 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 FILLS)
LURBIRO ORAL TABLET 100 MG	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	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
ORUDIS ORAL CAPSULE 75 MG	Tier 3	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
TOLECTIN 600 ORAL TABLET 600 MG	Tier 3	
TOLECTIN DS ORAL CAPSULE 400 MG	Tier 3	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML	Tier 3	
TORONOVA SUIK KIT 30 MG/ML	Tier 3	
XIFYRM INTRAVENOUS SOLUTION 30 MG/ML	Tier 3	
ZYBIC ORAL SUSPENSION 7.5 MG/5 ML	Tier 1	
Plasma Kallikrein Inhibitors		
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	Tier 2	PA; QL (0.8 ML per 28 days)

Drug	Status	Notes
EKTERLY ORAL TABLET 300 MG	Tier 2	PA; CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO MAGELLAN MEDICAID AT 1 (877) 624-5204 [INTERNAL_REJECT_CODE=930 NCPDP_REJECT_CODE=831][CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO PRIME THERAPEUTI; QL (4 EA per 1 day)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	Tier 3	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG	Tier 3	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Local Anesthesia		
Local Anesthetics		
ARTICADENT DENTAL INJECTION CARTRIDGE 4 %- 1:100,000, 4 %- 1:200,000	Tier 3	
BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (1 ML), 0.9 % (3 ML)	Tier 3	
BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (10 ML)	Tier 1	
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)</i>	Tier 1	
<i>bupivacaine hcl injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)</i>	Tier 1	
<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	
<i>bupivacaine in nacl(pf) injection syringe 25 mg/10 ml (2.5mg/ml)0.25%</i>	Tier 1	
<i>bupivacaine-dextrose-water(pf) injection solution 0.75 % (7.5 mg/ml)</i>	Tier 1	
<i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	Tier 1	
<i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	Tier 1	
<i>bupivacaine-ketorolac-ketamine injection syringe 150-60-60 mg/50 ml</i>	Tier 1	
<i>bupivacaine-lidocaine-sod chl injection syringe 0.375 %-2 % (10 ml), 0.375 %-2 % (5 ml)</i>	Tier 1	
<i>bupiv-dexamet-epi in sod chlor injection syringe 112.5-3-0.15 mg/30 ml</i>	Tier 1	
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %), 30 mg/ml (3 %)</i>	Tier 1	

Drug	Status	Notes
CITANEST FORTE DENTAL INJECTION CARTRIDGE 40 MG/ML (4 %)- 1:200,000	Tier 3	
CITANEST PLAIN DENTAL INJECTION CARTRIDGE 4 % (40 MG/ML)	Tier 3	
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML)	Tier 3	
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	Tier 1	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	Tier 1	
<i>lidocaine (pf) injection syringe 100 mg/5 ml (2 %), 200 mg/10 ml (2 %), 50 mg/5 ml (1 %)</i>	Tier 1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	Tier 1	
<i>lidocaine hcl(pf) in 0.9% nacl injection syringe 100 mg/10 ml (1 %)</i>	Tier 1	
<i>lidocaine in nacl,iso-osmo(pf) intracameral syringe 10 mg/ml (1 %)</i>	Tier 1	
<i>lidocaine with sod phosphate injection syringe 0.9 % (1 ml), 1 % (10 ml)</i>	Tier 1	
<i>lidocaine-epinephrine (pf) injection solution 1 %-1:100,000, 1.5 %-1:200,000, 2 %-1:200,000</i>	Tier 1	
<i>lidocaine-epinephrine bit injection cartridge 2 %-1:100,000</i>	Tier 1	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i>	Tier 1	
<i>lidocaine-epineph-sodium chlor injection syringe 15mg/3ml (0.5%) -1:100,000</i>	Tier 1	
<i>lido-epi with 8.4% sod bicarb injection syringe 1 %-1:100,000 (3 ml)</i>	Tier 1	
MARCAINE (PF) INJECTION SOLUTION 0.75 % (7.5 MG/ML)	Tier 3	
MARCAINE-EPINEPHRINE INJECTION CARTRIDGE 0.5 %-1:200,000	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 3	
MARVONA-25 SUIK (PF) KIT 0.25 % (2.5 MG/ML)	Tier 3	
NAROPIN (PF) INJECTION SOLUTION 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %)	Tier 3	
NESACAINE INJECTION SOLUTION 10 MG/ML (1 %)	Tier 3	
NESACAINE-MPF INJECTION SOLUTION 20 MG/ML (2 %)	Tier 1	

Drug	Status	Notes
ORABLOC INJECTION CARTRIDGE 4 %- 1:100,000	Tier 3	
POLOCAINE INJECTION SOLUTION 1 % (10 MG/ML), 2 %	Tier 1	
POLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %)	Tier 1	
POSIMIR INTRA-SUBACROMIAL SPACE SOLUTION 132 MG/ML	Tier 3	
<i>ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %)</i>	Tier 1	
<i>ropivacaine (pf) injection syringe 100 mg/20 ml (5 mg/ml) 0.5 %</i>	Tier 1	
<i>ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)</i>	Tier 1	
<i>ropivacaine (pf)-nacl,iso-osm injection 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 0.1 %, 0.15 %, 0.2 %</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor epidural syringe 100 mg/50 ml (2 mg/ml) 0.2 %</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor injection solution 0.2 % (2 mg/ml)</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor local infiltration elastomer pump,hi var rate,pca 0.2 % 545 ml</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor local infiltration elastomeric pump,hi var rate 0.2 % 545 ml, 0.2 % 745 ml</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor local infiltration elastomeric pump,lo var rate 0.2 % 745 ml</i>	Tier 1	
<i>ropivacaine-clonidin-ketorolac periarticular syringe 123-0.04-15 mg/50 ml</i>	Tier 1	
<i>ropivacaine-ketorolac-ketamine injection syringe 100-15-30 mg/50 ml</i>	Tier 1	
<i>ropiv-epi-clon-ket-sod chl,iso periarticular syringe 2.46-0.005- 0.0008-0.3mg/ml</i>	Tier 1	
SENSORCAINE-EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000, 0.5 %-1:200,000	Tier 1	
SENSORCAINE-MPF INJECTION SOLUTION 0.75 % (7.5 MG/ML)	Tier 1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000, 0.75 %-1:200,000	Tier 1	
<i>tetracaine hcl (pf) injection solution 1 % (10 mg/ml)</i>	Tier 1	
XARACOLL IMPLANT IMPLANT 100 MG	Tier 3	
XYLOCAINE DENTAL-EPINEPHRINE INJECTION CARTRIDGE 2 %-1:100,000	Tier 1	
XYLOCAINE-MPF INJECTION SOLUTION 15 MG/ML (1.5 %)	Tier 3	

Drug	Status	Notes
XYLOCAINE-MPF INJECTION SOLUTION 20 MG/ML (2 %), 5 MG/ML (0.5 %)	Tier 1	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000	Tier 3	
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION,EXTENDED RELEASE 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML	Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Bowel Antiinflammatory Agents		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Chronic Inflammation. Colon Disease, 5-A-Salicylate, Rectal Treatment		
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	Tier 1	
Drug Treatment-Chronic Inflammation. Colon Disease, 5-Aminosalicylate		
<i>balsalazide oral capsule 750 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 250 mg, 500 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	Tier 3	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	Tier 1	
Hemorrhoidal Preparation, Anti-Inflammatory Steroid/Local Anesthetic		
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 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	
<i>lidocaine hcl-hydrocortisone ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 2	
Irritable Bowel Syndrome Agents, Mixed Opioid Receptor Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 2	QL (2 EA per 1 day)
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	Tier 3	PA

Drug	Status	Notes
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 3	PA
Irritable Bowel Agents,Guanylate Cylase-C Agonist		
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)
Local Anorectal Nitrate Preparations		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	Tier 1	
Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Tier 1	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)		
<i>budesonide rectal foam 2 mg/actuation</i>	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Tier 3	PA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>glycerol phenylbutyrate oral liquid 1.1 gram/ml</i>	Tier 1	PA
LITHOSTAT ORAL TABLET 250 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sodium benzoate-sod phenylacet intravenous solution 10-10 %</i>	Tier 1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antidiarrheal - G.I. Chloride Channel Inhibitors		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 2	ST: TRIAL OF ANTI-RETROVIRAL THERAPY REQUIRED.; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO ORAL TABLET 250 MG	Tier 2	PA
Antidiarrheals		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
<i>loperamide oral capsule 2 mg</i>	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Bile Salts		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 3	PA
CTEXLI ORAL TABLET 250 MG	Tier 3	PA
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
Ileal Bile Acid Transporter (Ibat) Inhibitor		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Irritable Bowel Synd. Agent, 5HT-3 Antagonist-Type		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	
Laxatives And Cathartics		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, 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	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 - 5.84 GRAM	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, 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	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, 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	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, 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>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lubiprostone oral capsule 24 mcg</i>	Tier 1	QL (2 EA per 1 day)
<i>lubiprostone oral capsule 8 mcg</i>	Tier 1	QL (4 EA per 1 day)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Drug	Status	Notes
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, 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 420 gram</i>	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, 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: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; \$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, 45-75 YEARS OF AGE, AND TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP; QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	\$0 COPAY	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, 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: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; \$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, 45-75 YEARS OF AGE, AND TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP; 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 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting		
<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)
Ppar Agonist		
IQIRVO ORAL TABLET 80 MG	Tier 2	PA
LIVDELZI ORAL CAPSULE 10 MG	Tier 2	PA
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA
Tissue Bulking Implants - Non-Cosmetic		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)	Tier 3	
Medical Supplies		

Drug	Status	Notes
Diabetic Supplies		
UNISTIK 3 DUAL LANCET 18 GAUGE	Tier 2	
Durable Medical Equipment,Misc(Group 1)		
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE	Tier 2	
ADVANTAGE SAFETY LANCET 28 GAUGE	Tier 2	
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE	Tier 2	
ASSURE LANCE 25 GAUGE, 28 GAUGE	Tier 2	
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 2	
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	Tier 2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
BUTTERFLY TOUCH LANCET 30 GAUGE	Tier 2	
CAREONE ULTRA THIN LANCET	Tier 2	
CARESENS LANCETS 30 GAUGE	Tier 2	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
CHOSEN LANCET 30 GAUGE	Tier 2	
CHOSEN SAFETY LANCET 28 GAUGE	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE	Tier 2	
COAGUCHEK LANCETS	Tier 2	
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE	Tier 2	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	Tier 2	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 2	
DROPLET LANCETS 30 GAUGE	Tier 2	
DROPLET MEDLANCE PLUS 30 GAUGE	Tier 2	
DROPSAFE ACTI-LANCE 17 GAUGE, 23 GAUGE, 28 GAUGE	Tier 2	
DROPSAFE ERGOLANCE 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 2	
DROPSAFE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	

Drug	Status	Notes
DROPSAFE HAEMOLANCE PLUS BLADE 1.5 X 1.2 MM, 1.5 X 1.6 MM	Tier 2	
DROPSAFE MEDISAFE SOLO LANCET 23 GAUGE, 29 GAUGE	Tier 2	
DROPSAFE MEDLANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 2	
DROPSAFE MEDLANCE PLUS BLADE 0.8 X 2 MM	Tier 2	
EASY COMFORT LANCETS 30 GAUGE	Tier 2	
EASY COMFORT SAFETY LANCET 30 GAUGE	Tier 2	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 2	
EASY TWIST AND CAP LANCETS 28 GAUGE	Tier 2	
EMBRACE LANCETS 30 GAUGE	Tier 2	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	Tier 2	
EZ SMART LANCETS 28 GAUGE	Tier 2	
FINGERSTIX LANCETS	Tier 2	
FONDCIRCLE LANCET 30 GAUGE	Tier 2	
FORACARE LANCETS 30 GAUGE	Tier 2	
FREESTYLE LANCETS 28 GAUGE	Tier 2	
FREESTYLE UNISTIK 2	Tier 2	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
GOJJI LANCETS 30 GAUGE	Tier 2	
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 2	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 2	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
INVACARE LANCETS 30 GAUGE	Tier 2	
<i>lancets , 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 2	
LANCETS, THIN 28 GAUGE	Tier 2	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 2	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 2	
MICRO THIN LANCETS 33 GAUGE	Tier 2	
MICROLET LANCET	Tier 2	
MICROLET NEXT LANCET 28 GAUGE	Tier 2	
MOBI BLOOD GLUCOSE TWIST LANCT 30 GAUGE	Tier 2	
MOBILE LANCETS 30 GAUGE	Tier 2	
MONOLET LANCETS 21 GAUGE	Tier 2	

Drug	Status	Notes
MONOLET THIN LANCETS 28 GAUGE	Tier 2	
MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 2	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	Tier 2	
NOVA SUREFLEX LANCETS	Tier 2	
ON CALL LANCET 30 GAUGE	Tier 2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 2	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	Tier 2	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	Tier 2	
ON-THE-GO LANCETS 30 GAUGE	Tier 2	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
PIP LANCET 28 GAUGE, 30 GAUGE	Tier 2	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 2	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 2	
PRO COMFORT SAFETY LANCET 30 GAUGE	Tier 2	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
PRODIGY TWIST TOP LANCET 28 GAUGE	Tier 2	
PURE COMFORT LANCETS 30 GAUGE	Tier 2	
PURE COMFORT SAFETY LANCETS 30 GAUGE	Tier 2	
PUSH BUTTON SAFETY LANCETS 28 GAUGE	Tier 2	
RELIAMED LANCET 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
RIGHTTEST GL300 LANCETS 30 GAUGE	Tier 2	
SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 2	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
SAFETY-LET LANCETS 30 GAUGE	Tier 2	
SENSILANCE 21 GAUGE, 26 GAUGE, 28 GAUGE	Tier 2	
SINGLE-LET	Tier 2	
SMARTEST LANCET	Tier 2	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
STERILANCE TL 30 GAUGE, 32 GAUGE	Tier 2	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
SURE-LANCE , 26 GAUGE, 28 GAUGE	Tier 2	
SURE-LANCE ULTRA THIN 30 GAUGE	Tier 2	
SURE-TOUCH LANCET	Tier 2	

Drug	Status	Notes
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
TELCARE LANCETS 30 GAUGE	Tier 2	
THIN LANCETS 26 GAUGE	Tier 2	
TRUE COMFORT LANCET 30 GAUGE	Tier 2	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
TWIST LANCETS 30 GAUGE, 32 GAUGE	Tier 2	
ULTILET BASIC LANCETS 30 GAUGE	Tier 2	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE	Tier 2	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE	Tier 2	
ULTRA TLC LANCETS	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE	Tier 2	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE	Tier 2	
UNILET COMFORTOUCH LANCET , 26 GAUGE	Tier 2	
UNILET GP LANCET	Tier 2	
UNILET LANCET 28 GAUGE, 33 GAUGE	Tier 2	
UNILET LANCETS 30 GAUGE	Tier 2	
UNILET SUPER THIN LANCETS 30 GAUGE	Tier 2	
UNISTIK 2 EXTRA LANCET 21 GAUGE	Tier 2	
UNISTIK 2 NORMAL LANCET 21 GAUGE	Tier 2	
UNISTIK 3 COMFORT LANCET 28 GAUGE	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE	Tier 2	
UNISTIK 3 GENTLE 30 GAUGE	Tier 2	
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 2	
UNISTIK COMFORT LANCETS 28 GAUGE	Tier 2	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 2	
UNISTIK EXTRA LANCETS 21 GAUGE	Tier 2	
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 2	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
UNIVERSAL 1 LANCETS 26 GAUGE	Tier 2	

Drug	Status	Notes
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
VIVAGUARD LANCET 30 GAUGE	Tier 2	
VIVAGUARD SAFETY LANCET 28 GAUGE	Tier 2	
Syringes And Accessories		
EXTENDED RESERVOIR 3 ML	Tier 3	
<i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>	Tier 2	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 3	
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	Tier 2	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 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 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64"	Tier 2	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
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
Anaphylaxis Therapy Agents		
ADYPHREN AMP II INJECTION KIT 1 MG/ML	Tier 3	
ADYPHREN II INJECTION KIT 1 MG/ML	Tier 3	
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	Tier 2	QL (2 EA per 365 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection syringe 0.3 mg/0.3 ml</i>	Tier 1	QL (4 EA per 1 FILL)
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML	Tier 1	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML	Tier 1	
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)	Tier 2	QL (4 EA per 1 FILL)
Cxcr4 Chemokine Receptor Antagonist		
APHEXDA SUBCUTANEOUS RECON SOLN 62 MG	Tier 3	PA
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	Tier 1	PA
XOLREMDI ORAL CAPSULE 100 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Fibroblast Growth Factor 23 (Fgf23) Inhibitors, Mab		

Drug	Status	Notes
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Tier 3	PA
Genetic D/O Tx-Exon Inclusion Antisense Oligonucleo		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EVRYSDI ORAL TABLET 5 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML, 28 MG/5 ML, 50 MG/5 ML	Tier 3	PA
Genetic D/O Tx-Exon Skipping Antisense Oligonucleo		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	PA
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	PA
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	PA
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	PA
ZANVASTRO INTRATHECAL SOLUTION 56 MG/2.8 ML	Tier 3	
Metabolic Disease Enzyme Replacement, Asmd		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG	Tier 3	PA
Metabolic Disease Enzyme Replacement, Fabry's Dx		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	Tier 3	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Tier 3	PA
Metabolic Disease Enzyme Replacement, Gaucher's Dx		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	Tier 3	PA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	Tier 3	PA
Metabolic Disease Enzyme Replacement,Pompe Disease		
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
Metabolic Dx Enzyme Replacement,Lyso.Acid Lip.Def.		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	Tier 3	PA
Parasympathetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<i>cevimeline oral capsule 30 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		

Drug	Status	Notes
GALAFOLD ORAL CAPSULE 123 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 2	PA
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KUVAN ORAL TABLET,SOLUBLE 100 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sapropterin oral tablet,soluble 100 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	Tier 3	PA
ZELVYSIA ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 1	
Systemic Enzyme Inhibitors		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 3	PA
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)	Tier 3	PA
JOENJA ORAL TABLET 70 MG	Tier 3	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	Tier 3	PA
VIJOICE ORAL GRANULES IN PACKET 50 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	Tier 3	PA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Thrombolytic - Nucleotide Type		
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	Tier 3	
Thyroid Hormone Receptor (Thr) Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 3	PA
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	Tier 3	PA

Drug	Status	Notes
Unknown		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG	Tier 3	PA
Neoplastic Disease		
Alkylating Agents		
ALKERAN ORAL TABLET 2 MG	Tier 3	
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML	Tier 3	
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i>	Tier 1	
<i>bendamustine intravenous solution 25 mg/ml</i>	Tier 3	
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	Tier 3	
<i>busulfan intravenous solution 60 mg/10 ml</i>	Tier 1	
<i>carboplatin intravenous recon soln 150 mg</i>	Tier 1	
<i>carboplatin intravenous solution 10 mg/ml</i>	Tier 1	
<i>carmustine intravenous recon soln 100 mg</i>	Tier 1	
<i>cisplatin intravenous recon soln 50 mg</i>	Tier 1	
<i>cisplatin intravenous solution 1 mg/ml</i>	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 50 mg</i>	Tier 1	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	Tier 3	
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML	Tier 3	
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Tier 3	
GRAFAPEX INTRAVENOUS RECON SOLN 1 GRAM, 5 GRAM	Tier 3	
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG	Tier 3	
HEPZATO (62 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG	Tier 3	
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	Tier 1	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 1	
IVRA INTRAVENOUS SOLUTION 90 MG/ML	Tier 3	
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML	Tier 1	
KYXATA INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	
LEUKERAN ORAL TABLET 2 MG	Tier 2	
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	Tier 1	PA
<i>melfalan hcl intravenous recon soln 50 mg</i>	Tier 1	
MYLERAN ORAL TABLET 2 MG	Tier 2	

Drug	Status	Notes
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 1	
<i>oxaliplatin intravenous solution 100 mg/20 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	Tier 3	
TEPADINA INJECTION SOLUTION 200 MG, 400 MG	Tier 3	
TEPYLUTE INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	Tier 1	
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML	Tier 3	
YONDELIS INTRAVENOUS RECON SOLN 1 MG	Tier 3	PA
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	Tier 3	PA
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 1	PA
ABIRTEGA ORAL TABLET 250 MG	Tier 1	PA
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 2	PA
EULEXIN ORAL CAPSULE 125 MG	Tier 3	
<i>nilutamide oral tablet 150 mg</i>	Tier 1	
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
Antibiotic Antineoplastics		
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	Tier 1	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 1	
<i>dactinomycin intravenous recon soln 0.5 mg</i>	Tier 1	
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 1	
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</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>	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>	Tier 1	
<i>idarubicin intravenous solution 1 mg/ml</i>	Tier 1	
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Tier 3	PA
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>mitomycin intravesical syringe 20 mg/40 ml (0.5 mg/ml)</i>	Tier 1	
MUTAMYCIN INTRAVENOUS RECON SOLN 20 MG, 40 MG, 5 MG	Tier 1	

Drug	Status	Notes
<i>valrubicin intravesical solution 40 mg/ml</i>	Tier 1	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	Tier 3	
ZUSDURI INTRAVESICAL KIT 40 MG X 2	Tier 3	
Anti-Cd20 (B Lymphocyte) Monoclonal Antibody		
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
Antimetabolites		
ADRUCIL INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	Tier 1	
AVGEMSI INTRAVENOUS SOLUTION 1 GRAM/26.3 ML (38 MG/ML), 2 GRAM/52.6 ML (38 MG/ML)	Tier 3	
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	Tier 3	PA
<i>azacitidine injection recon soln 100 mg</i>	Tier 1	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	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>	Tier 1	
FAVLYXA INTRAVENOUS SOLUTION 2.5 GRAM/100 ML, 250 MG/10 ML	Tier 3	
<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	
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	Tier 1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	Tier 3	PA
<i>gemcitabine in 0.9 % nacl intravesical syringe 1 gram/50 ml (20 mg/ml)</i>	Tier 1	
<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	

Drug	Status	Notes
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	
INLEXZO INTRAVESICAL IMPLANT 225 MG	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 suspension 20 mg/ml</i>	Tier 1	ST: TRIAL OF MERCAPTOPYRINE TABLET REQUIRED.
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate (pf) in nacl,iso intramuscular syringe 125 mg/5 ml (25 mg/ml)</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 5 mg/ml</i>	Tier 1	
NIPENT INTRAVENOUS RECON SOLN 10 MG	Tier 3	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 2	PA
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i>	Tier 1	PA
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	Tier 1	PA
<i>pemetrexed intravenous solution 25 mg/ml</i>	Tier 1	PA
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML	Tier 3	PA
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>	Tier 1	PA
TABLOID ORAL TABLET 40 MG	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	QL (120 ML per 60 days)
Antineoplast Egf Receptor Blocker Rcmb Mc Antibody		
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

Drug	Status	Notes
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
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 2	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	Tier 3	PA
Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody		
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML	Tier 3	PA
JOBEVNE 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
Antineoplastic - Antibiotic And Antimetabolite		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	Tier 3	PA
Antineoplastic - Anti-Cd38 Monoclonal Antibody		
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
Antineoplastic - Anti-Slamf7 Monoclonal Antibody		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	Tier 3	PA
Antineoplastic Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>exemestane oral tablet 25 mg</i>	\$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>	Tier 1	
Antineoplastic - Braf Kinase Inhibitors		
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
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZELBORAF ORAL TABLET 240 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antineoplastic - Cd19 (B Lymphocyte) Mc Antibody		
MONJUVI INTRAVENOUS RECON SOLN 200 MG	Tier 3	PA
Antineoplastic - Egfr And Met Receptor Inhib, Mab		
RYBREVA NT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML	Tier 3	PA
RYBREVA NT INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	PA
Antineoplastic - Epothilones And Analogs		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	Tier 3	PA
Antineoplastic - Halichondrin B Analogs		
<i>eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)</i>	Tier 1	PA
Antineoplastic - Hedgehog Pathway Inhibitor		
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
Antineoplastic - Immunotherapy, T-Cell Engager		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	Tier 3	PA
Antineoplastic - Interleukin-15 Receptor Agonists		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	Tier 3	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; QL (2 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	Tier 2	PA; QL (1 EA per 1 day)
Antineoplastic - Kras Protein Inhibitor		
KRAZATI ORAL TABLET 200 MG	Tier 2	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 2	PA
RASONQUE ORAL TABLET 100 MG, 150 MG	Tier 3	PA
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	Tier 2	PA

Drug	Status	Notes
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
MEKTOVI ORAL TABLET 15 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antineoplastic - Mtor Kinase Inhibitors		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 1	PA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	Tier 1	PA
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	Tier 3	PA
<i>temsirolimus intravenous recon soln 25 mg/ml (dilute 10mg/ml)</i>	Tier 1	PA
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 1	PA
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 1	PA
Antineoplastic - Topoisomerase I Inhibitors		
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, 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	
Antineoplastic - Vegf-A,B & P1gf Inhibitor		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	Tier 3	PA
Antineoplastic - Vegfr Antagonist		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	PA
Antineoplastic- Cd22 Antibody-Cytotoxic Antibiotic		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	Tier 3	PA
Antineoplastic- Cd33 Antibody-Cytotoxic Antibiotic		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	Tier 3	PA
Antineoplastic Immunomodulator Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 1	PA
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	PA
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
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)
ORGOVYX ORAL TABLET 120 MG	Tier 2	PA
Antineoplastic Systemic Enzyme Inhibitors		

Drug	Status	Notes
ALECENSA ORAL CAPSULE 150 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>bortezomib injection recon soln 1 mg, 2.5 mg, 3.5 mg</i>	Tier 1	PA
<i>bortezomib intravenous solution 2.5 mg/ml</i>	Tier 1	PA
BORUZU INJECTION SOLUTION 2.5 MG/ML	Tier 3	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>bosutinib oral tablet 100 mg, 400 mg, 500 mg</i>	Tier 1	PA
BRUKINSA ORAL TABLET 160 MG	Tier 2	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CAVHANZA ORAL TABLET,DISINTEGRATING 60 MG, 80 MG	Tier 3	
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; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
GAVRETO ORAL CAPSULE 100 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>gefitinib oral tablet 250 mg</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HERNEXEOS ORAL TABLET 60 MG	Tier 3	PA; QL (3 EA per 1 day)
HYRNUO ORAL TABLET 10 MG	Tier 3	PA; QL (4 EA per 1 day)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IBTROZI ORAL CAPSULE 200 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
INREBIC ORAL CAPSULE 100 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (4 EA per 1 day)
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IWILFIN ORAL TABLET 192 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
JIDEYTRO ORAL TABLET 100 MG, 25 MG	Tier 3	
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; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KOMZIFTI ORAL CAPSULE 200 MG	Tier 3	PA; QL (3 EA per 1 day)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	Tier 3	PA
<i>lapatinib oral tablet 250 mg</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
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; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NERLYNX ORAL TABLET 40 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
OGSIVEO ORAL TABLET 100 MG, 150 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>pazopanib oral tablet 200 mg</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>pazopanib oral tablet 400 mg</i>	Tier 1	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
QINLOCK ORAL TABLET 50 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RYDAPT ORAL CAPSULE 25 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	Tier 3	PA
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>sorafenib oral tablet 200 mg</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
STIVARGA ORAL TABLET 40 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TAGRISSE ORAL TABLET 40 MG, 80 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TEPMETKO ORAL TABLET 225 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TURALIO ORAL CAPSULE 125 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VONJO ORAL CAPSULE 100 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (4 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XOSPATA ORAL TABLET 40 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZYKADIA ORAL TABLET 150 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antineoplastic, Anti-Programmed Death-1 (Pd-1) Mab		
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	PA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 3	PA

Drug	Status	Notes
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML	Tier 3	PA
LIBTAYO INTRAVENOUS SOLUTION 50 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
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML	Tier 3	PA
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	PA
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	Tier 3	PA
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	Tier 3	PA
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	Tier 3	PA
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	Tier 1	PA
<i>romidepsin intravenous solution 5 mg/ml</i>	Tier 1	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
BEQALZI ORAL TABLET 1 MG, 20 MG, 5 MG, 80 MG	Tier 3	
BEQALZI STARTER PACK ORAL TABLETS,DOSE PACK 1-5-20-80 MG	Tier 3	
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
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 2	PA
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antineoplastic-Immunotherapy Checkpoint Inhib Comb		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	Tier 3	PA
Antineoplastic-Interleukin-6(IL-6)Inhib,Antibody		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	Tier 3	PA
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
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
Antineoplastics Antibody/Antibody-Drug Complexes		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Tier 3	PA
BLENREP INTRAVENOUS RECON SOLN 70 MG	Tier 3	PA

Drug	Status	Notes
BLINCYTO INTRAVENOUS KIT 35 MCG	Tier 3	PA
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	Tier 3	PA
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	Tier 3	PA
DATROWAY INTRAVENOUS RECON SOLN 100 MG	Tier 3	PA
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	Tier 3	PA
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	Tier 3	PA
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	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
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	Tier 3	PA; QL (15 ML per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	Tier 3	PA; QL (40 ML per 28 days)
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
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	Tier 3	PA
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	Tier 3	PA
TIVDAK INTRAVENOUS RECON SOLN 40 MG	Tier 3	PA
TRODELVY INTRAVENOUS RECON SOLN 180 MG	Tier 3	PA
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	Tier 3	PA
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	Tier 3	PA
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	Tier 3	
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	Tier 3	PA
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	Tier 3	PA
Antineoplastics, Miscellaneous		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	Tier 3	PA
<i>arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	Tier 3	PA
AVOPEF INTRAVENOUS SOLUTION 20 MG/ML	Tier 3	
BEIZRAY INTRAVENOUS SOLUTION 20 MG/ML (1 ML)	Tier 1	
BEIZRAY-ALBUMIN INTRAVENOUS SOLUTION 20 MG/ML	Tier 3	
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	Tier 1	

Drug	Status	Notes
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Tier 1	
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML)	Tier 3	
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	Tier 3	
<i>etoposide intravenous solution 20 mg/ml</i>	Tier 1	
<i>etoposide oral capsule 50 mg</i>	Tier 1	
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5 ML (DILUTE 10 MG/ML)	Tier 3	
LYMPHIR INTRAVENOUS RECON SOLN 300 MCG	Tier 3	PA
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
ONCASPAR 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>	Tier 1	PA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 3	PA
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	Tier 3	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 1	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	Tier 3	
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 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), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	Tier 2	PA
Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	Tier 3	PA
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	PA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 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
UNLOXCYT INTRAVENOUS SOLUTION 300 MG/5 ML (60 MG/ML)	Tier 3	PA
Chemotherapy Rescue/Antidote Agents		
COSELA INTRAVENOUS RECON SOLN 300 MG	Tier 3	PA
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	Tier 1	

Drug	Status	Notes
ETHYOL INTRAVENOUS RECON SOLN 500 MG	Tier 3	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	Tier 3	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	Tier 1	
<i>leucovorin calcium injection solution 10 mg/ml</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	
<i>mesna intravenous solution 100 mg/ml</i>	Tier 1	
<i>mesna oral tablet 400 mg</i>	Tier 1	
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML)	Tier 3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 2	QL (24 EA per 14 days)
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	Tier 3	
VYKOURA INJECTION SOLUTION 10 MG/ML	Tier 3	
Cytotoxic T-Lymphocyte Antigen(Ctla-4)Rmc Antibody		
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
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
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	
Photoactivated, Antineoplastic Agents (Systemic)		
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	Tier 3	PA
UVADEX INJECTION SOLUTION 20 MCG/ML	Tier 3	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
Radioactive Therapeutic Agents		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML)	Tier 3	PA
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML)	Tier 3	PA
<i>strontium-89 chloride intravenous solution 1 mci/ml</i>	Tier 1	
XOFIGO INTRAVENOUS SOLUTION 1,100 KBQ/ML(30 MICROCURIE/ML)	Tier 3	

Drug	Status	Notes
Selective Estrogen Receptor Modulators (Serm)		
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	Tier 1	PA
INLURIYO ORAL TABLET 200 MG	Tier 3	PA; QL (2 EA per 1 day)
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>	Tier 1	
VEPPANU ORAL TABLET 100 MG, 200 MG	Tier 3	PA; QL (1 EA per 1 day)
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i>	Tier 1	PA
Steroid Antineoplastics		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
Vinca Alkaloids		
<i>vinblastine intravenous solution 1 mg/ml</i>	Tier 1	
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2 ML	Tier 1	
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	Tier 1	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	Tier 1	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
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
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	Tier 3	PA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	Tier 2	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 1	PA
<i> fingolimod oral capsule 0.5 mg</i>	Tier 1	PA
GILENYA ORAL CAPSULE 0.25 MG	Tier 3	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	PA
GLATOPA SUBCUTANEOUS SYRINGE 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

Drug	Status	Notes
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
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Tier 3	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 1	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 2	PA
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 1	PA
FIRDAPSE ORAL TABLET 10 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Amyotrophic Lateral Sclerosis Agents		
<i>edaravone intravenous solution 30 mg/100 ml</i>	Tier 1	PA
<i>edaravone intravenous solution 60 mg/100 ml</i>	Tier 1	PA

Drug	Status	Notes
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML)	Tier 3	PA
RADICAVA INTRAVENOUS SOLUTION 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>	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 3	PA
Anti-Cd19 (B Lymphocyte) Monoclonal Antibody		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	PA
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
<i>milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
<i>milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)</i>	Tier 1	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG, 8,000 MG	Tier 3	PA
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab		
TYRUKO INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 3	PA
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 3	PA
Metabolic Disease Enzyme Replacement, Batten Disea		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	Tier 3	PA
Metabolic Disease Enzyme Replacement, Mocd		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 3	PA
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 2	PA; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG	Tier 2	PA; QL (2 EA per 1 day)

Drug	Status	Notes
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; QL (1 EA per 1 day)
AUSTEDO XR TITRATION KT(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; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 2	PA; QL (1 EA per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 2	PA; QL (1 EA per 1 day)
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 1	PA
Neuropathic Agents		
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (3 EA per 1 day)
pregabalin oral tablet extended release 24 hr 330 mg	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (2 EA per 1 day)
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
dextromethorphan-quinidine oral capsule 20-10 mg	Tier 1	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
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
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	Tier 1	
KOURZEQ DENTAL PASTE 0.1 %	Tier 3	
ORALONE DENTAL PASTE 0.1 %	Tier 1	

Drug	Status	Notes
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	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>	Tier 1	
Keratinocyte Growth Factor (Kgf)		
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	Tier 3	
Nose Preparations, Miscellaneous (Rx)		
<i>cocaine nasal solution 4 %</i>	Tier 1	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 %	Tier 1	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Other Drugs		
Abortifacient,Progesterone Receptor Antagonist-Typ		
MIFEPREX ORAL TABLET 200 MG	Tier 3	
<i>mifepristone oral tablet 200 mg</i>	Tier 1	
Acid And Alkali Poison Antidotes		
<i>methylene blue (antidote) intravenous solution 1 % (10 mg/ml), 5 mg/ml</i>	Tier 1	
<i>methylene blue (antidote) intravenous syringe 20 mg/2 ml (10 mg/ml) 1 %, 50 mg/10 ml (5 mg/ml) 0.5 %</i>	Tier 1	
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML	Tier 1	
Activin Signaling Inhibitor		
PASATRU INTRAVENOUS SOLUTION 60 MG/ML	Tier 3	
Adjuv. Kits For The Prep. Of Radiopharmaceuticals		
CERETEC INTRAVENOUS KIT 0.5 MG	Tier 3	
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 3	
Alcohol,Systemic Use		
DEHYDRATED ALCOHOL INJECTION SOLUTION 98 %	Tier 1	
Antidotes,Miscellaneous		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i>	Tier 1	
CYANOKIT INTRAVENOUS RECON SOLN 5 GRAM	Tier 1	
DIGIFAB INTRAVENOUS RECON SOLN 40 MG	Tier 3	
<i>fomepizole intravenous solution 1 gram/ml</i>	Tier 1	
<i>sodium nitrite intravenous solution 30 mg/ml</i>	Tier 1	
Antigenic Skin Tests		
CANDIN INTRADERMAL ALLERGEN FDA STANDARD	Tier 3	

Drug	Status	Notes
Antineoplastic - Glucocorticoid Receptor Antag.		
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 150 MG/DAY(100 MG X1-25MG X2)	Tier 3	PA
Antineoplastic - Systemic Enzyme Inhibitors Combs		
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	Tier 3	PA; CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO MAGELLAN MEDICAID AT 1 (877) 624-5204 [INTERNAL_REJECT_CODE=930 NCPDP_REJECT_CODE=831] CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO PRIME THERAPEUTI
Antineoplastic Systemic Enzyme Activators		
MODEYSO ORAL CAPSULE 125 MG	Tier 3	PA; QL (20 EA per 28 days)
Antipsychotics, Muscarinic Agonist/Antagonist Comb		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI OR VRAYLAR IN 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	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI OR VRAYLAR IN THE PAST 120 DAYS
Antiretroviral - Capsid Inhibitors (Prep)		
YEZTUGO ORAL TABLET 300 MG	Tier 2	CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO MAGELLAN MEDICAID AT 1 (877) 624-5204 [INTERNAL_REJECT_CODE=930 NCPDP_REJECT_CODE=831] CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO PRIME THERAPEUTI
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 2	CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO MAGELLAN MEDICAID AT 1 (877) 624-5204 [INTERNAL_REJECT_CODE=930 NCPDP_REJECT_CODE=831] CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO PRIME THERAPEUTI
Antiretroviral-Integrase And Capsid Inhibitor Comb		
BIXLENVO ORAL TABLET 75-50 MG	Tier 3	
Antivenins		
ANASCORP INTRAVENOUS RECON SOLN 35 MG	Tier 3	
ANAVIP INJECTION RECON SOLN 120 MG	Tier 3	

Drug	Status	Notes
<i>antivenin latrodectus mactans injection recon soln 6,000 unit</i>	Tier 3	
<i>antivenin, micrurus fulvius injection recon soln 250 unit</i>	Tier 3	
CROFAB INJECTION RECON SOLN 1 GRAM	Tier 3	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 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: TRIAL OF MEGESTROL ACETATE 40MG/ML SUSPENSION REQUIRED
Artv Cmb - Nucleoside Analogs & Non-Nucleoside Rti		
IDVYNZO ORAL TABLET 100-0.25 MG	Tier 2	QL (1 EA per 1 day)
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	Tier 3	
Blood Testing Preparations,In-Vitro		
COAGUCHEK XS	Tier 3	
Cardiolipin Binding Agents		
FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML	Tier 3	PA; QL (3.5 ML per 7 days)
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMA LYT PERFUSION SOLUTION 30 MEQ/542 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)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
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 meq/l (= k+)</i>	Tier 1	

Drug	Status	Notes
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 1	
DEL NIDO CARDIOPLEGIA PERFUSION SOLUTION 31 MEQ/1,052.8 ML (POTASSIUM)	Tier 3	
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
Catheter Lock Solutions		
DEFENCATH INTRA-CATHETER SOLUTION 13.5 MG- 1,000 UNIT/ML	Tier 3	
Choleretics		
KINEVAC INJECTION RECON SOLN 5 MCG	Tier 3	
<i>sincalide injection recon soln 5 mcg</i>	Tier 1	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600- 2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
PROTOPAM CHLORIDE INJECTION RECON SOLN 1 GRAM	Tier 3	
Coloring Agents And Dyes		
<i>methylene blue (bulk-solid) powder</i>	Tier 3	
Conception Assistance Supplies		
CONCEPTION KIT	Tier 3	
Condoms		
AIMSCO LATEX 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	
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 ULTRA RIBBED CONDOM 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	

Drug	Status	Notes
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	\$0 COPAY	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	\$0 COPAY	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	\$0 COPAY	
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 3	
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 3	ST: TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS.; QL (20 EA per 1 day)
Diagnostic Test Devices And Supplies		
<i>eua patient assessment</i>	Tier 3	
Dialysis Solutions		
DELFLEX WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
DELFLEX-SM WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 1.5 MEQ/L	Tier 3	
DELFLEX-SM WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 1.5 MEQ/L	Tier 3	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
DIANEAL PD-2 WITH 2.5 % DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
DIANEAL PD-2 WITH 4.25 % DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
DIANEAL WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	

Drug	Status	Notes
DIANEAL WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
DIANEAL WITH 4.25 % DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
EXTRANEAL 7.5 % INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
PHOXILLUM BK HEMODIALYSIS SOLUTION K (4)- CA (2.5 MEQ/L)-PO4 (1)	Tier 3	
PRISMASOL B22GK HEMODIALYSIS SOLUTION K (2 MEQ/L) -MG (1.5 MEQ/L), K 4 MEQ/L -MG 1.5 MEQ/L	Tier 3	
PRISMASOL BGK HEMODIALYSIS SOLUTION CA (2.5 MEQ/L) -MG (1.5 MEQ/L), K (2 MEQ/L) -CA (3.5)-MG(1), K (2 MEQ/L) -MG (1 MEQ/L), K (4 MEQ/L) -MG (1.2 MEQ/L), K (4 MEQ/L)-CA (2.5)-MG (1.5)	Tier 3	
PRISMASOL BK HEMODIALYSIS SOLUTION MG 1.2 MEQ/L	Tier 3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 3	
Diluent Solutions		
DILUENT FOR REMODULIN INTRAVENOUS SOLUTION 50 ML	Tier 3	
<i>diluent for treprostinil (gly) intravenous solution 50 ml</i>	Tier 1	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	
ELLIOTTS B (PF) INTRATHECAL SOLUTION 73-19- 8-3 MG/10 ML	Tier 3	
Dipeptidyl Peptidase 1 (Dpp1) Inhibitor		
BRINSUPRI ORAL TABLET 10 MG, 25 MG	Tier 2	PA; QL (1 EA per 1 day)
Drugs To Treat Hereditary Tyrosinemia		

Drug	Status	Notes
HARLIKU ORAL TABLET 2 MG	Tier 3	PA; CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO MAGELLAN MEDICAID AT 1 (877) 624-5204 [INTERNAL_REJECT_CODE=930 NCPDP_REJECT_CODE=831][CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO PRIME THERAPEUTI
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 2	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>miglustat oral capsule 100 mg</i>	Tier 1	PA; CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO MAGELLAN MEDICAID AT 1 (877) 624-5204 [INTERNAL_REJECT_CODE=930 NCPDP_REJECT_CODE=831][CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO PRIME THERAPEUTI
OPFOLDA ORAL CAPSULE 65 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
YARGESA ORAL CAPSULE 100 MG	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Environment Allergens And Irritants, Other		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED	Tier 3	
Eye Antibiotic And Nsaid Combinations		
<i>moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %</i>	Tier 1	
Factor Xii Inhibitors		
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	Tier 2	PA
General Anesthetics - Benzodiazepine, Injectable		
BYFAVO INTRAVENOUS RECON SOLN 20 MG	Tier 3	
<i>midazolam (pf) in 0.9 % nacl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml</i>	Tier 1	

Drug	Status	Notes
<i>midazolam (pf) in 0.9 % nacl intravenous syringe 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	Tier 1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	Tier 1	
<i>midazolam in 0.9 % sod chlorid intravenous solution 1 mg/ml</i>	Tier 1	
<i>midazolam in 0.9 % sod chlorid intravenous syringe 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam in nacl, iso-osmotic injection syringe 2 mg/2 ml (1 mg/ml), 3 mg/3 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam in nacl, iso-osmotic intravenous solution 1 mg/ml</i>	Tier 1	
<i>midazolam in nacl, iso-osmotic intravenous syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam in nacl,iso-osmo(pf) intravenous solution 1 mg/ml</i>	Tier 1	
<i>midazolam in nacl,iso-osmo(pf) intravenous syringe 2 mg/2 ml (1 mg/ml), 25 mg/25 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	Tier 1	
<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	Tier 1	
General Anesthetics,Inhalant		
<i>desflurane inhalation liquid 100 %</i>	Tier 1	
<i>isoflurane inhalation liquid 99.9 %</i>	Tier 1	
<i>sevoflurane inhalation liquid 99.97 %</i>	Tier 1	
SUPRANE INHALATION LIQUID 100 %	Tier 3	
TERRELL INHALATION LIQUID 99.9 %	Tier 1	
General Anesthetics,Injectable		
BREVITAL INJECTION RECON SOLN 500 MG	Tier 3	
<i>etomidate intravenous solution 2 mg/ml</i>	Tier 1	
<i>ketamine (pf)-nacl,iso-osmotic intravenous solution 10 mg/ml, 2 mg/ml, 5 mg/ml</i>	Tier 1	
<i>ketamine in 0.9 % sod chloride intravenous solution 0.6 mg/ml, 1 mg/ ml, 10 mg/ml, 2 mg/ml, 5 mg/ml</i>	Tier 1	
<i>ketamine in 0.9 % sod chloride intravenous syringe 10 mg/ml, 100 mg/10 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 25 mg/ml, 50 mg/5 ml (10 mg/ml), 60 mg/20 ml (3 mg/ml)</i>	Tier 1	
<i>ketamine in nacl, iso-osmotic injection syringe 100 mg/10 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 30 mg/3 ml (10 mg/ml), 50 mg/5 ml (10 mg/ml)</i>	Tier 1	
<i>ketamine in nacl, iso-osmotic intravenous pt controlled analgesia syring 300 mg/30 ml (10 mg/ml)</i>	Tier 1	

Drug	Status	Notes
<i>ketamine in nacl, iso-osmotic intravenous solution 10 mg/ml</i>	Tier 1	
<i>ketamine in nacl, iso-osmotic intravenous syringe 50 mg/5 ml (10 mg/ml)</i>	Tier 1	
<i>ketamine in sterile water injection syringe 100 mg/2 ml (50 mg/ml), 50 mg/ml</i>	Tier 1	
<i>ketamine injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	Tier 1	
<i>ketamine intravenous syringe 100 mg/2 ml (50 mg/ml), 50 mg/ml (1 ml)</i>	Tier 1	
<i>methohexital in water (pf) intravenous syringe 100 mg/10 ml (10 mg/ml)</i>	Tier 1	
<i>methohexital injection recon soln 500 mg</i>	Tier 1	
<i>propofol intravenous emulsion 10 mg/ml</i>	Tier 1	
General Inhalation Agents		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
Genetic Disorder Therapy - Hdac Inhibitor		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Genetic Disorder Therapy - Pyrimidine Analogs		
KYGEVVI ORAL POWDER IN PACKET 4 GRAM	Tier 3	PA
Hepcidin Mimetics		
MIMRYLO SUBCUTANEOUS RECON SOLN 19 MG, 28 MG, 41 MG, 54 MG, 9.5 MG	Tier 3	
Homeopathic Drugs		
AURUMHEEL ORAL DROPS	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 3	
CARBO-COMPOSITUM INJECTION SOLUTION	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	

Drug	Status	Notes
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
ZEEL INJECTION SOLUTION	Tier 3	
Hymenoptera-Derived Agents		
<i>aller ex-venom-mix vespid prot subcutaneous recon soln 1,650 mcg</i>	Tier 3	
<i>aller ex-venom-wht hornet prot injection recon soln 550 mcg</i>	Tier 1	
<i>aller ex-venom-ylw hornet prot injection recon soln 550 mcg</i>	Tier 3	
<i>allergen ext-venom-honey bee injection recon soln 550 mcg</i>	Tier 3	
<i>allergen ex-venom-wasp protein injection recon soln 550 mcg</i>	Tier 3	
<i>yellow jacket venom injection recon soln 550 mcg</i>	Tier 3	
Hypertrophic Cardiomyopathy Tx Agents, Ablative		
ABLYSINOL INTRA-ARTERIAL SOLUTION 99 %	Tier 3	
<i>ethyl alcohol intra-arterial solution 99 %</i>	Tier 1	
Iv Fat Emulsions		
CLINOLIPID INTRAVENOUS EMULSION 20 %	Tier 3	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	Tier 3	
NUTRILIPID INTRAVENOUS EMULSION 20 %	Tier 3	
OMEGAIVEN INTRAVENOUS EMULSION 10 %	Tier 3	
SMOFLIPID INTRAVENOUS EMULSION 20 %	Tier 1	
Lead Poisoning, Agents To Treat (Chelating-Type)		
<i>edetate calcium disodium injection solution 200 mg/ml</i>	Tier 1	
Metabolic Deficiency Agents		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	Tier 2	PA
<i>betaine oral powder 1 gram/scoop</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	Tier 3	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>levocarnitine intravenous solution 200 mg/ml</i>	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Metabolic Disease Enzyme Replacement, Gaucher's Dx		
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	Tier 3	PA

Drug	Status	Notes
Metabolic Disease Enzyme Replacement,Arginase Def.		
LOARGYS INJECTION SOLUTION 5 MG/ML	Tier 3	PA
Metabolic Dx Enzyme Replace, Mucopolysaccharidosis		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	Tier 3	
AVLAYAH INTRAVENOUS RECON SOLN 150 MG	Tier 3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	Tier 3	
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	Tier 3	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	Tier 3	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	Tier 3	PA
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.		
REVCОВI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Metallic Poison,Agents To Treat		
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>	Tier 1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 1	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 1	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	Tier 1	PA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	Tier 1	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	
NITHIODOTE INTRAVENOUS SOLUTION 300 MG/10 ML- 12.5 GRAM/50 ML	Tier 3	
<i>pentetate calcium trisodium intravenous solution 200 mg/ml</i>	Tier 1	
<i>pentetate zinc trisodium intravenous solution 200 mg/ml</i>	Tier 1	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
<i>sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)</i>	Tier 1	
<i>trientine oral capsule 250 mg, 500 mg</i>	Tier 1	PA
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
<i>atropine intramuscular pen injector 2 mg/0.7 ml</i>	Tier 3	
Needles/Needleless Devices		
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	

Drug	Status	Notes
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	Tier 2	
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32"	Tier 2	
Neuromuscular Blocking Agents		
<i>atracurium intravenous solution 10 mg/ml</i>	Tier 1	
BOTOX INJECTION RECON SOLN 100 UNIT	Tier 3	PA; QL (4 EA per 90 days)
BOTOX INJECTION RECON SOLN 200 UNIT	Tier 3	PA; QL (1 EA per 90 days)
<i>cisatracurium intravenous solution 10 mg/ml conc. (icu use only), 2 mg/ml</i>	Tier 1	
DAXXIFY INTRAMUSCULAR RECON SOLN 100 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
<i>rocuronium intravenous solution 10 mg/ml</i>	Tier 1	
<i>rocuronium intravenous syringe 100 mg/10 ml (10 mg/ml), 50 mg/5 ml (10 mg/ml), 75 mg/7.5 ml (10 mg/ml)</i>	Tier 1	
<i>succinylcholine chloride injection solution 20 mg/ml</i>	Tier 1	
<i>succinylcholine chloride intravenous syringe 100 mg/5 ml (20 mg/ml), 140 mg/7 ml (20 mg/ml), 200 mg/10 ml (20 mg/ml)</i>	Tier 1	
<i>succinylcholine-sod cl,iso(pf) injection solution 20 mg/ml</i>	Tier 1	
<i>succinylcholine-sod cl,iso(pf) intravenous syringe 100 mg/5 ml (20 mg/ml), 140 mg/7 ml (20 mg/ml), 200 mg/10 ml (20 mg/ml)</i>	Tier 1	
<i>vecuronium bromide intravenous recon soln 10 mg, 20 mg</i>	Tier 1	
<i>vecuronium in sterile water intravenous syringe 10 mg/10 ml (1 mg/ml)</i>	Tier 1	
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	Tier 3	PA
Novel Bacterial Topoisomerase Inhibitors (NbtI)		
BLUJEPAL ORAL TABLET 750 MG	Tier 3	PA; QL (4 EA per 1 day)
NUZOLVENCE ORAL GRANULES IN PACKET 3 GRAM	Tier 3	
Ointment/Cream Bases		
RADIAGEL TOPICAL GEL	Tier 3	
Ophthalmic Surgical Aids		
TISSUEBLUE INTRAOCULAR SYRINGE 0.025 %	Tier 3	
VISIONBLUE INTRAOCULAR SYRINGE 0.06 %	Tier 3	

Drug	Status	Notes
Ophthalmic Trpm8 Agonists		
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %	Tier 2	QL (2 EA per 1 day)
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 3	PA
Oral Mucositis/Stomatitis Agents		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
Parenteral Amino Acid Solutions And Combinations		
aa 3% no.2 ped-d10-calcium-hep intravenous parenteral solution 3 %-10 %- 2.33 meq/250 ml, 3 %- 10 %- 3.75 meq/250 ml	Tier 1	
aa 3%no.2ped-d10w-calcium gluc intravenous parenteral solution 3 %-10 %- 3.75 meq/250 ml	Tier 1	
aa 3.5% no.2 ped-d10w-heparin intravenous parenteral solution 3.5 %-10 %- 125 unit/250 ml	Tier 1	
aa 4% no2 ped-d10w-calcium-hep intravenous parenteral solution 4 %-10 %- 3.75 meq/250 ml	Tier 1	
aa2.5%no.2 ped-d10-calcium-hep intravenous parenteral solution 2.5 %-10 %- 3.75 meq/250 ml	Tier 1	
aa3.5% no2 ped-d10-calcium-hep intravenous parenteral solution 3.5 %-10 %- 2.33 meq/250 ml, 3.5 %-10 %- 3.75 meq/250 ml	Tier 1	
aas3%no.2ped-d5w-calc gluc-hep intravenous parenteral solution 3 %-5 %- 2.33 meq/250 ml, 3 %-5 %- 3.75 meq/250 ml	Tier 1	
amino acid 2.5% no.2(ped)-d10w intravenous parenteral solution 2.5-10 %	Tier 1	
amino acid 3 % no.2 (ped)-d10w intravenous parenteral solution 3-10 %	Tier 1	
amino acid 3.5% no.2(ped)-d10w intravenous parenteral solution 3.5-10 %	Tier 1	
amino acid 4 % no.2 (ped)-d10w intravenous parenteral solution 4-10 %	Tier 1	
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 3	
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	Tier 3	
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 3	
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	Tier 3	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 3	
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 3	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 3	

Drug	Status	Notes
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 3	
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	Tier 3	
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	Tier 3	
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	Tier 3	
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	Tier 3	
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 3	
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 3	
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 3	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 3	
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	Tier 3	
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	Tier 3	
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	Tier 3	
KABIVEN INTRAVENOUS EMULSION 3.31-10.8-3.9 %	Tier 3	
PERIKABIVEN INTRAVENOUS EMULSION 2.36-7.5- 3.5 %	Tier 3	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	Tier 3	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 3	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	Tier 3	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 3	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 3	
Patent Ductus Arteriosus Treat. Agents, Nsaid-Type		
<i>ibuprofen lysine (pf) intravenous solution 20 mg/2 ml</i>	Tier 1	
<i>indomethacin sodium intravenous recon soln 1 mg</i>	Tier 1	
Protein Replacement		
AMINOPROTECT INTRAVENOUS SOLUTION 25-25 MG/ML	Tier 3	
<i>arginine-lysine in 0.9 % nacl intravenous solution 25- 25 mg/ml</i>	Tier 1	
ELCYS INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	
Saliva Stimulant Agents		

Drug	Status	Notes
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
Selective Relaxant Binding Agents (Srbas)		
BRIDION INTRAVENOUS SOLUTION 100 MG/ML	Tier 3	
<i>sugammadex in sterile water intravenous syringe 100 mg/2 ml (50 mg/ml), 150 mg/3 ml (50 mg/ml), 200 mg/4 ml (50 mg/ml), 50 mg/5 ml (10 mg/ml)</i>	Tier 1	
<i>sugammadex intravenous solution 100 mg/ml</i>	Tier 1	
<i>sugammadex intravenous syringe 100 mg/ml, 200 mg/2 ml</i>	Tier 1	
Sexual Dysfunction Devices		
RAPPORT VACUUM THERAPY KIT	Tier 3	
Skin Tissue Replacement		
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 FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG	Tier 3	
MIRO3D TOPICAL SHEET 10 X 2 X 2 CM, 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 2 X 2 CM, 5 X 5 X 2 CM, 6 X 5 X 2 CM, 7 X 5 X 2 CM, 8 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, 3 X 7 CM, 4 X 4 CM, 5 X 5 CM, 7 X 10 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 2 CM, 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 2 CM, 5 X 5 CM, 5 X 7 CM, 6 X 5 CM, 8 X 5 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	
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	
Solvents		
<i>isopropyl alcohol solution 70 %, 91 %, 99 %</i>	Tier 3	
MURI-LUBE OIL	Tier 3	
Somatostatic Agents		

Drug	Status	Notes
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML)	Tier 3	PA
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	Tier 1	PA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 3	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	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 10 mg, 20 mg, 30 mg</i>	Tier 1	PA
PALSONIFY ORAL TABLET 20 MG, 30 MG	Tier 3	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	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	Tier 2	PA
Support Hosiery		
T.E.D. ANTI-EMBOLISM STOCKING	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR	Tier 3	
Suspending Agents		
<i>hydroxypropyl cellulose powder</i>	Tier 3	
Tissue/Wound Adhesives		
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	
Topical Nitric Oxide Releasing Agents		
ZELSUVMI TOPICAL GEL 10.3 %	Tier 3	PA
Treatment Of Hyperphagia In Prader-Willi Syndrome		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG	Tier 3	PA
Urine Acetone Test Aids		
KETONE CARE STRIP	Tier 3	
KETONE URINE TEST STRIP	Tier 3	
KETOSTIX STRIP	Tier 3	
TRUEPLUS KETONE STRIP	Tier 3	
Venosclerosing Agents		
ASCLERA INTRAVENOUS SOLUTION 0.5 % (10 MG/2 ML), 1 % (20 MG/2 ML)	Tier 3	
ETHAMOLIN INTRAVENOUS SOLUTION 5 %	Tier 1	

Drug	Status	Notes
<i>sodium tetradecyl sulfate intravenous solution 3 % (30 mg/ml)</i>	Tier 1	
SOTRADECOL INTRAVENOUS SOLUTION 1 % (10 MG/ML)	Tier 3	
SOTRADECOL INTRAVENOUS SOLUTION 3 % (30 MG/ML)	Tier 1	
VARITHENA INTRAVENOUS FOAM 1 %	Tier 3	
Water		
STERILE WATER FOR INJECTION INJECTION SOLUTION 100 %	Tier 1	
<i>water for inject, bacteriostat injection solution</i>	Tier 1	
<i>water for injection, sterile injection solution 100 %</i>	Tier 1	
<i>water for injection, sterile injection syringe 100 %</i>	Tier 1	
<i>water for injection, sterile intravenous parenteral solution 100 %</i>	Tier 1	
Wound Healing Agents, Local		
FILSUEVZ TOPICAL GEL 10 %	Tier 3	PA
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
<i>pirfenidone oral capsule 267 mg</i>	Tier 1	PA
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	Tier 1	PA
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KALYDECO ORAL TABLET 150 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	

Drug	Status	Notes
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 2	PA
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
<i>nintedanib oral capsule 100 mg, 150 mg</i>	Tier 1	PA
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: TRIAL OF GENERIC BUTALBITAL/ACETAMINOPHEN 50MG-325MG COMBINATION PRODUCT REQUIRED WITHIN 120 DAYS; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 1	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG	Tier 1	
Analgesic/Antipyretics, Salicylates		
<i>aspirin oral tablet 325 mg</i>	\$0 COPAY	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg</i>	\$0 COPAY	
BAYER ASPIRIN ORAL TABLET 325 MG	\$0 COPAY	
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	\$0 COPAY	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	\$0 COPAY	
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	
Analgesic/Antipyretics,Non-Salicylate		
<i>acetaminophen intravenous solution 1,000 mg/100 ml (10 mg/ml), 500 mg/50 ml (10 mg/ml), 650 mg/65 ml (10 mg/ml)</i>	Tier 1	
<i>acetaminophen intravenous syringe 100 mg/10 ml (10 mg/ml)</i>	Tier 1	
Analgesics Narcotic, Anesthetic Adjunct Agents		
<i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>	Tier 1	

Drug	Status	Notes
<i>fentanyl citrate (pf) injection syringe 100 mcg/2 ml (50 mcg/ml), 25 mcg/0.5 ml, 250 mcg/5 ml (50 mcg/ml), 50 mcg/ml</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous solution 50 mcg/ml</i>	Tier 1	
<i>remifentanyl intravenous recon soln 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>sufentanil citrate intravenous solution 50 mcg/ml</i>	Tier 1	
<i>sufentanil-ketamine nasal spray with pump 3 mcg-3 mg/ spray (0.05 ml), 9 mcg-9 mg/ spray (0.1 ml)</i>	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
Analgesics, Neuronal-Type Calcium Channel Blockers		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML	Tier 3	
Analgesics, Non-Narcotics		
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml), 5,000 mcg/10 ml</i>	Tier 1	
JOURNAVX ORAL TABLET 50 MG	Tier 3	PA
Analgesics, Narcotics		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; 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: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; 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 25 MG/ML, 50 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML	Tier 1	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	Tier 3	
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	Tier 3	

Drug	Status	Notes
<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 2 mcg/ml- 0.125 %</i>	Tier 1	
<i>fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 2-0.0625 mcg/ml-%</i>	Tier 1	
<i>fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %, 4 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) intravenous prefilled pump reservoir 2,500 mcg/50 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 1,250 mcg/25 ml (50 mcg/ml), 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 2,750 mcg/55 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml), 250 mcg/5 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl injection prefilled pump reservoir 10 mcg/ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml, 550 mcg/55 ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl injection solution 25 mcg/ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 1,000 mcg/50 ml (20 mcg/ml), 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 10 mcg/ml, 20 mcg/ml, 50 mcg/ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 100 mcg/10 ml (10 mcg/ml), 20 mcg/2 ml (10 mcg/ml), 250 mcg/5 ml (50 mcg/ml), 50 mcg/5 ml (10 mcg/ml), 50 mcg/ml</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 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: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
<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	

Drug	Status	Notes
<i>fentanyl-ropivacaine-nacl (pf) injection prefilled pump reservoir 2 mcg/ml-0.1 %</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%</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: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; 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>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
<i>hydromorphone (pf) in water injection syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf) in water intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf) injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>hydromorphone (pf) injection syringe 0.2 mg/ml, 0.5 mg/0.5 ml, 1 mg/ml</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml), 20 mg/100 ml (0.2 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/25 ml (1 mg/ml), 25 mg/50 ml (0.5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 0.5 mg/ml, 1 mg/ml</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous syringe 1 mg/5 ml (0.2 mg/ml), 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl injection prefilled pump reservoir 100 mg/100 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml), 20 mg/100 ml (0.2 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone injection solution 2 mg/ml</i>	Tier 1	
<i>hydromorphone injection syringe 0.25 mg/0.5 ml</i>	Tier 3	
<i>hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 1	

Drug	Status	Notes
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	PA; ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
<i>hydromorphone(pf)-nacl,iso-osm injection syringe 0.2 mg/ml, 0.5 mg/ml, 2 mg/10 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone(pf)-nacl,iso-osm intravenous solution 0.5 mg/ml, 1 mg/ml</i>	Tier 1	
<i>hydromorphone(pf)-nacl,iso-osm intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	Tier 1	
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	Tier 3	
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
<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)
<i>methadone in 0.9 % sod.chlorid intravenous syringe 1 mg/ml (1 ml), 5 mg/5 ml</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
<i>methadone in sod chlor,iso-osm intravenous syringe 10 mg/ml</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
<i>methadone injection solution 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	QL (4 ML per 1 day)
<i>methadone intravenous syringe 10 mg/ml</i>	Tier 1	
<i>methadone oral concentrate 10 mg/ml</i>	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>	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG	Tier 1	QL (1 EA per 1 day)
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML	Tier 1	
<i>morphine (pf) in 0.9 % sod chl injection syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	Tier 1	

Drug	Status	Notes
<i>morphine (pf) in 0.9 % sod chl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syringe 150 mg/30 ml (5 mg/ml), 25 mg/25 ml (1 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 2 mg/ml, 4 mg/ml, 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	Tier 1	
<i>morphine (pf) intravenous patient control analgesia soln 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<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 injection pt controlled analgesia syring 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 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 injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine injection solution 2 mg/ml</i>	Tier 3	
<i>morphine injection syringe 2 mg/ml, 4 mg/ml, 5 mg/ml</i>	Tier 1	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine intravenous solution 50 mg/ml</i>	Tier 3	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; 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: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)</i>	Tier 1	

Drug	Status	Notes
<i>morphine oral tablet 15 mg</i>	Tier 1	
<i>morphine oral tablet 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; 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	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 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, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 20 mg, 40 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 80 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; 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: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
<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	Tier 3	
<i>tapentadol oral solution 20 mg/ml</i>	Tier 1	
<i>tapentadol oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>tramadol oral solution 5 mg/ml</i>	Tier 1	PA
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; 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: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; 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: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; 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 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (8 EA per 1 day)
XYVONA ORAL TABLET 2 MG	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA; QL (1 ML per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 2	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 2	PA; QL (1.5 ML per 30 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 FILLS)
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION [CARTRIDGE, PEN, SYRINGE], SUMATRIPTAN INTRANASAL OR ZOLMITRIPTAN INTRANASAL IN THE PAST 120 DAYS; QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (8 ML per 28 days)

Drug	Status	Notes
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 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; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA; QL (1 ML per 30 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (10 EA per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 FILLS)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 FILLS)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	Tier 2	PA; QL (18 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 2	PA; QL (1 EA per 1 day)
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA; QL (8 EA per 30 days)
RIZAFILM ORAL FILM 10 MG, 5 MG	Tier 3	QL (27 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	Tier 1	QL (18 EA per 30 FILLS)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 FILLS)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 FILLS)
<i>sumatriptan succinate subcutaneous solution 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	QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA; QL (16 EA per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	Tier 3	PA; QL (3 ML per 90 days)
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	Tier 3	PA; QL (8 EA per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 FILLS)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)

Drug	Status	Notes
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 FILLS)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA; QL (3 ML per 30 days)
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-bitalbital-asa-caf oral capsule 30-50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<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)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	Tier 1	QL (200 ML 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 tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	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)
Narcotic Withdrawal Therapy Agents		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	Tier 3	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; 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
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	Tier 3	
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	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
Nsaid Analgesic & Non-Salicylate Analgesic Combos		
COMBOGESIC IV INTRAVENOUS SOLUTION 300-1,000 MG/100 ML	Tier 3	
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
<i>lofexidine oral tablet 0.18 mg</i>	Tier 1	PA
Parkinsons Disease		
Antiparkinsonism Drugs,Anticholinergic		
<i>benztropine injection solution 1 mg/ml</i>	Tier 1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO MAGELLAN MEDICAID AT 1 (877) 624-5204 [INTERNAL_REJECT_CODE=930 NCPDP_REJECT_CODE=831] CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO PRIME THERAPEUTI
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antiparkinsonism Drugs,Other		
<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>	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 capsule, extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg</i>	Tier 1	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (10 EA per 1 day)

Drug	Status	Notes
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 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, 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: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ML	Tier 3	PA
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	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>rasagiline oral tablet 1 mg</i>	Tier 1	
<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: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 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>	Tier 1	ST: TRIAL OF COMTAN (ENTACAPONE) REQUIRED.; QL (3 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	Tier 3	PA
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	ST: TRIAL OF LEVODOPA/CARBIDOPA (SINEMET IR, SINEMET CR, DUOPA, PARCOPA, OR RYTARY) REQUIRED; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 3	ST: TRIAL OF GENERIC SELEGILINE CAPSULES OR TABLETS IN THE PREVIOUS 120 DAYS; QL (2 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	

Drug	Status	Notes
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>midazolam intramuscular auto-injector 10 mg/0.7 ml</i>	Tier 3	QL (7 ML per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; 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 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF ONE OF THE FOLLOWING GENERIC ANTICONVULSANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VIGABATRIN, CARBAMAZEPINE, AND OXCARBAZEPINE IN THE LAST 365 DAYS
Anticonvulsants		
<i>brivaracetam intravenous solution 50 mg/5 ml</i>	Tier 1	
<i>brivaracetam oral solution 10 mg/ml</i>	Tier 1	QL (600 ML per 30 days)
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML	Tier 2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DILANTIN EXTENDED ORAL CAPSULE 100 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DILANTIN ORAL CAPSULE 30 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	Tier 1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lacosamide intravenous solution 200 mg/20 ml</i>	Tier 1	
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 250 mg/50 ml, 500 mg/100 ml</i>	Tier 1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	Tier 1	
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>methsuximide oral capsule 300 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (3 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (4 EA per 1 day)
<i>perampanel oral suspension 0.5 mg/ml</i>	Tier 1	QL (680 ML per 28 days)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (120 EA per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (60 EA per 30 days)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RELGAABI ORAL CAPSULE 300 MG, 400 MG	Tier 1	
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (80 ML per 1 day)

Drug	Status	Notes
<i>rufinamide oral tablet 200 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (8 EA per 1 day)
SUBVENITE ORAL SUSPENSION 10 MG/ML	Tier 3	PA
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TEGRETOL ORAL TABLET 200 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX REQUIRED; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX REQUIRED; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>topiramate oral capsule,extended release 24hr 100 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (3 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 200 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 25 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (8 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (7 EA per 1 day)

Drug	Status	Notes
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: REQUIRES TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: REQUIRES TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (2 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 25 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: REQUIRES TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; ST: REQUIRES TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (7 EA per 1 day)
<i>topiramate oral solution 25 mg/ml</i>	Tier 1	PA; CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO MAGELLAN MEDICAID AT 1 (877) 624-5204 [INTERNAL_REJECT_CODE=930 NCPDP_REJECT_CODE=831] CARVE-OUT, BILL MEDICAID FEE FOR SERVICE. DIRECT CARVE-OUT RELATED CALLS TO PRIME THERAPEUTI
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>valproic acid oral capsule 250 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>vigabatrin oral powder in packet 500 mg</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>vigabatrin oral tablet 500 mg</i>	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIGADRONE ORAL POWDER IN PACKET 500 MG	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIGADRONE ORAL TABLET 500 MG	Tier 1	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (2 EA per 1 day)

Drug	Status	Notes
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; 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	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 1	PA
KEVEYIS ORAL TABLET 50 MG	Tier 2	PA
ORMALVI ORAL TABLET 50 MG	Tier 1	PA
Joint Contracture Therapy, Collagenase Enzyme		
XIAFLEX INJECTION RECON SOLN 0.9 MG	Tier 3	
Retinoic Acid Receptor (Rar) Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Skeletal Muscle Relaxants		
ATMEKSI ORAL SUSPENSION 750 MG/5 ML	Tier 3	PA; QL (54 ML per 1 day)
<i>baclofen intrathecal kit 40,000 mcg/20ml (2,000 mcg/ml)</i>	Tier 1	
<i>baclofen intrathecal solution 10,000 mcg/20ml (500 mcg/ml), 20,000 mcg/20ml (1,000 mcg/ml), 40,000 mcg/20ml (2,000 mcg/ml)</i>	Tier 1	
<i>baclofen intrathecal syringe 50 mcg/ml (1 ml)</i>	Tier 1	
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	Tier 1	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	Tier 1	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 1	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>dantrolene intravenous recon soln 20 mg</i>	Tier 1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
GABLOFEN INTRATHECAL SYRINGE 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML), 50 MCG/ML (1 ML)	Tier 3	
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 50 MCG/ML, 500 MCG/ML	Tier 3	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>methocarbamol injection solution 100 mg/ml</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	Tier 1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	Tier 3	PA
REVONTO INTRAVENOUS RECON SOLN 20 MG	Tier 1	
RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION 250 MG	Tier 3	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 1	
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY 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>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY 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 SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 COPAY	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, 18 YEARS OF AGE OR OLDER, AND TRIAL OF NICOTINE TRANSDERMAL PATCH; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
QUIT 4 BUCCAL GUM 4 MG	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	Tier 3	QL (2 EA per 1 day)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 53 IN 28 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other		
<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 SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 3	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Pancreatic Enzymes		
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	
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	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<i>dicyclomine intramuscular solution 10 mg/ml</i>	Tier 1	
<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	
Belladonna Alkaloids		

Drug	Status	Notes
<i>atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml), 1 mg/2.5 ml (0.4 mg/ml), 1.2 mg/3 ml (0.4 mg/ml)</i>	Tier 1	
<i>atropine injection solution 0.4 mg/ml</i>	Tier 1	
<i>atropine injection syringe 0.1 mg/ml</i>	Tier 1	
<i>atropine intravenous solution 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml), 0.4 mg/ml, 0.8 mg/2 ml (0.4 mg/ml)</i>	Tier 1	
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 1	
<i>hyoscyamine sulfate injection solution 0.5 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	Tier 3	
Upper Gastrointestinal Disorders - Ulcer Disease		
Anticholinergics,Quaternary Ammonium		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG	Tier 3	ST: TRIAL OF GLYCOPYRROLATE 2 MG IN THE PAST 120 DAYS.; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) in water injection syringe 0.2 mg/ml</i>	Tier 1	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	Tier 1	
<i>glycopyrrolate intravenous syringe 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	Tier 3	

Drug	Status	Notes
GLYRX-PF INJECTION SYRINGE 1 MG/5 ML (0.2 MG/ML)	Tier 3	
Anti-Ulcer Preparations		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 1	
<i>sucralfate oral tablet 1 gram</i>	Tier 1	
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 FILLs)
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	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; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 3	PA; QL (112 EA per 14 days)
Histamine H2-Receptor Inhibitors		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine (pf) intravenous solution 20 mg/2 ml, 4 mg/ml</i>	Tier 1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	Tier 1	
<i>famotidine intravenous solution 10 mg/ml, 4 mg/ml</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, 40 mg</i>	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
Intestinal Motility Stimulants		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 3	PA
<i>metoclopramide hcl injection solution 5 mg/ml</i>	Tier 1	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	Tier 1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prucalopride oral tablet 1 mg, 2 mg</i>	Tier 1	QL (1 EA per 1 day)
Potassium-Competitive Acid Blockers (Pcabs)		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA; QL (1 EA per 1 day)
Proton-Pump Inhibitors		
ACID REDUCER (OMEPRazole) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Not Covered	

Drug	Status	Notes
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG	Tier 3	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	Tier 1	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	Not Covered	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Not Covered	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	Not Covered	QL (2 EA per 1 day)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	Not Covered	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	Not Covered	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i>	Not Covered	
NEXIUM 24HR ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	Tier 3	
<i>omeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	Not Covered	
<i>omeprazole magnesium oral tablet,delayed release (dr/ec) 20 mg</i>	Not Covered	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Not Covered	
<i>omeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	Not Covered	
<i>omeprazole oral tablet,disintegrat, delay rel 20 mg</i>	Not Covered	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	Tier 1	
<i>pantoprazole in 0.9% sod chlor intravenous piggyback 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml)</i>	Tier 3	
<i>pantoprazole intravenous recon soln 40 mg</i>	Not Covered	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	Not Covered	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	Not Covered	
PREVACID 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	Not Covered	
PRILOSEC OTC ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	Tier 3	
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>	Not Covered	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	Not Covered	
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
<i>finasteride oral tablet 5 mg</i>	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 1	
Bph Agents, 5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Tier 1	ST: TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN REQUIRED.
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 3	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 2	PA; CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 2	PA
Kidney Stone Agents		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Tier 2	
<i>tiopronin oral tablet 100 mg</i>	Tier 1	
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	Tier 1	
VENXXIVA ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Tier 1	
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
<i>mirabegron oral suspension, extended rel recon 8 mg/ml</i>	Tier 1	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	Tier 3	PA
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
Polycystic Kidney Disease Agent, Avp Recep. Antag		

Drug	Status	Notes
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 1	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 1	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM)	Tier 2	PA
Tissue Bulking Implants - Ureteral		
DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (1)	Tier 3	
Urinary Ph Modifiers		
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	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
Urinary Tract Analgesic Agents		
<i>dimethyl sulfoxide intravesical solution 50 %</i>	Tier 1	
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
RIMSO-50 INTRAVESICAL SOLUTION 50 %	Tier 3	
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<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>	Tier 1	
Urinary Tract Antispasmodic/Antiincontinence Agent		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	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: TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	Tier 1	
<i>trospium oral tablet 20 mg</i>	Tier 1	

Drug	Status	Notes
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
Vaginal Antifungals		
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	
Vaginal Antiseptics		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	
Vaginal Estrogen For Sexual Dysfunction		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: TRIAL OF ONE GENERIC ESTRADIOL CREAM AND ONE GENERIC ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 3	ST: TRIAL OF ONE GENERIC ESTRADIOL CREAM AND ONE GENERIC ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS; QL (18 EA per 28 days)
Vaginal Estrogen Preparations		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	
Vitamin And/Or Mineral Deficiency		
Calcium Replacement		

Drug	Status	Notes
<i>calcium chloride intravenous solution 100 mg/ml (10 %)</i>	Tier 1	
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	Tier 1	
<i>calcium gluc in nacl, iso-osm intravenous solution 1 gram/100 ml, 1 gram/50 ml, 2 gram/100 ml</i>	Tier 1	
<i>calcium gluconate in 0.9% nacl intravenous solution 1 gram/100 ml</i>	Tier 1	
<i>calcium gluconate in water intravenous syringe 1 gram/10 ml (100 mg/ml)</i>	Tier 1	
<i>calcium gluconate intravenous solution 100 mg/ml (10%)</i>	Tier 1	
Fluoride Preparations		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	Tier 1	
DENTAGEL DENTAL GEL 1.1 %	Tier 1	
<i>fluoride (sodium) dental cream 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental solution 0.2 %</i>	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	\$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>	\$0 COPAY	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
SF DENTAL GEL 1.1 %	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	Tier 1	
Folic Acid Preparations		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	

Drug	Status	Notes
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0 COPAY	
PUREVITA FOLIC ACID ORAL TABLET 400 MCG	\$0 COPAY	
Iron Replacement		
<i>ferric carboxymaltose intravenous solution 100 mg iron/2 ml</i>	Tier 1	
<i>ferric carboxymaltose intravenous solution 50 mg iron/ml</i>	Tier 1	
<i>ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)</i>	Tier 1	
INFED INJECTION SOLUTION 50 MG/ML	Tier 3	
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML	Tier 1	
INJECTAFER INTRAVENOUS SOLUTION 50 MG IRON/ML	Tier 3	
<i>iron sucrose intravenous solution 100 mg iron/5 ml, 200 mg iron/10 ml, 50 mg iron/2.5 ml</i>	Tier 1	
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML	Tier 3	
<i>sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml</i>	Tier 1	
VENOFER INTRAVENOUS SOLUTION 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	Tier 3	
Magnesium Salts Replacement		
<i>magnesium chloride injection solution 200 mg/ml (20 %)</i>	Tier 1	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	Tier 1	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	Tier 1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 3 gram/100 ml (3 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	Tier 1	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	Tier 1	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	Tier 1	
Mineral Replacement,Miscellaneous		
<i>chromium chloride intravenous solution 4 mcg/ml</i>	Tier 1	
COPPER CHLORIDE INTRAVENOUS SOLUTION 0.4 MG/ML	Tier 1	
<i>cupric chloride intravenous solution 0.4 mg/ml</i>	Tier 1	
<i>manganese chloride intravenous solution 0.1 mg/ml</i>	Tier 1	
MULTRY'S INTRAVENOUS SOLUTION 1,000MCG-60MCG- 3 MCG-6 MCG/ML	Tier 3	
SELENIUM ACID INTRAVENOUS SOLUTION 60 MCG/ML	Tier 1	
<i>selenium intravenous solution 40 mcg/ml, 6 mcg/ml</i>	Tier 1	

Drug	Status	Notes
TRALEMENT INTRAVENOUS SOLUTION 3 MG-0.3 MG-55 MCG-60 MCG/ML	Tier 3	
ZYCUBO SUBCUTANEOUS RECON SOLN 2.9 MG	Tier 3	PA; QL (1 EA per 1 day)
Multivitamin Preparations		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG - 25 MG-225 MG	Tier 3	
INFUVITE ADULT INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/10 ML	Tier 3	
<i>mvi, adult no.4 with vit k intravenous solution 3,300 unit- 150 mcg/10 ml</i>	Tier 1	
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	
VITLIPID N ADULT INTRAVENOUS SOLUTION 990 MCG-5 MCG- 9.1 MG/10 ML	Tier 1	
Pediatric Vitamin Preparations		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION 80 MG-400 UNIT- 200 MCG/5 ML	Tier 3	
<i>mvi, pedi no.1 with vit k intravenous solution 80 mg-400 unit- 200 mcg/5 ml</i>	Tier 1	
VITALIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML	Tier 1	
VITLIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML	Tier 1	
Prenatal Vitamin Preparations		
ATABEX ONE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 27 MG IRON- 1,000 MCG DFE	\$0 COPAY	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG	\$0 COPAY	
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG	\$0 COPAY	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	\$0 COPAY	
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	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	\$0 COPAY	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	\$0 COPAY	

Drug	Status	Notes
KPN ORAL TABLET 9 MG IRON- 267 MCG	\$0 COPAY	
MASONATAL PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	\$0 COPAY	
MATRONEX ORAL TABLET 27 MG IRON- 1,000 MCG	\$0 COPAY	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	\$0 COPAY	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	\$0 COPAY	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	\$0 COPAY	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	\$0 COPAY	
MYNATAL ORAL TABLET 90-1-50 MG	\$0 COPAY	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	\$0 COPAY	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	\$0 COPAY	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	\$0 COPAY	
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	\$0 COPAY	
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON-1,700 MCG DFE	\$0 COPAY	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG	\$0 COPAY	
ONE-A-DAY PRENATAL ADVANCED ORAL COMBO PACK 27 MG IRON-800 MCG-110 MG	\$0 COPAY	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	\$0 COPAY	
<i>pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg</i>	\$0 COPAY	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	\$0 COPAY	
PNV-SELECT ORAL TABLET 27-1 MG	\$0 COPAY	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG	\$0 COPAY	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	\$0 COPAY	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG	\$0 COPAY	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	\$0 COPAY	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 1	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON-1 MG	\$0 COPAY	

Drug	Status	Notes
PRENATABS FA ORAL TABLET 29-1 MG	\$0 COPAY	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	\$0 COPAY	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG, 28 MG IRON-800 MCG-200 MG	\$0 COPAY	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	\$0 COPAY	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG	\$0 COPAY	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	\$0 COPAY	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	\$0 COPAY	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE	\$0 COPAY	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	\$0 COPAY	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG	\$0 COPAY	
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG	\$0 COPAY	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG	\$0 COPAY	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG	\$0 COPAY	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG	\$0 COPAY	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG	\$0 COPAY	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG, 28-800 MG-MCG	\$0 COPAY	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	\$0 COPAY	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	\$0 COPAY	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	\$0 COPAY	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	\$0 COPAY	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	\$0 COPAY	
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron-800 mcg</i>	\$0 COPAY	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG	\$0 COPAY	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	\$0 COPAY	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	\$0 COPAY	

Drug	Status	Notes
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg</i>	\$0 COPAY	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG	\$0 COPAY	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	\$0 COPAY	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	\$0 COPAY	
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG	\$0 COPAY	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG	\$0 COPAY	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG	\$0 COPAY	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG	\$0 COPAY	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG	\$0 COPAY	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG	\$0 COPAY	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG	\$0 COPAY	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	\$0 COPAY	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	\$0 COPAY	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	\$0 COPAY	
TRINATE ORAL TABLET 28 MG IRON- 1 MG	\$0 COPAY	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG	\$0 COPAY	
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	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	\$0 COPAY	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG	\$0 COPAY	
Prenatal Vitamins Without Iron		
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG	\$0 COPAY	
P2I PRENATAL WITH CHOLINE ORAL CAPSULE 4.25 MG IRON- 333.5 MCG DFE	\$0 COPAY	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG	\$0 COPAY	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG	\$0 COPAY	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT	\$0 COPAY	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG	\$0 COPAY	
Vitamin A Preparations		

Drug	Status	Notes
AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML	Tier 3	
Vitamin B Preparations		
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	
Vitamin B1 Preparations		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
<i>thiamine in 0.9 % sod chloride intravenous solution 500 mg/100 ml</i>	Tier 1	
Vitamin B12 Preparations		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	
DODEX INJECTION SOLUTION 1,000 MCG/ML	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	
PHYSICIANS EZ USE B-12 INJECTION KIT 1,000 MCG/ML	Tier 3	
Vitamin B6 Preparations		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
Vitamin C Preparations		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	Tier 3	
<i>ascorbic acid (vitamin c) intravenous solution 500 mg/ml</i>	Tier 1	
Vitamin D Preparations		
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier 1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 1	
Zinc Replacement		
<i>zinc chloride intravenous solution 1 mg/ml</i>	Tier 1	
<i>zinc sulfate intravenous solution 1 mg/ml, 3 mg/ml, 5 mg/ml</i>	Tier 1	
Weight Reduction		
Anti-Obesity Glucagon-Like Peptide-1 Recept Agonist		
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	Tier 2	PA; PA: COVERED FOR CARDIOVASCULAR RISK REDUCTION ONLY. EXCLUDED FOR WEIGHT LOSS.; QL (1 EA per 1 day)

Drug	Status	Notes
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	Tier 2	PA; PA: COVERED FOR CARDIOVASCULAR RISK REDUCTION ONLY. EXCLUDED FOR WEIGHT LOSS.; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 2	PA; PA: COVERED FOR CARDIOVASCULAR RISK REDUCTION ONLY. EXCLUDED FOR WEIGHT LOSS.; QL (3 ML per 28 days)

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State of Maryland Drug Exclusions

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Please Note: The MedImpact Drug Exclusions are subject to change due to updates and availability of generic alternatives.

Formulary Exclusions

Excluded Drug	Preferred Alternative
ABRILADA	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OMVOH; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; TALTZ; TREMFYA; XELJANZ; XELJANZ XR
ADALIMUMAB-ryvk (generic for Simlandi)	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OMVOH; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; TALTZ; TREMFYA; XELJANZ; XELJANZ XR
AMJEVITA	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OMVOH; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; TALTZ; TREMFYA; XELJANZ; XELJANZ XR
AVTOZMA	TYENNE
BILDYOS	STOBOCLO
BILPREVDA	OSENVELT
BKEMV	EPYSQI
BOMYNTRA	OSENVELT
BRYNOVIN	JANUMET; JANUMET XR; JANUVIA
CONEXXENCE	STOBOCLO
CYLTEZO (brand and generic)	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OMVOH; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; TALTZ; TREMFYA; XELJANZ; XELJANZ XR
ENBUMYST	bumetanide; ethacrynic acid; furosemide; torsemide
ESCITALOPRAM OXALATE 15 MG	bupropion hcl; bupropion hcl sr; bupropion xl; citalopram hbr; desvenlafaxine succinate er; duloxetine hcl; escitalopram oxalate; fluoxetine hcl; mirtazapine; paroxetine hcl; sertraline tablets; TRINTELLIX; venlafaxine hcl; vilazodone hcl
HADLIMA	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OMVOH; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; TALTZ; TREMFYA; XELJANZ; XELJANZ XR
HULIO	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OMVOH; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; TALTZ; TREMFYA; XELJANZ; XELJANZ XR
HYRIMOZ (brand and generic)	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OMVOH; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; TALTZ; TREMFYA; XELJANZ; XELJANZ XR
IDACIO (brand and generic)	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OMVOH; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; TALTZ; TREMFYA; XELJANZ; XELJANZ XR
IMULDOSA	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OMVOH; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; SOTYKTU; TALTZ; TREMFYA; XELJANZ; XELJANZ XR; YESINTEK; STELARA; SELARSDI
INSULIN DEGLUDEC	insulin glargine-yfgn; TOUJEO; TRESIBA
INSULIN GLARGINE, HUM.REC.ANLOG	insulin glargine-yfgn; TOUJEO; TRESIBA
JUBBONTI	STOBOCLO
LANTUS	insulin glargine-yfgn; TOUJEO; TRESIBA
LANTUS SOLOSTAR	insulin glargine-yfgn; TOUJEO; TRESIBA

Excluded Drug	Preferred Alternative
NILOTINIB TARTRATE	DANZITEN; nilotinib hcl
NON-BD BRAND INSULIN SYRINGES	BD Insulin Syringes, Embecta Insulin Syringes
NON-BD BRAND PEN NEEDLES	BD Pen Needles, Embecta Pen Needles
OTULFI	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OMVOH; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; SOTYKTU; TALTZ; TREMFYA; XELJANZ; XELJANZ XR; YESINTEK; STELARA; SELARSDI
PYZCHIVA (brand and generic)	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OMVOH; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; SOTYKTU; TALTZ; TREMFYA; XELJANZ; XELJANZ XR; YESINTEK; STELARA; SELARSDI
SITAGLIPTIN-METFORMIN	metformin hcl; SITAGLIPTIN PHOSPHATE
TOFIDENCE	adalimumab-adaz; ENBREL; HUMIRA; RINVOQ; SIMLANDI; TYENNE; XELJANZ; XELJANZ XR
USTEKINUMAB	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OMVOH; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; SOTYKTU; TALTZ; TREMFYA; XELJANZ; XELJANZ XR; YESINTEK; STELARA; SELARSDI
WEZLANA	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OMVOH; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; SOTYKTU; TALTZ; TREMFYA; XELJANZ; XELJANZ XR; YESINTEK; STELARA; SELARSDI
WYOST	OSENVELT
YUFLYMA (brand and generic)	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OMVOH; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; TALTZ; TREMFYA; XELJANZ; XELJANZ XR
YUSIMRY	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OMVOH; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; TALTZ; TREMFYA; XELJANZ; XELJANZ XR
ZITUVIMET XR	JANUMET; JANUMET XR; JANUVIA

Formulary Value Exclusions

Excluded Drug	Preferred Alternative
ACTEMRA	adalimumab-adaz; ENBREL; HUMIRA; RINVOQ; SIMLANDI; TYENNE; XELJANZ; XELJANZ XR
ADLARITY	donepezil hcl
ADMELOG	FIASP; HUMALOG KWIKPEN U-200; insulin lispro; LYUMJEV; LYUMJEV KWIKPEN; NOVOLOG
ADMELOG SOLOSTAR	FIASP; HUMALOG KWIKPEN U-200; insulin lispro; LYUMJEV; LYUMJEV KWIKPEN; NOVOLOG
ADZENYS ER	AZSTARYS; dextroamphetamine-amphet er; JORNAY PM; lisdexamfetamine dimesylate; methylphenidate; methylphenidate er; methylphenidate hcl cd
ADZENYS XR-ODT	AZSTARYS; dextroamphetamine-amphet er; JORNAY PM; lisdexamfetamine dimesylate; methylphenidate; methylphenidate er; methylphenidate hcl cd
AIRDUO DIGIHALER	ADVAIR HFA; BREO ELLIPTA; budesonide-formoterol fumarate; DULERA; fluticasone/salmeterol diskus; wixela inhub



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Excluded Drug	Preferred Alternative
AIRDUO RESPICLICK (brand and authorized generic)	ADVAIR HFA; BREO ELLIPTA; budesonide-formoterol fumarate; DULERA; fluticasone/salmeterol diskus; wixela inhub
AKLIEF	adapalene; tazarotene cream; tretinoin
ALVESCO	ARNUITY ELLIPTA; ASMANEX; ASMANEX HFA; fluticasone propionate hfa; QVAR REDIHALER
ANZUPGO	EUCRISA; OPZELURA; tci; topical corticosteroid; VTAMA; ZORYVE 0.15% CREAM
APIDRA	FIASP; HUMALOG KWIKPEN U-200; insulin lispro; LYUMJEV; LYUMJEV KWIKPEN; NOVOLOG
APIDRA SOLOSTAR	FIASP; HUMALOG KWIKPEN U-200; insulin lispro; LYUMJEV; LYUMJEV KWIKPEN; NOVOLOG
ARANESP	RETACRIT
ARMONAIR DIGIHALER	ARNUITY ELLIPTA; ASMANEX; ASMANEX HFA; fluticasone propionate hfa; QVAR REDIHALER
ASCENIV	GAMMAGARD LIQUID; GAMMAGARD S-D; GAMMAPLEX; GAMUNEX- C; OCTAGAM; PANZYGA; PRIVIGEN
ASTAGRAF XL	Generic tacrolimus
AURYXIA	lanthanum carbonate; sevelamer hcl; VELPHORO
AVASTIN	MVASI; ZIRABEV
AZASITE	BESIVANCE; ciprofloxacin; erythromycin 0.5% eye ointment; gentamicin 0.3% eye drop; levofloxacin; moxifloxacin 0.5% eye drops; ofloxacin 0.3% eye drops; tobramycin 0.3% eye drop
AZELEX	azelaic acid 15% gel; clindamycin (topical); erythromycin (topical); tretinoin
BAFIERTAM	AVONEX; BETASERON; COPAXONE; dimethyl fumarate; fingolimod; glatiramer acetate; glatopa; KESIMPTA PEN; MAVENCLAD; MAYZENT; PLEGRIDY; REBIF; VUMERITY
BALCOLTRA	generic oral contraceptive
BASAGLAR KWIKPEN	insulin glargine-yfqn; TOUJEO; TRESIBA
BASAGLAR TEMPO PEN	insulin glargine-yfqn; TOUJEO; TRESIBA
BECONASE AQ	budesonide nasal; flunisolide; fluticasone prop 50 mcg spray; mometasone nasal; QNASL; triamcinolone nasal
BEPREVE	azelastine hcl 0.05% drops; olopatadine eye drops
BEVESPI AEROSPHERE	ANORO ELLIPTA; STIOLTO RESPIMAT
BRENZAVVY (brand and generic)	FARXIGA; JARDIANCE; SYNJARDY; XIGDUO XR
BYDUREON	MOUNJARO; OZEMPIC; RYBELSUS; TRULICITY
BYETTA	MOUNJARO; OZEMPIC; RYBELSUS; TRULICITY
CEQUA	cyclosporine 0.05% eye emuls; MIEBO; RESTASIS MULTIDOSE; TYRVAYA; XIIDRA
CIBINQO	ADBRY; DUPIXENT; EBGLYSS; EUCRISA; pimecrolimus; RINVOQ; tacrolimus (topical); topical corticosteroid

Excluded Drug	Preferred Alternative
CIPRO HC	ciprofloxacin hcl-fluocinolone; ciprofloxacin-dexamethasone
CLIMARA PRO	COMBIPATCH
COMPLERA	atripla (generic); SYMFI; SYMFI LO (generic)
CONTRACE	N/A
COSENTYX COSENTYX UNOREADY PEN COSENTYX SENSOREADY (2 PENS) COSENTYX SYRINGE	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OTEZLA; RINVOQ; SIMLANDI; SKYRIZI; SOTYKTU; TALTZ; TREMFYA; XELJANZ; XELJANZ XR; YESINTEK; STELARA; SELARSDI
COTEMPLA XR-ODT	AZSTARYS; dextroamphetamine-amphet er; JORNAY PM; lisdexamphetamine dimesylate; methylphenidate; methylphenidate er; methylphenidate hcl cd
CREXONT	carbidopa-levodopa er
CUTAQUIG	GAMMAGARD LIQUID; GAMMAGARD S-D; GAMMAPLEX; GAMUNEX-C; OCTAGAM; PANZYGA; PRIVIGEN
CUVITRU	GAMMAGARD LIQUID; GAMMAGARD S-D; GAMMAPLEX; GAMUNEX-C; OCTAGAM; PANZYGA; PRIVIGEN
DELSTRIGO	atripla (generic); SYMFI; SYMFI LO (generic)
DELZICOL (brand and generic)	balsalazide disodium; mesalamine; sulfasalazine
DEXCOM, DEXCOM G4, DEXCOM G5, DEXCOM G5-G4 SENSOR	DEXCOM G6; DEXCOM G7; FREESTYLE LIBRE
DIFFERIN	adapalene gel; benzoyl peroxide; clindamycin (topical); tazarotene; tretinoin
DIPENTUM	balsalazide disodium; mesalamine; sulfasalazine
DUAKLIR PRESSAIR	ANORO ELLIPTA; STIOLTO RESPIMAT
DUOBRII	halobetasol propionate; tazarotene
DYANAVAL	AZSTARYS; dextroamphetamine-amphet er; JORNAY PM; lisdexamphetamine dimesylate; methylphenidate; methylphenidate er; methylphenidate hcl cd
EDARBI	ace-i combo; ace-inhibitor; angiotensin receptor blocker (arb); arb combo
EDARBYCLOR	ace-i combo; ace-inhibitor; angiotensin receptor blocker (arb); arb combo
ENOBY	STOBOCLO
ENVARUSUS XR	tacrolimus oral
EPOGEN	RETACRIT
ESTRING	estradiol cream; estradiol vaginal tablet; PREMARIN VAGINAL CREAM-APPL
ESTROGEL	generic climara; estradiol
EVENITY	teriparatide; TYMLOS
EXTAVIA	AVONEX; COPAXONE; glatiramer acetate; glatopa; PLEGRIDY; REBIF; teriflunomide
EXXUA	FETZIMA; TRINTELLIX
FEMRING	estradiol cream; estradiol vaginal tablet; PREMARIN VAGINAL CREAM-APPL



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Excluded Drug	Preferred Alternative
FERRIPROX 1,000MG tablet, solution	deferiprone
FLAREX	dexamethasone 0.1% eye drop; difluprednate; fluorometholone; loteprednol etabonate; prednisolone acetate; prednisolone sodium
FML FORTE	dexamethasone 0.1% eye drop; difluprednate; fluorometholone; loteprednol etabonate; prednisolone acetate; prednisolone sodium
FULPHILA	ZIEXTENZO
FYLNETRA	ZIEXTENZO
GELNIQUE	MYRBETRIQ; oxybutynin chloride; oxybutynin chloride er
GEMTESA	MYRBETRIQ; oxybutynin chloride; oxybutynin chloride er
GLUCAGON EMERGENCY KIT	BAQSIMI; GVOKE
GLUCAGON HCL	BAQSIMI; GVOKE
GRANIX	NIVESTYM
GUARDIAN CONNECT TRANSMITTER	DEXCOM G6; DEXCOM G7; FREESTYLE LIBRE
HERCEPTIN	KANJINTI; OGIVRI; TRAZIMERA
HERCESSI	KANJINTI; OGIVRI; TRAZIMERA
HUMALOG TEMPO PEN	FIASP; insulin lispro; LYUMJEV; LYUMJEV KWIKPEN; NOVOLOG
HUMATROPE	GENOTROPIN; NORDITROPIN FLEXPRO; SKYTROFA; SOGROYA
HYALURONATE SODIUM injection (DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, MONOVISC, ORTHOVISC SODIUM HYALURONATE, SUPARTZ FX, SYNOJOYNT, TRILURON, TRIVISC, VISCO-3)	EUFLEXXA; SYNVISIC; SYNVISIC-ONE
HYSINGLA ER	hydrocodone bitartrate er
IBSRELA	LINZESS; lubiprostone; TRULANCE
IGALMI	haloperidol; olanzapine; ziprasidone hcl; ziprasidone mesylate
ILUMYA	adalimumab-adaz; BIMZELX; ENBREL; HUMIRA; OTEZLA; SIMLANDI; SKYRIZI; SOTYKTU; TALTZ; TREMFYA; YESINTEK; STELARA; SELARSDI
IMAAVY	RYSTIGGO; VYVGART; VYVGART HYTRULO
INPEFA	FARXIGA; JARDIANCE; SYNJARDY; XIGDUO XR
INSULIN ASPART PROT MIX 70-30	NOVOLOG MIX 70-30
INTRAROSA	estradiol cream; estradiol vaginal tablet; PREMARIN VAGINAL CREAM-APPL
INVELTYS	dexamethasone; prednisolone
INVOKANA	Jardiance, Farxiga
INVOKAMET	SYNJARDY; SYNJARDY XR; XIGDUO XR
INVOKAMET XR	SYNJARDY; SYNJARDY XR; XIGDUO XR
IYUZEH	bimatoprost; latanoprost; LUMIGAN; tafluprost; travoprost
JATENZO	testosterone (generic)
JENTADUETO	JANUMET; JANUMET XR

Excluded Drug	Preferred Alternative
JENTADUETO XR	JANUMET; JANUMET XR
KAZANO	JANUMET; JANUMET XR
KIRSTY KIRSTY PEN	FIASP; HUMALOG KWIKPEN U-200; insulin lispro; LYUMJEV; LYUMJEV KWIKPEN; NOVOLOG
KISUNLA	ADUHELM; LEQEMBI
KOMBIGLYZE XR	JANUMET; JANUMET XR
KONVOMEF	generic ppis available as packets, disintegrating tablets (i.e., pantoprazole, lansoprazole)
LASTACFT	azelastine hcl 0.05% drops; olopatadine eye drops
LEVEMIR	insulin glargine-yfgn; TOUJEO; TRESIBA
LEVEMIR FLEXTOUCH	insulin glargine-yfgn; TOUJEO; TRESIBA
LEVEMIR FLEXPEN	insulin glargine-yfgn; TOUJEO; TRESIBA
LEQSELVI	LITFULO; OLUMIANT
LO LOESTRIN FE	generic oral contraceptive
LUPRON DEPOT, LUPRON DEPOT-PED	leuprolide acetate; SUPPRELIN LA; TRIPTODUR; VANTAS; ZOLADEX
LYUMJEV TEMPO PEN	FIASP; insulin lispro; LYUMJEV; NOVOLOG
MENEST	estradiol cream; estradiol vaginal tablet; PREMARIN VAGINAL CREAM-APPL
MERILOG MERILOG SOLOSTAR	FIASP; HUMALOG KWIKPEN U-200; insulin lispro; LYUMJEV; LYUMJEV KWIKPEN; NOVOLOG
MINIMED INSTINCT SENSOR	DEXCOM G6; DEXCOM G7; FREESTYLE LIBRE
MOTPOLY XR	lacosamide
MYQORZO	CAMZYOS
NATESTO	testosterone cypionate; testosterone enanthate; testosterone transdermal
NEMLUVIO	ADBRY; DUPIXENT; EBGLYSS; EUCRISA; pimecrolimus; RINVOQ; tacrolimus (topical); topical corticosteroid
NESINA (brand and authorized generic)	JANUVIA
NEULASTA	ZIEXTENZO
NEULASTA ONPRO	UDENYCA ONBODY
NEUPOGEN	NIVESTYM
NEVANAC	bromfenac sodium; diclofenac 0.1% eye drops; flurbiprofen 0.03% eye drop; ILEVRO; ketorolac
NGENLA	SKYTROFA; SOGROYA
NIKTIMVO	JAKAFI; REZUROCK
NOURIANZ	entacapone; rasagiline mesylate; selegiline hcl
NUTROPIN AQ	GENOTROPIN; NORDITROPIN FLEXPEN; SKYTROFA; SOGROYA
NYPOZI	NIVESTYM
NYVEPRIA	ZIEXTENZO
OMNARIS	budesonide nasal; flunisolide; fluticasone prop 50 mcg spray; mometasone nasal; QNASL; triamcinolone nasal



State of Maryland Drug Exclusions

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Excluded Drug	Preferred Alternative
ONGLYZA	JANUMET; JANUMET XR; JANUVIA
OSENI (brand and authorized generic)	JANUVIA; pioglitazone hcl
OSPHENA	estradiol cream; estradiol vaginal tablet; PREMARIN VAGINAL CREAM-APPL
OXYCONTIN	BELBUCA; NUCYNTA ER; oxycodone hcl er; XTAMPZA ER
PANCREAZE	CREON; ZENPEP
PERTZYE	CREON; ZENPEP
PHYRAGO	dasatinib
PIFELTRO	EDURANT; efavirenz; etravirine; nevirapine
PLENITY	N/A
PONVORY	dimethyl fumarate; fingolimod; MAYZENT; VUMERITY
PRADAXA PELLET PACKETS	dabigatran etexilate; rivaroxaban
PRALUENT	REPATHA
PRED MILD	dexamethasone 0.1% eye drop; fluorometholone 0.1% eye drop; prednisolone acetate; prednisolone sodium
PREZCOBIX	EVOTAZ; LOPINAVIR/RITONAVIR
PRILOSEC SUSPENSION	lansoprazole; omeprazole; pantoprazole sodium
PROCRIT	RETACRIT
PROLIA	STOBOCLO
PULMICORT FLEXHALER	ARNUITY ELLIPTA; ASMANEX; ASMANEX HFA; fluticasone propionate hfa; QVAR REDHALER
QSYMIA	N/A
QTERN	FARXIGA; JANUMET; JANUMET XR; JANUVIA; JARDIANCE; SYNJARDY; SYNJARDY XR; XIGDUO XR
REDITREX	OTREXUP
RELEUKO	NIVESTYM
RETIN-A MICRO PUMP	adapalene 0.3% gel; tretinoin 0.025% gel; tretinoin 0.1% cream; tretinoin gel micro 0.04% pump; tretinoin gel micro 0.08% pump; tretinoin gel micro 0.04% tube; tretinoin gel micro 0.1% tube
RHAPSIDO	DUPIXENT; XOLAIR
ROLVEDON	ZIEXTENZO
RYZNEUTA	ZIEXTENZO
SAIZEN	GENOTROPIN; NORDITROPIN FLEXPRO; SKYTROFA; SOGROYA
SAVAYSA	ELIQUIS; XARELTO
SAVELLA	amitriptyline hcl; cyclobenzaprine hcl; duloxetine hcl; gabapentin; pregabalin
SEGLUROMET	SYNJARDY; SYNJARDY XR; XIGDUO XR
SEMGLEE (YFGN)	insulin glargine-yfgn; TOUJEO; TRESIBA

Excluded Drug	Preferred Alternative
SEROSTIM	GENOTROPIN; NORDITROPIN FLEXPRO
SERTRALINE CAPSULES (150 mg and 200 mg)	FETZIMA; sertraline tablets; TRINTELLIX
SILIQ	adalimumab-adaz; ENBREL; HUMIRA; OTEZLA; SIMLANDI; SKYRIZI; SOTYKTU; TALTZ; TREMFYA; YESINTEK
SOFDRA	DRYSOL; QBREXZA
SOLIRIS	EPYSQLI
STEGLATRO	FARXIGA; JARDIANCE
STEGLUJAN	FARXIGA; JANUMET; JANUMET XR; JANUVIA; JARDIANCE; SYNJARDY; SYNJARDY XR; XIGDUO XR
STIMUFEND	ZIEXTENZO
SUBVENITE	BRIVIACT; lamotrigine
SYMJEPI	AUVI-Q; epinephrine pen (generic)
SYMLINPEN	CONSULT HC PROVIDER
TEGSEDI	AMVUTTRA
TRADJENTA	Januvia; Janumet; Janumet XR
TUDORZA PRESSAIR	INCRUSE ELLIPTA; SPIRIVA RESPIMAT; tiotropium bromide
TRYPTYR	cyclosporine 0.05% eye emuls; MIEBO; RESTASIS MULTIDOSE; TYRVAYA; XIIDRA
UDENYCA	ZIEXTENZO
VABRINTY	leuprolide acetate; SUPPRELIN LA; TRIPTODUR; VANTAS; ZOLADEX
VELSIPITY	adalimumab-adaz; HUMIRA; OMVOH; RINVOQ; SIMLANDI; XELJANZ; XELJANZ XR; YESINTEK
VESICARE LS	oxybutynin chloride; solifenacin succinate
VEVYE	cyclosporine 0.05% eye emuls; XIIDRA
VIOKACE	CREON; ZENPEP
WYNZORA	calcipotriene-betamethasone; ENSTILAR
XACIATO	clindamycin (oral); clindamycin cream (vaginal); metronidazole (oral); metronidazole gel (vaginal)
XELSTRYM	AZSTARYS; dextroamphetamine-amphet er; JORNAY PM; lisdexamphetamine dimesylate; methylphenidate er; methylphenidate hcl cd; methylphenidate patch
XGEVA	OSENVELT
XTRENBO	OSENVELT
YUTREPIA	TYVASO DPI
ZARXIO	NIVESTYM
ZEGALOGUE SYRINGE	BAQSIMI; GVOKE
ZEGALOGUE AUTOINJECTOR	BAQSIMI; GVOKE
ZELNORM	LINZESS; lubiprostone; TRULANCE
ZEPATIER	EPCLUSA; HARVONI; VOSEVI
ZEPBOUND KIWKPEN	N/A
ZETONNA	budesonide nasal; flunisolide; fluticasone prop 50 mcg spray; mometasone nasal; QNASL; triamcinolone nasal
ZIRGAN	acyclovir; famciclovir; trifluridine; valacyclovir



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Excluded Drug	Preferred Alternative
ZITUVIO (brand and authorized generic)	JANUMET; JANUMET XR; JANUVIA
ZOMACTON	GENOTROPIN; NORDITROPIN FLEXPRO; SKYTROFA; SOGROYA
ZYLET	neomycin-polymyxin b-dexamethasone; neomycin-polymyxin b-hydrocortisone
ZYMFENTRA	adalimumab-adaz; HUMIRA; OMVOH; RINVOQ; SIMLANDI; STELARA; SELARSDI; XELJANZ; XELJANZ XR; YESINTEK

Non-Essential Drugs

Excluded Drug	Preferred Alternative
ABILIFY MYCITE	aripiprazole, olanzapine, risperidone, seroquel, paliperidone, lurasidone, & ziprasidone
ABSORICA, ABSORICA LD (brand and authorized generic)	generic isotretinoin capsules - Accutane, Claravis, Amnesteem, Zenatane
ABSTRAL	fentanyl citrate lozenge
ACCRUFER	OTC oral iron preparations
ACTICOAT, ACTICOAT 7, ACTICOAT FLEX 3, ACTICOAT FLEX 7, ACTICOAT SURGICAL	OTC and other silver products
ACUICYN	OTC OCuSOFT lid scrub, ocular antibiotics, OTC artificial tears
ACYCLOVIR TOPICAL	ORAL GENERIC ACYCLOVIR, FAMCICLOVIR, OR VALACYCLOVIR
ADAPALENE SOLUTION	Rx generic adapalene cream, lotion, Rx generic/OTC adapalene gel, generic adapalene/benzoyl peroxide, generic topical tretinoin
AERONEB GO	Aerochamber
ALEVICYN/SPRAY GEL	OTC emollients, creams, OTC generic hydrocortisone, OTC wound care products
ALLEVYN, ALLEVYN ADHESIVE, ALLEVYN HEEL	OTC and other foam bandage products
ALLEVYN AG, ALLEVYN AG ADHESIVE, ALLEVYN AG GENTLE	OTC and other foam bandages and silver products
ALLOPURINOL 200 MG	generic allopurinol 100 mg and 300 mg tablet
ALLZITAL	generic butalbital/acetaminophen (50mg-325mg tablet)
ALZAIR	Chloraseptic Allergen Block
AMCINONIDE 0.1 % OINT.	generic high-potency topical steroids (e.g., 0.05% betamethasone dipropionate, 0.05% fluocinonide)
AMRIX	cyclobenzaprine (5mg, 10mg)
ANTARA	fenofibrate, micronized/nanocrystallized

Excluded Drug	Preferred Alternative
ANTIVERT	OTC antihistamines
APEXICON E	Generic high potency topical steroid (e.g., fluocinonide 0.05%, betamethasone dipropionate 0.05%)
APLENZIN	bupropion HCl, bupropion HCl XR, sertraline, citalopram, escitalopram, fluoxetine, paroxetine, venlafaxine, duloxetine, & desvenlafaxine
ASPRUZYO SPRINKLE	ranolazine
AQUORAL	OTC saliva mouthwash, powder, spray/pump
ARAZLO	tazarotene 0.1% cream, tretinoin 0.1% gel microspheres, tretinoin 0.1% cream, tretinoin 0.05% gel, adapalene 0.3% gel
ASPIRIN/OMEPRAZOLE	OTC aspirin, OTC omeprazole
ASTERO, LDO PLUS (lidocaine 4%)	topical lidocaine
ATOPADERM	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids, OTC wound care products
ATOPICLAIR	OTC hyaluronate products
AUGMENTIN (125 mg/5 mL suspension)	generic amoxicillin/clavulanate suspension
AVENOVA	OTC OCuSOFT lid scrub, ocular antibiotics, OTC artificial tears
AVO CREAM	OTC hyaluronate products, OTC wound dressings, barrier creams
BALSAM PERU-CASTOR OIL	OTC wound care products, barrier creams and ointments
BACLOFEN (15 mg)	baclofen tablets, tizanidine tablets/capsules, dantrolene capsules
BEAU RX	Kelocote, Recedo
BELVIQ	N/A
BELVIQ XR	N/A
BENZEPRO	Generic, OTC topical benzoyl peroxide
BIAFINE	OTC hyaluronate products, OTC wound dressings, barrier creams
BINOSTO	alendronate, ibandronate
BIONECT	OTC hyaluronate products
BIOSTEP	OTC collagen dressings
BIOSTEP AG	OTC collagen dressings and silver products
BOCASAL	OTC saliva mouthwash, powder, spray/pump
BONJESTA	OTC doxylamine, OTC pyridoxine
BPCO	OTC wound care products, barrier creams and ointments
BREKIYA	dihydroergotamine mesylate; NURTEC; REYVOW; triptan; UBRELVY
BRYHALI	Generic halobetasol ointment, cream, clobetasol propionate; generic betamethasone augmented 0.05%; generic fluocinonide
BUCAPSOL	generic buspirone tablets
BUTALBITAL-ACETAMINOPHEN (50 mg-300 mg capsules)	generic butalbital/acetaminophen (50 mg-325 mg tablet)



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Excluded Drug	Preferred Alternative
BUTALBITAL-ACETAMINOPHEN (25 mg-325 mg tablets)	Other butalbital products, such as generic butalbital/acetaminophen (50 mg-325 mg tablet).
CAMBIA	Diclofenac oral tablets, other generic NSAIDs
CALSODORE	generic calcipotriene products
CEFIXIME 400 mg tablet	CEFIXIME 400 MG CAPSULE
CELACYN	OTC Mederma, OTC Scarguard MD, OTC ScarAway
CELACYN POST PROCEDURE	OTC moisturizing creams/cleansers
CERACADE	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids
CERAMAX	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion
CHLORZOXAZONE 375 mg, 750 mg	generic chlorzoxazone (500 mg tablets)
CLEMASTINE FUMARATE	OTC antihistamines
COMBOGESIC	generic ibuprofen and generic acetaminophen tablets
CONSENSI	Generic amlodipine and celecoxib (individually)
CONZIP	generic tramadol extended-release capsules, tablets
COXANTO	generic oxaprozin tablet, generic diflunisal, generic ibuprofen 100mg, 200mg, 300 mg, 600 mg, 800 mg tablet, generic naproxen tablet, generic meloxicam tablet, generic diclofenac, generic indomethacin capsules, generic celecoxib capsules
DAXBIA	Cephalexin
DELUO	OTC antiseptic cleansers
DENAVIR	Generic oral acyclovir, famciclovir, and valacyclovir
DERMULCERA	OTC wound care products, barrier creams and ointments
DERMASO PLUS	Generic OTC, low-cost skin emollient combinations
DESVENLAFAXINE ER	desvenlafaxine succinate ER, desvenlafaxine ER (Ranbaxy)
DEXABLISS	Regular (not in a therapy pack) dexamethasone tablets
DEXERYL	OTC emollients, creams, OTC generic hydrocortisone
DEXTAK	dexamethasone tablets (1.5 mg)
DICLOFENAC POTASSIUM 25MG	Generic diclofenac potassium 50mg tablets, generic diclofenac sodium tablets
DICLOFENAC SODIUM	topical diclofenac
DICLOFENAC SUBMICRONIZED	generic oral NSAIDs, generic oral diclofenac
DICYCLOMINE HCL 40 MG TABLET	generic dicyclomine 10 mg capsules or dicyclomine 20 mg tablets
DIFENOXIN HCL/ATROPINE SULFATE	generic Lomotil tablets
DIFLORASONE DIACETATE CREAM/OINTMENT	Generic high to super-high potency topical steroid (e.g., fluocinonide, betamethasone dipropionate)

Excluded Drug	Preferred Alternative
DIMENTHO	Generic diclofenac topical preparations and OTC topical counterirritants
DORYX MPC	Generic oral tetracyclines
DOXYCYCLINE (selected strengths)	Generic doxycyclines
DOLOBID	generic diflunisal tablet, generic ibuprofen 100mg, 200mg, 300 mg, 600 mg, 800 mg tablet, generic naproxen tablet, generic meloxicam tablet, generic diclofenac, generic indomethacin capsules, generic celecoxib capsules, generic etodolac capsules/tablets
DUEXIS	famotidine & ibuprofen
DURLAZA	RX/OTC aspirin, clopidogrel
DUTOPROL	generic metoprolol, hydrochlorothiazide
DXEVO	Generic dexamethasone tablets
DYCLOPRO	Lidocaine Viscous Solution
EDLUAR	eszopiclone, zaleplon, zolpidem, Belsomra, Dayvigo
ELEPSIA XR	Generic levetiracetam ER tablets
ELETONE	OTC emollients, creams, OTC generic hydrocortisone
ENDOFORM	OTC collagen dressings
ENOXILUV	generic enoxaparin syringes and OTC alcohol prep pads, gloves, adhesive bandages, single-use gauze sponges
ENTTY	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids
EPICERAM	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids
EPICYN	OTC benzoyl peroxide cleansers
EPISIL	OTC saliva substitutes
EPSOLAY	generic benzoyl peroxide, topical metronidazole, azelaic acid
ENTADFI	Individual finasteride and tadalafil components
ERTACZO	generic clotrimazole, econazole, ketoconazole, terbinafine
EURAX	generic topical permethrin, oral ivermectin
EVEKEO ODT	generic amphetamine sulfate, other short-acting ADHD products
EVZIO	Narcan, naloxone, Kloxxado
EXTINA	2% ketoconazole shampoo, cream
EZETIMIBE-ATORVASTATIN CALCIUM	individual generic ezetimibe and atorvastatin or rosuvastatin components, generic rosuvastatin/ezetimibe tablet
FABIOR	tazarotene 0.1% cream, tretinoin 0.1% gel microspheres, tretinoin 0.1% cream, tretinoin 0.05% gel, adapalene 0.3% gel
FENOFIBRATE (selected strengths)	generic fenofibrate, micronized/nanocrystallized
FENOPROFEN CALCIUM	generic oral NSAIDs



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Excluded Drug	Preferred Alternative
FENOPRON	generic 400 mg, 600mg fenoprofen capsules/tablets, generic diflunisal tablet, generic ibuprofen 100mg, 200mg, 300 mg, 600 mg, 800 mg tablet, generic naproxen tablet, generic meloxicam tablet, generic diclofenac, generic indomethacin capsules, generic celecoxib capsules, generic etodolac capsules/tablets
FENTORA	fentanyl citrate lozenge
FORTAMET	metformin IR, metformin ER (generic for Glucophage XR)
GABARONE	generic gabapentin immediate release capsules, generic pregabalin immediate release capsules, generic venlafaxine ER capsules, generic duloxetine DR capsules, generic amitriptyline tablets, generic nortriptyline capsules
GELCLAIR, GELX, PROTHELIAL	Rincinol PRN, Magic mouthwash
GEL-MATRIX SILICONE PAD (Cellpad, Cicasil, Cicatrace, Derm-Silk, Kelotop, Prosilk, Scarcinpad, Scarsilk, Silivex, Sil-K, Siltrex)	OTC Scargel, OTC silicone gel sheet
GENADUR	OTC nail strengthener
GLUMETZA	generic Glucophage XR
GLYCATE	generic glycopyrrolate (1mg tablets)
GLIMEPIRIDE	Other generic glimepiride products, generic glyburide, generic glipizide tablets
GOCOVRI	generic amantadine IR (100mg tablets)
GONITRO	generic nitroglycerin sublingual tablets, generic nitroglycerin translingual spray
GRALISE, GABAPENTIN (ONCE DAILY)	generic gabapentin immediate release capsules, generic pregabalin immediate release capsules, generic venlafaxine ER capsules, generic duloxetine DR capsules, generic amitriptyline tablets, generic nortriptyline capsules
HALUCORT	Generic topical corticosteroids
HELIDAC	Bismuth subsalicylate OTC, metronidazole, tetracycline
HEMADY	generic dexamethasone 4 mg tablet
HORIZANT	generic gabapentin immediate release capsules, generic pregabalin immediate release capsules, generic venlafaxine ER capsules, generic duloxetine DR capsules, generic amitriptyline tablets, generic nortriptyline capsules
HPR/PLUS/MB/HYDROGEL	generic topical clobetasol, hydrocortisone, OTC emollient products (CeraVe, etc.)
HPR PLUS	Any antiseptic wound care product, OTC emollient
HYCLODEX	Di-Dak Sol (sodium hypochlorite 0.0125%), Dakin's solution (sodium hypochlorite 0.125%, 0.25%, and 0.50%), Hysept (sodium hypochlorite 0.5%), and H-Chlor (0.062/0.125%)

Excluded Drug	Preferred Alternative
HYCOFENIX	OTC 1% hydrocortisone
HYDROCODONE-ACETAMINOPHEN (10 mg-32 mg oral solution)	hydrocodone-acetaminophen 10mg-300mg tablets, 10mg-325mg tablets, 7.5-325mg oral solution
HYDROCORTISONE ACETATE W/ PRAMOXINE SUPPOSITORY	Generic hydrocortisone suppository
HYDROFERA BLUE, HYDROFERA BLUE READY	Any antiseptic wound dressing
HYDROCERIN	OTC emollients
HYGEL	Any moisture-retaining skin/wound protectant product
HYLATOPIC PLUS	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids, OTC wound care products
IBUPROFEN 300 MG TABLET	generic 400 mg, 600mg fenoprofen capsules/tablets, generic diflunisal tablet, generic ibuprofen 100mg, 200mg, 300 mg, 600 mg, 800 mg tablet, generic naproxen tablet, generic meloxicam tablet, generic diclofenac, generic indomethacin capsules, generic celecoxib capsules, generic etodolac capsules/tablets
IMPEKLO	Other topical formulations of generic clobetasol 0.05%, other topical high-potency generic corticosteroids
IMPOYZ	Other topical formulations of generic clobetasol 0.05% (e.g. cream, foam), Other topical high-potency generic corticosteroids
INDOCIN	diclofenac oral and capsicum
INDOMETHACIN (Tivorbex authorized generic)	Other NSAIDs, including other indomethacin products
INDERAL XL	propranolol tablets
INNOPRAN XL	propranolol tablets
INTERMEZZO	eszopiclone, zaleplon, zolpidem
IRENKA	Duloxetine 20mg capsules
JUBLIA	generic terbinafine, fluconazole, itraconazole, ciclopirox
KAMDOY	topical lidocaine
KATERZIA	amlodipine tablets
KELARX	OTC Mederma, OTC Scarguard MD
KERAGEL, KERAGELT KERAMATRIX	OTC wound care products/dressings
KETOROLAC TROMETHAMINE NASAL SPRAY	Other NSAIDs (e.g. ibuprofen, naproxen) and analgesia products.
KHEDEZLA (brand and generic)	desvenlafaxine succinate extended release, desvenlafaxine extended release (Ranbaxy)
KHINDIVI	Alkindi Sprinkles, hydrocortisone tablet (5,10, 20mg)
KIVIK	OTC emollients, OTC, generic topical steroids
KRISTALOSE/LACTULOSE PACKETS	generic lactulose solution
LAZANDA	fentanyl citrate lozenge
LEVICYN/SG I-14	OTC emollients, creams, OTC generic hydrocortisone, OTC wound care products
LEVORPHANOL 3 MG	Generic morphine IR, oxycodone IR



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Excluded Drug	Preferred Alternative
LEXETTE	generic halobetasol ointment, cream; generic clobetasol; generic betamethasone; generic fluocinonide
LIDOCAINE HCL/ALOE/COLLAGEN	lidocaine, OTC aloe, OTC emollients
LIDOCAINE/TETRACAINE	generic lidocaine 5% topical, lidocaine-prilocaine topical cream
LIDOCAINE/PRILOCAINE 2.5%/2.5% (kit)	generic lidocaine 5% topical, lidocaine-prilocaine topical cream
LIDOTRAL + HYDROCORTISONE	OTC lidocaine products
LIDOTREX	lidocaine, OTC vitamin E, OTC aloe, OTC emollients
LIDOTROL-MENTHOL	individual generic components, OTC lidocaine/menthol products
LOCORT	Generic dexamethasone tablets
LODOCO	Generic 0.6 mg tabs
LOREEV XR	Generic lorazepam tablets, alprazolam ER/XR tablets
LORZONE	Generic chlorzoxazone (500 mg tablets)
LOUTREX	OTC emollients (Eucerin, Cetaphil, Aquaphor)
LOYON	topical dimethicone
LURADROX	OTC hyaluronate products
LUXAMEND	OTC hyaluronate products, OTC wound dressings, barrier creams
LYRICA CR	immediate-release gabapentin, immediate-release Lyrica
LYVISPAH	baclofen tablets, tizanidine tablets/capsules, dantrolene capsules
MATRISTEM, MATRISTEM MICROMATRIX	OTC wound care products/dressings
MEDIHONEY	OTC wound dressings, hyaluronate, barrier creams, emollients
METAXALONE (640MG)	metaxalone 400 mg, 800 mg tablets
METHOCARBAMOL 1000MG	generic methocarbamol 500 mg and 750 mg tablet
METFORMIN HCL 625MG, 750MG	Other strengths of generic metformin tablets
METFORMIN HCL ER (gastric release, modified release, i.e., Glumetza)	generic metformin IR, generic Glucophage XR (metformin ER)
MICORT (HYDROCORTISONE ACETATE) 2.5 % CREAM AND APPLICATOR	generic hydrocortisone acetate cream
MICROCYN, MICROCYN HYDROGEL	OTC wound care products
MIGERGOT	generic ergotamine/caffeine tablets
MILLIPRED	generic prednisone, prednisolone, methylprednisolone products
MIMYX	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), promoxine, Sarna lotion, topical diphenhydramine, generic topical steroids
MINOCYCLINE HCL MICROSPHERES	generic immediate-release minocycline capsules, tablets, doxycycline
MINOLIRA ER	generic immediate-release minocycline capsules, tablets, doxycycline

Excluded Drug	Preferred Alternative
MISTASSIST	alternative respiratory assistance devices (nebulizers, spacers, inspiratory muscle trainers)
MOTOFEN	Diphenoxylate-atropine, Loperamide OTC
MUGARD	oral baking soda and salt rinses, magic mouthwash preparation
NALFON	generic oral NSAIDs
NAPRELAN	naproxen
NAPROTIN	Generic naproxen, OTC capsaicin cream
NAPROXEN ORAL SUSPENSION	Ibuprofen suspension, OTC NSAIDs
NAPROXEN SODIUM ER	naproxen
NAPROXEN/ESOMEPRAZOLE MAG	naproxen & esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole
NASCOBAL	Generic cyanocobalamin (e.g. injectable, oral, sublingual)
NEOCERA	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids
NEOSALUS	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids
NEUTRASAL	OTC saliva mouthwash, powder, spray/pump
NEXICLON XR	Generic clonidine tablets
NIVATOPIC PLUS	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids, OTC wound care products
NITROFURANTOIN (generic for FURADANTIN)	25 mg/5 mL susp and generic nitrofurantoin capsules
NORGESIC FORTE, ORPHENGESIC FORTE (brand and generic)	individual components, other muscle relaxants
NORITATE	0.75% metronidazole cream, lotion
NORTRIPTYLINE 20 MG/10ML UNIT-DOSE CUPS	Generic nortriptyline capsules and oral solution (10mg/5mL)
NUTRASEB	OTC topical antifungal products, OTC topical low-potency steroids
NUVAIL	OTC nail strengthener
OASIS ULTRA	OTC wound care products
ONSOLIS	fentanyl citrate lozenge
ONZETRA XSAIL	sumatriptan
ONDANSETRON ODT	Generic ondansetron tablets, oral disintegrating tablets, oral solution, vials
ONTRALFY	BACLOFEN SOLUTION; BACLOFEN SUSPENSION; TIZANIDINE TABLETS
ORAFATE	Oral baking soda and salt rinses, magic mouthwash preparation
ORAPEUTIC	OTC mouth pain/protectant products (e.g., Rincinol PRN Mouth Sore Rinse)
ORTIKOS	Generic budesonide EC 3 mg capsules
OSMOLEX ER	generic amantadine IR (100mg tablets)



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Excluded Drug	Preferred Alternative
PAIN EASE MEDIUM STREAM SPRAY	OTC lidocaine, prilocaine, benzocaine
PEXEVA	paroxetine
PHLAG SPRAY	OTC treatments including calamine, hydrocortisone (a weak steroid), camphor, diphenhydramine hydrochloride (HCl), benzocaine and menthol
PICATO	fluorouracil 0.5%, 4%, 5% cream, fluorouracil 2%, 5% solution, imiquimod 5% cream, diclofenac sodium 3% gel
PLIXDA (brand and authorized generic)	Rx generic adapalene cream, lotion, Rx generic/OTC adapalene gel, generic adapalene/benzoyl peroxide, generic topical tretinoin
POKONZA	generic potassium chloride oral solution
PRESTALIA	amlodipine and benazepril
PRIMLEV/OXYCODONE-ACETAMINOPHEN (brand and generic)	Generic oxycodone/acetaminophen (2.5-325 mg, 5-325 mg, 7.5-325 mg, 10-325 mg)
PROAIR DIGIHALER	generic albuterol inhalers
PROAIR RESPICLICK	generic albuterol inhalers
PROLATE	Oxycodone-acetaminophen tablets, hydrocodone-acetaminophen solution
PROMISE B	OTC topical antifungal products, OTC topical steroids, OTC ketoconazole/dandruff shampoos
PROTYL AG	OTC wound care, SilvaSorb, Hydrogel AG
PRUMYX	OTC topical emollients
PRUTECT	OTC hyaluronate products, OTC wound dressings, barrier creams
PULMOSAL	Generic options of sodium chloride inhalation solutions
RADIAPLEX RX	OTC hyaluronate products, OTC aloe, OTC emollient products, OTC wound care products
RANITIDINE 150 MG & 300 MG TABLETS	Generic oral famotidine tablets
RAYOS	prednisone IR
REGENECARE	lidocaine, OTC vitamin E, OTC aloe, OTC emollients
RELAFEN DS	Generic nabumetone tablets in other strengths, other OTC/generic NSAIDs
RELEXXII	generic methylphenidate ER/LA/CD, lisdexamfetamine, dextroamphetamine/amphetamine XR, Azstarys, Jornay PM
RELTONE	generic ursodiol 300 mg capsules, generic ursodiol 250 mg and 500 mg tablet
REPLICARE, REPLICARE THIN, REPLICARE ULTRA, REPLICARE ULTRA SACRUM	OTC wound care products/dressings
RESTIZAN	OTC Mederma, OTC Scarguard MD, OTC ScarAway
RHOFADE	Metronidazole gel, azelaic acid, ivermectin cream

Excluded Drug	Preferred Alternative
RIMANTADINE HCL	Oseltamivir phosphate
ROZEREM	eszopiclone, zaleplon, zolpidem
RYCLORA (brand and generic)	OTC diphenhydramine, OTC chlorpheniramine
RYVENT (brand and generic)	generic carbinoxamine (4 mg tablets)
SALIVAMAX	OTC saliva mouthwash, powder, spray/pump
SALIVATERX	OTC saliva mouthwash, powder, spray/pump
SCARCARE	OTC Mederma, OTC Scarguard MD, OTC Bio Oil
SALICATE	Generic, OTC salicylic acid products
SCARCIN SCARCIN ROLL ON	OTC Mederma, OTC Scarguard MD, OTC ScarAway
SDAMLO	AMLODIPINE TABLETS; NORLIQVA
SEBUDERM	OTC topical antifungal products, OTC topical steroids, OTC ketoconazole/dandruff shampoos
SEYSARA	generic immediate-release minocycline capsules, tablets, doxycycline
SILATRIX	OTC oral mucosal protectants and mouth sore rinses (e.g., Canker Cover, Canker Relief, G.U.M Rincinol P.R.N)
SILIPAC	OTC Mederma, OTC Scarguard MD, OTC Bio Oil
SILVRSTAT	OTC anti-microbial products, silver wound gels
SITAVIG	acyclovir tablets, valacyclovir tablets, famciclovir tablets
SOAANZ	Generic torsemide tablets
SOLOX gel	OTC One Silver wound dressing gel, OTC wound management products
SONAFINE	OTC hyaluronate products, OTC wound dressings, barrier creams
SP SCAR MANAGEMENT	OTC Mederma, OTC Scarguard MD, OTC ScarAway
SPRITAM	generic levetiracetam product
SPRIX	ibuprofen, naproxen
SUBSYS	fentanyl citrate lozenge
SUVICORT	lidocaine, OTC aloe, OTC emollients
SYMBRAVO	generic meloxicam and rizatriptan
SYMPAZAN	generic clobazam product (i.e., tablet, oral suspension)
SYNERDERM	palm oil
TAPERDEX	dexamethasone tablets (1.5 mg)
TETRIX	OTC wound care products, barrier creams and ointments
TETRACYCLINE (generic for SUMYCIN)	Generic tetracycline capsules
THERAPEVO	OTC hyaluronate products, OTC wound dressings, barrier creams
TIVORBEX	indomethacin
TOBRADEX ST	generic tobramycin/dexamethasone ophthalmic drops
TOLSURA	generic itraconazole, fluconazole, posaconazole, voriconazole
TONMYA	milnacipran, amitriptyline, cyclobenzaprine oral tablets, duloxetine, gabapentin, or pregabalin



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Excluded Drug	Preferred Alternative
TOSYMRA	Imitrex nasal spray, sumatriptan subcutaneous injection, other triptan oral products
TRAMADOL (25 mg, 75mg, 100 mg tablets)	generic tramadol IR, ER products
TREXIMET (brand and generic)	sumatriptan, naproxen
TREZIX (brand and generic)	acetaminophen/codeine
TRIANEX	generic triamcinolone acetonide 0.03%-0.1% ointment
TRIONEX	individual components generic calcipotriene formulations and OTC dressing
TUSSICAPS	Promethazine-Codeine Syrup, Hydrocodone-Chlorpheniramine ER Suspension
TWYNEO	0.1% gel microspheres, tretinoin 0.1% cream, tretinoin 0.05% gel, adapalene 0.3% gel, benzoyl peroxide OTC
ULTRAVATE	Generic halobetasol ointment, cream, clobetasol propionate, generic betamethasone augmented 0.05%, generic fluocinonide 0.1%
URNEVA, URIMAR-T Capsule	other generic urinary antiseptic products
VALSARTAN ORAL SOLUTION	Generic valsartan tablets
VANATOL LQ	butalbital/acetaminophen/caffeine (50mg-325mg-40mg) tablets/capsules
VANATOL S	butalbital/acetaminophen/caffeine (50mg-325mg-40mg) tablets/capsules
VENELEX	OTC wound care products, barrier creams and ointments
VERDESO	generic desonide 0.05% cream, lotion, ointment
VIEKIRA PAK	Epclusa, Harvoni, Vosevi
VIMOVO	naproxen & esomeprazole
VIVLODEX	meloxicam
XCELLISTEM	OTC wound care products
XERESE	Generic oral acyclovir, famciclovir, valacyclovir tablets, generic hydrocortisone 1% cream
XEROFORM PETROLATUM DRESSING	OTC wound care products
XIMINO	generic immediate-release minocycline capsules, tablets, doxycycline
XOLEGEL	2% ketoconazole shampoo, cream
YOSPRALA (81/40 mg, 325/40 mg) (brand and generic)	Rx/OTC aspirin, Rx/OTC omeprazole
ZANAFLEX 8 MG CAPSULE	low-cost baclofen tablets, tizanidine (2 mg, 4 mg, 6 mg) tablets/capsules, dantrolene capsules
ZCORT	Generic dexamethasone tablets (1.5 mg)

Excluded Drug	Preferred Alternative
ZECUITY	sumatriptan
ZEGERID PACKET	OTC antacid and PPI (e.g., omeprazole)
ZEMA-PAK	dexamethasone tablets (1.5 mg)
ZEMBRACE SYMTOUCH	sumatriptan
ZERVIAE	Azelastine, epinastine, olopatadine ophthalmic solutions
ZILEUTON ER	montelukast, zafirlukast
ZILXI	Generic oral tetracyclines
ZIPSOR	Diclofenac
ZOLPIDEM TARTRATE (Capsule)	Generic zolpidem tartarate tabs
ZODEX	Generic dexamethasone, generic methylprednisolone dose packs
ZOLPIMIST	eszopiclone, zaleplon, zolpidem, Belsomra, Dayvigo
ZONACORT	dexamethasone tablets (1.5 mg)
ZONALON	topical corticosteroid
ZORVOLEX	diclofenac
ZOVIRAX (brand and generic)	Generic oral acyclovir, famciclovir, and valacyclovir
ZTLIDO	immediate-release gabapentin, immediate-release Lyrica, generic lidocaine 5% topical patches, OTC lidocaine cream, generic Rx lidocaine cream, solution, ointment
ZUPLENZ	ondansetron ODT
ZYCLARA	For actinic keratosis: fluorouracil 4%, or 5% cream, fluorouracil solution, imiquimod 5% cream For warts: imiquimod 5% cream, podofilox solution 0.5%
ZYFLO	montelukast, zafirlukast
ZYFLO CR	montelukast, zafirlukast
ZYPITAMAG	other statins

Formulary Exclusions continued

Excluded Drug	Preferred Alternative
ACCUCAINE	lidocaine topical
ADDACTIVE-PAC	generic gabapentin IR and lidocaine/menthol topical
ACYCLOVIX	oral acyclovir, OTC oral pain relievers
ADAZIN	OTC lidocaine, benzocaine, methyl salicylate, capsaicin creams



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Excluded Drug	Preferred Alternative
ALCORTIN A	hydrocortisone-iodoquinol cream, ciclopirox cream, clotrimazole cream
ALLEVESS PATCH	topical capsaicin and menthol
ALOQUIN	hydrocortisone-iodoquinol cream
AVIDOXY DK	generic doxycycline, OTC salicylic acid
BENSAL HP	topical hydrocortisone, OTC emollients, salicylic acid
BENZODOX 30	generic doxycycline, OTC benzoyl peroxide
BESER/KIT	Generic topical corticosteroids, generic/OTC emollients
CAPHOSOL	OTC saliva mouthwash, powder, spray/pump
CAPXIB	celecoxib, capsaicin/menthol
CLINDAMYCIN PHOS/SKIN CLNSR 19	Acanya (clindamycin 1.2%/benzoyl peroxide 2.5%); Benzaclic generic (clindamycin 1%/benzoyl peroxide 5%); erythromycin 3%, benzoyl peroxide 5%
CLINDAVIX	Generic clindamycin topical solution, OTC skin protectants
CLOBETAVIX	Generic clobetasol propionate, OTC hydrocolloid bandages, generic super-high potency topical steroids
CLOBETEX	Generic desloratadine, loratadine, cetirizine, levocetirizine, clobetasol propionate and other generic topical corticosteroids
CLEARACYLIC/CLEARACYLIC PRO	low-cost generic, OTC salicylic acid products
CYCLOBENZAPRINEPAX	generic cyclobenzaprine 10 mg tablets
CYCLOTENS	cyclobenzaprine 10 mg tablets
DAVIMET-FLUORIDE (pediatric MVI with fluoride)	generic low-cost pediatric multivitamins with fluoride
DAVIMET-IRON	generic and other low-cost multivitamins with iron
DERMACINRX CINLONE-I CPI	triamcinolone 40mg injectable; lidocaine/prilocaine
DERMACINRX PHN PAK	topical generic lidocaine
DERMACINRX PRIZOPAK	topical lidocaine, prilocaine
DERMACINRX PUREFOLIX	folic acid and vitamin D
DERMACINRX SILAPAK	triamcinolone, dimethicone
DERMACINRX SILAZONE	triamcinolone, dimethicone
DERMACINRX SURGICAL PHARMAPAK	mupirocin and chlorhexidine
DERMACINRX THERAZOLE PAK	clotrimazole/betamethasone cream, lotion
DERMACINRX ZRM PAK	lidocaine/dimethicone cream
DERMALID	OTC lidocaine patches
DERMAPAK PLUS	topical tretinoin
DERMAPLEX	OTC topical emollients/hyaluronic acid products
DERMASORB HC	hydrocortisone cream
DERMASORB TA	triamcinolone cream

Excluded Drug	Preferred Alternative
DERMASORB XM	urea cream
DICLOFONO	Generic/OTC diclofenac topical gel
DICLONA	topical diclofenac, lidocaine topical gel
DICLOPR	topical diclofenac, OTC menthol/methyl salicylate
DICLOVIX	Diclofenac 1.5% topical solution, OTC camphor/methylsalicylate patches, OTC lidocaine patches
DMT SUIK	injectable dexamethasone
DOLOTRANZ	lidocaine/prilocaine cream, lidocaine topical gel
DONNATAL	Other bowel antispasmodics as appropriate for condition
DULOXICAINE	generic duloxetine capsules and OTC lidocaine products
DURACHOL	OTC vitamin D3, folic acid
DYZBAC	folic acid, vitamin B12, OTC multivitamin
ELEMAR PATCH	Generic lidocaine patch
ESOMEPR-EZS	Generic, OTC omeprazole, lansoprazole, OTC Pill Glide spray
ELLZIA PAK	Generic triamcinolone cream and OTC dimethicone
EZ FLU KIT	Seasonal influenza virus vaccine
FLORAFOL FE PEDIATRIC	Multi-Vitamin W-Fluoride-Iron (Pedi Multivit 45/Fluoride/Iron) 0.25-10/mL liquid drops
FLUOPAR	Generic topical corticosteroids, OTC topical skin protectants
FLUOVIX	Generic topical corticosteroids, OTC topical silicone dressings
FROTEK, KETORUB (ketoprofen 10%)	Generic/OTC topical diclofenac gel
FORMOTEROL FUMARATE-NEBULIZER	Generic formoterol fumarate and arformoterol
FRAICHE 5000 SENSITIVE	Generic sodium fluoride-potassium nitrate dental paste
HYDROXYM	generic hydrocortisone products
HYDROCORT COMPLETE KIT HYDROCORT LOTION COMPLETE	generic hydrocortisone products
HYDROCORTISONE-PRAMOXINE 2%-1%	hydrocortisone, Texacort, Ala-Scalp, hydrocortisone acetate, hydrocortisone-pramoxine 2.5%-1%, Pramoxone
HYDROCAINE	Generic/low-cost lidocaine-hydrocortisone preparations
IBUPAK	Generic ibuprofen tablets, other prescription NSAIDS
INFLAMMACIN	diclofenac solution; methyl salicylate/menthol/camphor patch
INFLATHERM	Generic oral diclofenac/oral NSAIDS, OTC counterirritant products
INFLATHERM KIT	Generic diclofenac tablets/ other oral NSAIDS, OTC menthol/camphor products
IV INFUSION CPI	lidocaine/prilocaine cream
KERALAC	urea cream
KERALYT	OTC topical salicylic acid gel, cream
L-22 LACTALOSE	generic lactulose syrup
LEFLUNICLO	generic components of the kit (i.e., generic diclofenac 1% gel and leflunomide 20 mg tablets)



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Excluded Drug	Preferred Alternative
LENZAPATCH	topical lidocaine and menthol
LIDO-K	generic lidocaine 5% ointment
LIDOCAINE/PRILO/M.SALICY/MENTH	topical lidocaine/prilocaine cream, lidocaine gel, methyl salicylate/menthol
LIDOPAC	topical lidocaine
LIDOPATCH	topical lidocaine and menthol
LIDOPURE PATCH	Generic lidocaine 5% patch, OTC kinesiology tape
LIDORX	OTC lidocaine 4% gel
LIDORXKIT	topical lidocaine
LIDOTRAL	OTC lidocaine products
LIDOTRANS 5 PAK	topical lidocaine
LIDOVEX	topical lidocaine
LIDOVIX	Generic diclofenac DR tablets, generic and OTC lidocaine patches
LIDOXIB	celecoxib and topical lidocaine/menthol
LIDOZION	generic lidocaine 5% ointment
LIFEMS NALOXONE	Narcan, naloxone single-dose cartridges, naloxone single-dose syringes
LIQUICAL PLUS	Individual calcium, cholecalciferol, pediatric multi-vitamin OTC/low-cost supplements
LMR PLUS	Generic lidocaine patches, OTC topical counterirritants
LOPROX KIT	OTC clotrimazole 1%, terbinafine 1%, and tolnaftate 1%
MEBOLEX	multivitamin, folic acid, cholecalciferol, resveratrol
MEDROX	topical capsaicin and menthol
MENTHO-CAINE	lidocaine/menthol spray OTC, lidocaine cream OTC
METFORMIN/BLOOD SUGAR DIAGNOST	generic metformin and formulary glucose test strips
METHAVER	folic acid, multivitamin
METOPIC	urea cream
MICURADERM SKIN EMULSION	Dermazinc
MIGRANOW	sumatriptan, camphor/menthol gel
MOMETACURE	generic mometasone and dimethicone products
MORGIDOX	generic doxycycline
MPM PAK	individual components of the kit
MTX	OTC/generic topical lidocaine products, OTC counterirritants
MULTIVIT #34/FA/NADH/UBIQUINON	folic acid, vitamin B12, OTC multivitamin
MYCOZYL HC	OTC tolnaftate, other antifungal topical products
NAPROPAK COOL	naproxen

Excluded Drug	Preferred Alternative
NAPROXENPAX	naproxen
NATAL PNV	generic prenatal vitamins, ferrous gluconate, folic acid individual components
NOVACORT	hydrocortisone/pramoxine creams
NOXIFOL-D3	OTC vitamin D3, folic acid
NOXIPAK	fluocinolone/urea/silicone
NUCARACLINPAK/NUCARARXPAK	Generic clindamycin gel, OTC Cetaphil lotion, other facial moisturizers with UV protection/generic clindamycin 1% gel, OTC Cetaphil lotion, other facial moisturizers with UV protection, OTC benzoyl peroxide
NUDERMRX 60	Generic topical calcipotriene, OTC skin protectants
NYATA	topical nystatin
PAINGO KFT	Generic topical prilocaine/lidocaine, OTC topical Bengay
PEDIPAK	ciclopirox
PEDIZOLPAK	Generic ketoconazole cream, OTC miconazole
PHENOBARB/HYOSCY/ATROPINE/SCOP	dicyclomine, hyoscyamine
PRENATAL MULTIVITAMINS (Azesco, Zalvit, Trinaz, Pregenna, Prenate Mini, Prenate Elite, Prenate DHA, Prenate Essential, Prenate Chewable, Primacare, Prenate Restore, Prenate Enhance, Prenate Pixie, Prenate AM, OB Complete One, Tristart DHA, Prenate Star, Neevodha, Kosher Prenatal Plus Iron, Enbrace HR)	Lower cost prenatal/pregnancy vitamins
PRIZOTRAL	Generic lidocaine 2.5%/prilocaine 2.5% cream, OTC lidocaine cream
PRUCLAIR	OTC hyaluronate products
QUINOSONE	Generic mometasone/other topical corticosteroids and ammonium lactate, OTC ammonium lactate
QUINIXIL	Generic mometasone/other topical corticosteroids and OTC skin protectant/barrier creams
RAYASAL	OTC salicylic acid products
RAYASORE KIT	generic silver sulfadiazine cream
REVESTA	OTC vitamin D3, folic acid
REVIVASIL	Individual components, OTC silicone gel-matrix pads
ROSADAN	metronidazole cream
ROXIFOL-D	OTC vitamin D3, folic acid
RYALTRIS	Individual generic olopatadine and mometasone furoate nasal products
RYNODERM	urea cream
SALEX KIT	OTC salicylic acid cream, OTC hydrating cleanser, lotion
SCARTRATE	Low cost/OTC dimethicone and allantoin topical agents



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Excluded Drug	Preferred Alternative
SILA III	Generic triamcinolone 0.1% ointment (other topical corticosteroids), OTC silicone scar prevention products, first aid/wound care dressings
SILALITE PAK	Generic triamcinolone 0.1% ointment and OTC scar gel sheets
SILICONE ADHESIVE SHEETS (Cica-care, Nuva III, Nuvagel, Nuvazil, Nuvazil II, Polytoza, Scarheal, Siladerm, Siladone, Szosil)	OTC silicone adhesives, other OTC scar treatments
SMARTRX GABAKIT	gabapentin, topical lidocaine/menthol
SMARTRX GABA-V KIT	gabapentin, topical lidocaine/menthol
SOLARAVIX	Generic diclofenac 3% gel, OTC silicone scar prevention products
SOLUPAK	topical lidocaine
STRATAMARK	OTC silicone scar products
STRATATRIZ	OTC silicone scar products
SULFACETAMIDE/SULFUR/CLEANSR23	sulfacetamide and sulfur lotion
sulfacetamide sodium-sulfur (generic for Avar-E Green) 10-5% emollient cream	SSS (sulfacetamide sodium-sulfur) 10-5% cream and low-cost generic cream
sulfacetamide sodium-sulfur (generic for Plexion) 9.8-4.8%	SSS (sulfacetamide sodium-sulfur) 10-5% cream and low-cost generic cream, Klaron (sulfacetamide) 10% lotion
sulfacetamide sodium-sulfur 10-5% lotion, suspension, BP 10-1 (sulfacetamide sodium-sulfur) 10-1% cleanser, Sumaxin pads (sulfacetamide sodium-sulfur 10-4%)	sulfacetamide sodium-sulfur (generic for Sumaxin) 9-4% cleanser sulfacetamide sodium-sulfur (generic for Avar LS) 10-2% cleanser sulfacetamide sodium-sulfur (generic for Plexion) 9.8-4.8% cleanser sulfacetamide sodium-sulfur (generic for Avar) 10-5% cleanser sulfacetamide sodium-sulfur 8-4% cleanser sulfacetamide sodium-sulfur (generic for Sumadan) 9-4.5% cleanser
sulfacetamide sodium-sulfur (generic for Avar-E) 10-2% emollient cream	SSS (sulfacetamide sodium-sulfur) 10-5% cream and low-cost generic cream
SUMADAN KIT	sulfacetamide sodium-sulfur (generic for Sumaxin) 9-4% cleanser sulfacetamide sodium-sulfur (generic for Avar LS) 10-2% cleanser sulfacetamide sodium-sulfur (generic for Plexion) 9.8-4.8% cleanser sulfacetamide sodium-sulfur (generic for Avar) 10-5% cleanser sulfacetamide sodium-sulfur 8-4% cleanser

Excluded Drug	Preferred Alternative
	sulfacetamide sodium-sulfur (generic for Sumadan) 9-4.5% cleanser
SUMANSETRON	sumatriptan, ondansetron
SUMAXIN CP	sulfacetamide sodium-sulfur (generic for Sumaxin) 9-4% cleanser sulfacetamide sodium-sulfur (generic for Avar LS) 10-2% cleanser sulfacetamide sodium-sulfur (generic for Plexion) 9.8-4.8% cleanser sulfacetamide sodium-sulfur (generic for Avar) 10-5% cleanser sulfacetamide sodium-sulfur 8-4% cleanser sulfacetamide sodium-sulfur (generic for Sumadan) 9-4.5% cleanser
TADLIQ	Generic tadalafil tablets
TASOPROL	Generic topical corticosteroids
TICALAST	azelastine, fluticasone
TICANASE	OTC budesonide, flunisolide, RX/OTC fluticasone, mometasone, OTC triamcinolone, Qnasl
TICASPRAY	OTC budesonide, flunisolide, RX/OTC fluticasone, mometasone, OTC triamcinolone, Qnasl
TOVET	Generic clobetasol 0.05% preparation, OTC emollient
TRESNI	Generic diclofenac tablets, aspirin suppository
TRIAMAZOLE	Topical triamcinolone, econazole cream
TRIOLOCICLO	Topical triamcinolone, ciclopirox
TRUBREXA	generic lidocaine and capsaicin patches
ULTRAVATE X	halobetasol cream
UREA	urea cream
URE-K	urea cream
UREA-SALICYLIC ACID	OTC urea and salicylic acid products
UREVAZ	urea cream
VAROPHEN	Generic diclofenac solution, OTC topical counterirritants
VENIPUNCTURE CPI	topical lidocaine
VEREGEN	imiquimod cream, podofilox solution
WHYTEDERM SURGIPAK	ciclopirox
WHYTEDERM TRILASIL PAK	triamcinolone, dimethicone
WOUND DEBRIDEMENT-LIDOCAINE	topical lidocaine solution
WPR PLUS	OTC lidocaine cream, generic Rx lidocaine cream, solution, ointment, OTC methyl salicylate/menthol cream
XILAPAK	topical fluocinolone solution
ZEYOCAINE I-26	Generic lidocaine 5% ointment, kinesiology tape, and alcohol prep pads
ZILCAINE PATCH	Generic lidocaine 5% patch, OTC scar dressings



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Excluded Drug	Preferred Alternative
ZMA CLEAR	sulfacetamide sodium-sulfur (generic for Sumaxin) 9-4% cleanser sulfacetamide sodium-sulfur (generic for Avar LS) 10-2% cleanser sulfacetamide sodium-sulfur (generic for Plexion) 9.8-4.8% cleanser sulfacetamide sodium-sulfur (generic for Avar) 10-5% cleanser sulfacetamide sodium-sulfur 8-4% cleanser sulfacetamide sodium-sulfur (generic for Sumadan) 9-4.5% cleanser
ZOLPAK	Generic topical econazole, OTC wound care products